

Foreclosure Prevention Intake Application

In order to evaluate the circumstances surrounding a pending foreclosure situation, Please provide the following information:

1. Name of applicant(s): _____

Address: _____

Telephone #: _____

2. Do you live in Jackson County? _____

3. Is the house located within the City Limits of Jackson? _____

4. Financial Hardship Check what applies

_____ My household income has been reduced
e.g. unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce

_____ My expenses have increased
e.g. monthly mortgage payment reset, high medical or health care cost, uninsured losses, increased utilities or property taxes.

_____ My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt

_____ My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

Goal:

_____ Keep property _____ sell property

Is the property listed for sale?

Are your taxes and insurance included in your mortgage payment? _____

Are taxes and insurance current? _____

Have you filed bankruptcy? _____ Ch. 7 _____ Ch. 13 _____

Has bankruptcy been discharged? _____

Who is your lender? _____ Interest Rate _____ Loan type _____
Do you have a second mortgage? _____ Lender _____

Budget Details:

Income:

Monthly Gross Wages _____
Overtime _____
Child support/alimony _____
Social security _____
Retirement/pension _____
Self-employment _____
Unemployment _____
Foodstamp/welfare _____
Other _____

Monthly Household Expenses:

First mortgage _____
Second mortgage _____
Insurance
 House _____
 Auto _____
Property Taxes _____
Credit card _____ (min payment due)
Credit Card _____ (min payment due)
Credit Card _____ (min payment due)
Credit Card _____ (min payment due)
Auto Loan _____ Balance _____
Auto Loan _____ Balance _____
Other Loan _____ Balance _____
Other Loan _____ Balance _____

Gas for car _____
Groceries _____
HH Cleaners _____
Electric _____
Gas _____
Water _____
Garbage _____
Phone _____
Cell _____
Cable _____
Medical _____
Life Ins. _____

Clothes _____

Dry Cleaning _____

School _____

Union Dues _____

Other Expenses: