

<b>Section I – Must be completed by client and co-client</b>			
Client Name (First, Middle Initial, Last):		County:	
Street Address ( <b>do not</b> use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family	Are you a First-Time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you consider yourself the Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Household Dependents:	<input type="checkbox"/> I live in a rural area <input type="checkbox"/> Do not live in a rural area	
<b>Based on current household select appropriate answer:</b>			
Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language: _____			
<b>Single Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Respond	<b>Multi-Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <b>and</b> White <input type="checkbox"/> Asian <b>and</b> White <input type="checkbox"/> Black/African American <b>and</b> White <input type="checkbox"/> American Indian/Alaska Native <b>and</b> Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose Not to Respond		<b>Head of Household Type:</b> <input type="checkbox"/> Single adult <input type="checkbox"/> Female-headed single parent <input type="checkbox"/> Male-headed single parent <input type="checkbox"/> Married without children <input type="checkbox"/> Married with children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Other
<b>Education:</b> <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> GED <input type="checkbox"/> Master's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> No High School Diploma			

Co-Client Name (First, Middle Initial, Last):		County:	
Street Address ( <b>do not</b> use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family	Are you a First-Time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Based on current household select appropriate answer:</b>			
Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language: _____			
<b>Single Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Respond	<b>Multi-Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <b>and</b> White <input type="checkbox"/> Asian <b>and</b> White <input type="checkbox"/> Black/African American <b>and</b> White <input type="checkbox"/> American Indian/Alaska Native <b>and</b> Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose Not to Respond		
<b>Education:</b> <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> GED <input type="checkbox"/> Master's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> No High School Diploma			

Section II – Current Homeowner(s) ONLY			
Do you currently have a MSHDA Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received Step Forward Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Originating Lender (if available):		Original Loan Number (if available):	
Name of Current Servicer (if available):		Loan number assigned by Servicer:	
When did you purchase your home?		Have you lived at this address for at least two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, list previous address(es):	
Does your name appear on: <input type="checkbox"/> Property Deed <input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract		Total Monthly Payment (including Taxes & Insurance):	
<b>Select type of loan product:</b> <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months <input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months. <input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months <input type="checkbox"/> I don't know			
If type of loan is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a second mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Current status of Loan:</b> <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		<b>Have you filed bankruptcy in the past two years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you had a Credit Report pulled within the last 6 months:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is your mortgage delinquent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, amount delinquent?</b> \$	<b>Are your property taxes delinquent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, amount delinquent?</b> \$	<b>Is your homeowner's insurance delinquent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, amount delinquent? \$</b>	
<b>Select primary reason for default:</b> <input type="checkbox"/> Reduction in income <input type="checkbox"/> Increase in Loan Payment <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Medical Issues <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Loss of income <input type="checkbox"/> Increase in Expenses <input type="checkbox"/> Death of Family Member <input type="checkbox"/> Other			
<b>What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?</b>		<b>Do you feel that you have recovered from the situation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you been notified of a date for a Sherriff's Sale?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Has there been a Sherriff's Sale of this property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what is/was the date of the Sherriff's Sale?</b>	
<b>Are you currently working with an attorney regarding the delinquency of your mortgage, property taxes or land contract?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, please provide attorney name and contact information?</b>	
<b>If available, please provide the following information for the mortgage servicer or land contract holder that you make your payments to:</b>			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

**Section III – Must be completed by client.**

Enter **ALL** sources of income for adult members of the household (18 year olds not in High School).

**Income sources include:** Wages, Worker’s Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support and Alimony.

**Total Monthly Income: \$**

Enter **ALL** total monthly debt for adult members of the household (18 year olds not in High School). Include Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

**Total Monthly Debt: \$**

**Based on your housing needs/goals do you believe you have been discriminated against?**

Yes  No

**Do you believe you have been a victim of Predatory Lending?**

Yes  No

**What is the main purpose for contacting our agency:**

Homelessness Assistance

Home Maintenance and Financial Management

Rental Topics

Reverse Mortgage

Purchase/Home Purchase

Resolving/Preventing Mortgage Delinquency or Default

**How did you learn about MSHDA’s Housing Education Program?**

MSHDA Outreach

HUD Outreach

Agency Outreach

Another Person

Lender

Another Agency

Real Estate Agent

Other:

**Are you interested in obtaining information regarding MSHDA Mortgage Products and Down Payment Assistance?**

Yes  No

**Would you like to be referred to a MSHDA approved lender?**

Yes  No

**Section IV – Must be signed and dated by client and co-client.**

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section V – For Agency Use Only**

Agency Name:

Agency Phone Number:

Agency Staff Name:

Received by Agency (Intake Date):

Unique Client ID #: