

Household Profile

Section I – <u>Must</u> be completed for all clients				Date:	
Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address (do not use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
County Client Resides In:		Current Housing Situation:		Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Have you been a homeowner within the last three years?	
		<input type="checkbox"/> Homeless	<input type="checkbox"/> Living w/Family	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For statistical purposes circle or check appropriate answer as it applies to Client:					
Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Single Race:		Multi-Race:		Household Type:	
1. American Indian/Alaskan Native		7. American Indian/Alaskan Native and White		1. Single adult	
2. Asian		8. Asian and White		2. Female-headed single parent	
3. Black/African American		9. Black/African American and White		3. Male-headed single parent	
4. Native Hawaiian/Pacific Islander		10. American Indian/Alaska Native and Black/African American		4. Married without children	
5. White		11. Other Multiple Race		5. Married with children	
6. Choose Not to Respond				6. Two or more unrelated adults	
				7. Other	

Co-Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address (do not use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
County Co-Client Resides In:		Current Housing Situation:		Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Have you been a homeowner within the last three years?	
		<input type="checkbox"/> Homeless	<input type="checkbox"/> Living w/Family	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For statistical purposes circle or check appropriate answer as it applies to Co-Client:					
Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Single Race:		Multi-Race:		Household Type:	
1. American Indian/Alaskan Native		7. American Indian/Alaskan Native and White		1. Single adult	
2. Asian		8. Asian and White		2. Female-headed single parent	
3. Black/African American		9. Black/African American and White		3. Male-headed single parent	
4. Native Hawaiian/Pacific Islander		10. American Indian/Alaska Native and Black/African American		4. Married without children	
5. White		11. Other Multiple Race		5. Married with children	
6. Choose Not to Respond				6. Two or more unrelated adults	
				7. Other	

List **ALL** Household Members including Client and **ALL** sources of income for adult members of the household. Include unearned income of minor children **DO NOT** include earned income of minor children.

Income sources: Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient.

Name	Date of Birth	✓ If pregnant	✓ if high school student	Gross Annual Income	Primary Source of Income	Relationship to Client
		<input type="checkbox"/>	<input type="checkbox"/>			Client
		<input type="checkbox"/>	<input type="checkbox"/>			Co-Client
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

Total Household Income: (Excluding minor children's) \$

Section II – Complete this section for Foreclosure Prevention Counseling or National Foreclosure Mitigation Counseling otherwise go to Section III:

Name of originating lender (if available):		Original Loan Number (if available):	
Name of Current Servicer:		Loan number assigned by Current Servicer:	
When did you purchase your home? _____		Does your name appear on the deed and mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Monthly Payment (PITI) at intake:		What is your current interest rate?	
If type of loan at intake is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does client have a second loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Score at Intake: _____		Current status of Loan:	
Source: TransUnion <input type="checkbox"/> EquiFax <input type="checkbox"/> Experian <input type="checkbox"/> Tri-merge <input type="checkbox"/>		<input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late	
Total amount delinquent on Mortgage? \$	Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	
Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the date of the Sherriff's Sale? _____		Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently working with an attorney regarding the delinquency of your mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide attorney information?			

Select type of first loan product:

- | | |
|---|--|
| <input type="checkbox"/> Hybrid ARM | <input type="checkbox"/> FHA or VA ARM |
| <input type="checkbox"/> Option ARM | <input type="checkbox"/> Privately held <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Interest only <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other |
| <input type="checkbox"/> FHA or VA fixed rate loan | <input type="checkbox"/> Unknown |

NFMC Foreclosure Mitigation Counseling

- Reporting on First loan
 Reporting on Second loan

NFMC Foreclosure Mitigation Counseling – must select type of first loan product below:

- Fixed rate currently under 8%
 Fixed rate currently 8% or greater
 ARM currently under 8%
 ARM currently at 8% or greater
 Fixed rate currently under 8% as a result of loan modification in last six months
 Fixed rate currently 8% or greater as a result of loan modification in last six months
 ARM currently under 8% as a result of loan modification in last six months
 ARM currently at 8% or greater as a result of loan modification in last six months
 Client did not disclose

Select primary reason for default:

- Reduction in income
 Poor budget management skills
 Loss of income
 Medical issues
 Increase in Expense
 Divorce/Separation
 Death of Family member
 Business Venture Failed
 Increase in loan payment
 Other

Please provide the following information for the mortgage servicer or land contract holder that you make your payments to:

Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

Please describe the circumstance(s) that occurred which resulted in the mortgage or land contract payments getting behind?

What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?		Do you feel that you have recovered from the situation listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section III – Must be completed for ALL Counseling Services

How did client hear about MSHDA's Homeownership Counseling Programs:

- | | | |
|---|---|--|
| <input type="checkbox"/> Referral from MSHDA | <input type="checkbox"/> Referral from a Real Estate Professional | <input type="checkbox"/> Referral from Habitat |
| <input type="checkbox"/> Referral from Department of Human Services | <input type="checkbox"/> Referral from a Community Organization | <input type="checkbox"/> Walk in Self-Referral |
| <input type="checkbox"/> Referral from Lender | <input type="checkbox"/> Referral from Friend/Relative | <input type="checkbox"/> Radio, TV, or PSA |
| | | <input type="checkbox"/> Other: |

If client is looking to purchase a home what county do they intend to reside in:

I hereby certify that the information given above is accurate and complete. I understand that if information I provided is discovered to be false or misleading, my participation may be denied or terminated.

_____ Printed Name	_____ Signature	_____ Date
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_____ Printed Name	_____ Signature	_____ Date
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_____ Printed Name	_____ Signature	_____ Date
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Section IV – To be completed by Homeownership Counselor to determine eligibility for MSHDA Homeownership Counseling Program(s).	
Verified Family Income: \$ _____	Family Maximum Income Limit: \$ _____
Family is Eligible for Pre-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Family is Eligible for Post-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name: _____	Agency Phone Number: _____
Counselor Name: _____ Counselor Signature Verifying Information: _____ Date: _____	