



FORECLOSURE PREVENTION INTAKE FORM

CLIENT INFORMATION Date: _____ Name(s) _____

Address _____ Home Phone _____

Work Phone _____ Best Times to Reach _____

Marital Status _____ Spouse (if any) _____

Marital Status _____ Children (names and ages) _____

_____ Others in Household: _____

II. INFORMATION ABOUT HOME BEING FORECLOSED Address of Property (if different from above) _____ Names of all Co-owners w/ Address

(if different) _____ Year Purchased _____

Original Purchase Price _____ Rooms _____ Owner

Occupant? At purchase? Yes ___ No ___ Now? Yes ___ No ___ Multi-Family Home? Yes ___ No ___

Name of tenants _____ Rent received _____

Condition Exc ___ Good ___ Fair ___ Poor ___ Major repairs needed Describe: _____

Number of Mortgages _____

Other Liens _____

Notes: _____

III. MORTGAGE

Please note: some information about the mortgage may be obtained after a review of the client's records.

Type of Mortgage: Purchase Money _____ Refinance _____ Home Equity Loan _____

Debt Consolidation _____ Other _____

Year of Mortgage: _____

Original Amount: _____

Has client brought original loan papers? Yes ____ No ____

Current Lender or Servicer: _____

Address of Current Lender or Servicer: _____

Phone: _____ Fax: _____

Contact Person: _____

Loan Account Number: _____

Investor/Insurer: FHA Insured ____ VA ____ RHS ____ Fannie Mae ____ Freddie Mac ____ PMI _____

Other _____

Term of mortgage (in months): _____

Interest Rate: _____

Principal and Interest Payment (monthly): _____

Tax and Insurance Payment (monthly): _____

Total Monthly Payment: _____

Months Behind: _____

Total Arrears Including Costs: _____

Current Principal Balance: _____

Payoff Amount: _____

Is Client in Default? Yes ____ No ____

Status/Amount of Monthly Payment: _____

Reason for Default: _____

Client's Statement of Objectives and Plan:

**Note: Once completed email forms to
info@foreclosure-specialists.com**