

Foreclosure Prevention Pro Bono Project Foreclosure Solutions Workshop

Phone: (410) 837-9379
www.probonomd.org

Confidential Intake Summary

****All information on this form is confidential and will not be released or discussed with anyone without your written authorization. This information will be used only to follow up with you or provide a referral to you. ****

**Please complete this form and return it to the attorney assisting you today.
PLEASE PRINT CLEARLY**

Volunteer Attorney Name <small>(to be filled in by the volunteer attorney at the start of the consultation)</small>	
Your Name	Today's date
If you are not a borrower on the loan, what is your relationship to the borrower?	
**Daytime phone numbers	
Property Address (include city and zip code)	County
List all names on title of the property	List all names on Note
Age of borrower	Age of Co-borrower

<p>Check ALL that apply:</p> <p><input type="checkbox"/> The above address is my primary residence.</p> <p><input type="checkbox"/> I still live in the primary residence.</p> <p><input type="checkbox"/> I do not own another property or time share.</p> <p><input type="checkbox"/> I am not currently represented by an attorney in a matter regarding the property (such as bankruptcy, divorce, or estate matter).</p> <p><input type="checkbox"/> I received an Order to Docket in July 2010 or later.</p>

<p>Are you working with a housing counselor? <input type="checkbox"/> Yes, currently <input type="checkbox"/> Previously <input type="checkbox"/> No</p> <p>Name of counselor and agency _____</p> <p>Phone number of agency _____ Date of last contact _____</p> <p>What was the result? _____</p> <p>Are you working with anyone else regarding your mortgage? <input type="checkbox"/> Yes, currently <input type="checkbox"/> Previously <input type="checkbox"/> No</p> <p>Name of individual and/or company _____</p> <p>Phone number of individual and/or company _____ Date _____</p> <p>Paid up-front fees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____</p> <p>What was the result? _____</p>

<p>Is the property vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you are no longer living in the property, please explain why you moved. _____</p> <p>_____</p>
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Have you filed Bankruptcy? Ch. 13 Ch. 7 Date Filed _____ No
 If yes, is the house included in the Bankruptcy? Yes No
 Status of Bankruptcy Active Discharged Voluntarily Dismissed Involuntarily Dismissed
 Discharge or Dismissal Date _____

If you are **currently** represented by an attorney, please provide name and phone number of the attorney _____
 Type of **current** representation Bankruptcy Mortgage Default Divorce Estate matter involving the property Other (explain) _____

Check ALL that you have received and provide dates:

Letter or notice from lender or lender's attorney about foreclosure dated _____
 Notice of Intent to Foreclose dated _____
 Order to Docket with documents filed in Circuit Court. I received these documents on _____
 Check here if Order to Docket included a **Preliminary Loss Mitigation Affidavit**.
 Check here if Order to Docket included a **Final Loss Mitigation Affidavit**.
 Received Request for Mediation form on _____
 Completed Request for Mediation form on _____
 Letter that my home will be sold at auction on _____
 My home was sold at auction on _____ It was purchased by _____
 Report of Sale dated _____
 Motion for Judgment Awarding Possession Prior to Ratification _____
 Motion for Judgment Awarding Possession _____
 Letter or Notice stating that you must move? If yes, from whom? _____
 Move out date _____
 Notice of Eviction from the Sheriff Eviction date _____

Check ALL types of liens that apply:

First Mortgage Lien for unpaid condo or homeowners association fees amount \$ _____
 Second Mortgage Tax liens Federal \$ _____ State \$ _____
 Home Equity Line of Credit Tax liens Local government \$ _____
 Other types of liens Amount \$ _____ (explain) _____

Plaintiff or defendant in any court action, excluding foreclosure and traffic issues? Yes No
 Describe _____

Year I bought my home _____
 Number of Household Residents _____ Number of Adults _____ Age(s) of Children _____

Check all that apply:
I want to:
 Keep my home.
 Sell my home.

I need help to:
 Negotiate a loan modification for my first mortgage second mortgage.
 Negotiate time to sell my home.
 Negotiate a short sale of my home. Home will only sell for less than amount owed on mortgages.
 Obtain more time before I have to move out of my home.
 Other (be specific) _____

Complete the information requested on the following pages for each mortgage or line of credit that you have against the property, even if you are current on your payments.

Homeowner's Name: _____

The following information refers to my: (CHECK ONLY ONE)

First Mortgage Second Mortgage Home Equity Line of Credit

I send my mortgage payments to	Current interest rate %	Current monthly payment \$
Loan date	Term: <input type="checkbox"/> 30 years <input type="checkbox"/> 20 years <input type="checkbox"/> 15 years <input type="checkbox"/> Other	Amount borrowed (amount on Note) \$ _____
Loan was <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance	Approximate current loan balance: \$ _____	
If a refinance, reason <input type="checkbox"/> Lower monthly payment <input type="checkbox"/> Consolidate bills <input type="checkbox"/> Refinanced to avoid foreclosure <input type="checkbox"/> Other (explain) _____		
Current payment arrangements <input type="checkbox"/> Payments as per Note <input type="checkbox"/> Written forbearance agreement <input type="checkbox"/> Loan modification <input type="checkbox"/> Verbal repayment plan <input type="checkbox"/> Mortgage company won't accept payments		
Payment includes <input type="checkbox"/> Principal <input type="checkbox"/> Interest <input type="checkbox"/> Taxes <input type="checkbox"/> Homeowners Insurance <input type="checkbox"/> Not Sure <input type="checkbox"/> Lender Placed Insurance		
Loan Payment Status <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 121 days late or greater <input type="checkbox"/> In foreclosure		
***Amount saved towards arrears \$ _____		
Most recent mortgage payment was made on _____ (date) Amount paid \$ _____		
Check ALL that apply: Condo or home owner's association (HOA) dues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Current <input type="checkbox"/> In arrears \$ _____		
Reason for default/ anticipated default <input type="checkbox"/> Reduction in income <input type="checkbox"/> Loss of income (unemployment) <input type="checkbox"/> Interest rate increase <input type="checkbox"/> Unaffordable from the beginning <input type="checkbox"/> Medical expenses <input type="checkbox"/> Divorce expenses <input type="checkbox"/> Paying other debt instead of mortgage (car loans, credit cards, etc.) <input type="checkbox"/> Other (explain) _____		
Loan Features (Check all that apply) <input type="checkbox"/> Adjustable Rate Mortgage (ARM) <input type="checkbox"/> 2/28 <input type="checkbox"/> 3/27 <input type="checkbox"/> Interest only for ____ (number of years) <input type="checkbox"/> Fixed rate <input type="checkbox"/> Payment option ARM/Pick a Payment <input type="checkbox"/> Balloon <input type="checkbox"/> Prepayment penalty <input type="checkbox"/> Not sure <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA		
Have you contacted your mortgage company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What was their response? _____		
Is the house currently on the market? <input type="checkbox"/> No <input type="checkbox"/> Yes Date placed on the market _____ Asking Price \$ _____ Is this a short sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Any offers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If home is not on the market, approx. current market value of home \$ _____ Based on <input type="checkbox"/> Recent sale of similar property in my neighborhood <input type="checkbox"/> Real estate agent <input type="checkbox"/> Appraisal within the last 3 months <input type="checkbox"/> Other _____		

Borrower(s) Name(s) _____

Address _____

A.

<u>Fixed MONTHLY Expenses</u>	<u>Payment</u>
1 st Mortgage	
Property Taxes (if not included in 1 st mortgage payment)	
Homeowners Insurance (if not included in 1 st mortgage payment)	
2 nd Mortgage	
Condo/Homeowner Association Fees	
Gas & Electric	
Heating Oil	
Water & Sewer	
Telephone	
Car Payment 1	
Car Payment 2	
Auto Insurance	
Life Insurance	
Medical Insurance	
Alimony / Child Support	
Alarm System	
Other/Minimum Credit Card Payment <i>from Section C</i>	
Sub-Total FIXED Expenses:	

B.

<u>Other MONTHLY Expenses</u>	<u>Payment</u>
Groceries	
Eating Out	
Gas	
Bus/Taxi/Parking	
Car Repairs	
Toiletries/Hair Care	
Medical/Prescriptions	
Day Care	
Cable TV/Internet	
Clothing/Laundry	
Lottery	
Church/Charity	
Entertainment	
Cell Phone	
Other	
Sub-Total OTHER expenses	

Total Monthly Expenses	
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Borrower's Occupation _____

Borrower's Monthly Income

Gross Monthly Income "GMI"	Net Income (after taxes and deductions)
\$ _____	\$ _____

Co-borrower Yes No

Spouse or Partner's Occupation _____

Spouse or Partner's Income

Gross Monthly Income	Net Income (after taxes and deductions)
\$ _____	\$ _____

Other Household Income Non-Borrower

Gross Monthly Income	Net Income (after taxes and deductions)
\$ _____	\$ _____

Describe

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Total Borrower(s) GMI \$ _____

31% of GMI \$ _____

Total Household GMI \$ _____

31% of Household GMI \$ _____

C. Credit Cards and Other Debt

Creditor Name	Payment	Balance
Total	\$ _____	\$ _____

D. Monthly Surplus/Deficit

Total NET Monthly Household Income	\$ _____
Subtract Total Monthly Expenses	\$ _____
Monthly Surplus or Deficit	\$ _____

Client's Signature: _____

Date: _____

