

**Northwestern Regional Housing Authority  
Homeownership Counseling Intake Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Spouse Name \_\_\_\_\_ New or Return visit? \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: Same  \_\_\_\_\_

Phone #s \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (o) \_\_\_\_\_ County \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F

Referral Source \_\_\_\_\_

Marital Status \_\_\_\_\_ Head of Household? \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Number in Family \_\_\_\_\_

**Counseling Needed:**

Pre-Purchase \_\_\_\_\_ Post Purchase \_\_\_\_\_ Reverse Mortgage \_\_\_\_\_

Credit Problems \_\_\_\_\_ Mortgage Default \_\_\_\_\_ Other: \_\_\_\_\_

Briefly describe Need or Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ Do you receive Sec. 8 assistance? \_\_\_\_\_

**Employment/Budget:**

Employer \_\_\_\_\_ Address \_\_\_\_\_

Date of Employment \_\_\_\_\_ Position \_\_\_\_\_

Gross Monthly Employment Income \_\_\_\_\_ Monthly Debt Payments \_\_\_\_\_

Other Income/s: Source/s \_\_\_\_\_ Amount/s \_\_\_\_\_

Total Gross Income = \_\_\_\_\_ AMI = \_\_\_\_\_

**Statistical Data:**

Chose not to respond: \_\_\_\_\_

Preferred Language \_\_\_\_\_ Highest Education Level \_\_\_\_\_

Disabled: Yes/No \_\_\_\_\_ Hispanic Yes/No \_\_\_\_\_ Race \_\_\_\_\_

**Homeowner's Additional Information**

Is your home stick built \_\_\_\_\_ or manufactured \_\_\_\_\_?

If manufactured, is home on permanent foundation? \_\_\_\_\_

Is this your primary residence? \_\_\_\_\_

What is the tax value? \$ \_\_\_\_\_ What is the approximate market value? \_\_\_\_\_

Loan Servicer & Loan Number \_\_\_\_\_

When was the loan obtained? \_\_\_\_\_ What is the loan term? \_\_\_\_\_

Please circle: Fixed Rate / Adjustable Rate      What is the interest rate? \_\_\_\_\_

Approximate current balance of loan? \$ \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ Does payment include escrows? \_\_\_\_\_

Annual property taxes \$ \_\_\_\_\_ Annual HO premium \$ \_\_\_\_\_

Number of payments missed \_\_\_\_\_

Has loan been modified? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Describe modification \_\_\_\_\_

---

Do you have a second mortgage? \_\_\_\_\_

Second mortgage loan servicer & loan number \_\_\_\_\_

Approximate loan balance \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ Circle: Fixed / Adjustable

Monthly payment \$ \_\_\_\_\_ Number of payments missed \_\_\_\_\_

---

Hearing or sale date: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date? \_\_\_\_\_

Homeowner signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor signature \_\_\_\_\_ Date \_\_\_\_\_