

Mortgage Data	First Mortgage	Second Mortgage
Mortgage Company:		
Contact Person:		
Street Address		
City, State, Zip:		
Phone Number:		
Loan/Account Number:		
Monthly Payment	\$	
Payment includes Taxes	Yes	No
Payment Includes Insurance	Yes	No
Amount Past Due:		
Number of Months Behind:		
Ever Past Due Before:	Yes No	Yes No
Sheriff's Sale Date or Date of Notice of Cancellation		

When did you purchase your home? _____

What was the purchase price? _____

If you have a second mortgage, when was it taken out? _____

Briefly explain your reason(s) for taking out a second mortgage:

Are you currently or have you recently been in a repayment plan with your mortgage company?

Yes **No**

How much money do you have saved at this time to put towards your mortgage payments? \$ _____

Did you receive pre-purchase education and/or counseling? **Yes** **No**

If yes, what form? In-class _____ Phone _____ In person _____ Tapes/workbooks _____ Other _____

From Whom? Agency _____ Lender _____ Realtor _____ Community College _____

Have you filed bankruptcy in the last 5 years? Yes No

Have you had property foreclosed on in the last 5 years? Yes No

How did you hear about the Foreclosure Prevention Program?

Please explain your reason for being behind with your mortgage payments; be specific and include the dates of your crisis.

Please explain how you plan to bring your mortgage current and how you plan to keep it current in the future

IMPORTANT – PLEASE READ BEFORE SIGNING

All statements made in this application are true and are made for the purpose of requesting foreclosure intervention service. Verification may be obtained from any source named in this form. **Further, I/we authorize Home Headquarters, Inc. or its assigns to obtain a consumer credit report at any time.**

I/We do do not intend to occupy the property as my/our primary residence.

I/We understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States criminal code. *Making false statements or failing to disclose requested information can be grounds to deny financial assistance.*

The information in this application was completed to the best of my knowledge.

Applicant Signature: _____ Date _____

Co-Applicant Signature: _____ Date _____

For Office Use Only

Customer ID#: _____

Number of Triage Hours: _____

Household Income: less than 50% 50 – 80% 80-100%

Case funded by: _____

Agency File Assigned To: _____

Date: _____