

INTAKE FORM CHECKLIST

DIRECTIONS:

You must submit your completed intake forms **seven business days** prior to your scheduled appointment. Your file will be reviewed within two business days. Please provide all documents and correspondence outlined below with the most recent billing/issuance date closest to your scheduled appointment. Missing documents or delays may require you to resubmit documents with a more recent date. **Incomplete intake forms will be placed on hold and could result in a rescheduled appointment.**

1

INTAKE FORMS

- Fill out the attached intake forms
- Attach supporting documents (see step 2)

2

SUPPORTING DOCUMENTS (PROVIDE ALL THAT APPLY)

- Most recent mortgage statement and HOA statement (if applicable)
- Any correspondence from your lender or attorney regarding the default within the last 90 days
- Copy of credit report pulled within the last 30 days
CPAH can assist you with pulling one from Credit Karma, annualcreditreport.com, or another free service that does not adversely affect your scores.
- The first page of the foreclosure court summons (if applicable)
- Federal tax returns including W-2's for the previous and current year, signed by all parties.
If self-employed: include the last 2 years of business federal returns
- Last 60 days of pay stubs for all borrowers
- If unemployed, provide the most recent benefits award letter. If self-employed, provide Profit & Loss statements for previous and current year.
- Last 3 months of official bank statements for all personal and business accounts (all pages, even if blank)
- All public assistance award letters (SNAP, WIC, SSI, etc.)
- The first page of all most recent utility bills, credit card statements, and loan statements
- Homeowners Insurance Declaration page
- Other Relevant Documents
Bankruptcy Discharge Documents, Quit Claim Deed, Divorce Decree/Support Order (if alimony or child support is received)

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SUBMISSION

- Submit by mail or drop off to the address listed above. Fax and email are discouraged.



800 S. Milwaukee Ave., Suite 201
Libertyville, IL 60048

If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please contact us about arranging alternative accommodations.

Foreclosure Prevention Counseling Intake Form & Addendum

GENERAL

Borrower Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

Email: _____

Social Security # _____ D.O.B: _____

Co-Borrower Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

Email: _____

Social Security # _____ D.O.B: _____

Have you ever legally used any other name(s)? If yes, please list them here: _____

Have you ever legally used any other name(s)? If yes, please list them here: _____

Judgments: Yes No Foreclosure: Yes No

Bankruptcy: Yes No Release/Discharge Date: _____

Judgments: Yes No Foreclosure: Yes No

Bankruptcy: Yes No Release/Discharge Date: _____

Number of people in current household: _____ Ages: _____

How were you referred to CPAH? _____

DEMOGRAPHIC INFORMATION

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian/Alaskan Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 White Multiple Races Choose not to Respond

Head of Household: Single Married Separated Divorced
 Widowed Other: _____ Prefer not to say

CO-APPLICANT DEMOGRAPHIC INFORMATION

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian/Alaskan Native Asian Asian & White
 Black or African American Native Hawaiian or Other Pacific Islander
 White Multiple Races Choose not to Respond

Head of Household: Single Married Separated Divorced
 Widowed Other: _____ Prefer not to say

Gender Identity/preferred pronouns: _____

Gender Identity/preferred pronouns: _____

U.S. Citizen: Yes No Permanent Res. Alien: Yes No N/A

U.S. Citizen: Yes No Permanent Res. Alien: Yes No N/A

Military Status: Active Duty Veteran N/A

Military Status: Active Duty Veteran N/A

Primary Language Spoken in Household: _____

Primary Language Spoken in Household: _____

Highest Education Level: High School Some College Degree
 Prefer not to say

Highest Education Level: High School Some College Degree
 Prefer not to say

EMPLOYMENT

Are you self-employed? Yes No

CO-BORROWER EMPLOYMENT

Are you self-employed? Yes No

I/We agree to allow CPAH to obtain and/or review my/our credit report I/We do not agree to allow CPAH to obtain and/or review my/our credit report

Years at Current Employer: _____

Years at Current Employer: _____

Current Gross Monthly Income \$ _____ (BEFORE Taxes & Deductions) Current Gross Monthly Income \$ _____ (Before Taxes & Deductions)
Do you receive any of the following: Bonuses, commission, child support, SS/SSDI, unemployment, etc.? _____

Overtime \$ _____

Overtime \$ _____

TOTAL \$ _____

TOTAL \$ _____

HOUSEHOLD ASSETS

Checking \$ _____

Stocks/Mutual Funds \$ _____

Savings \$ _____

Gifts \$ _____

401 (k), IRA, Pension \$ _____

Other \$ _____

Borrower Signature

Date

Co-Borrower Signature

Date

Foreclosure Prevention Counseling Addendum

PROPERTY INFORMATION

Is the property in question your primary residence? _____ Length of Occupancy: _____

Do you own other residential property? Yes No

Original Purchase Price: \$ _____ Year Home was Purchased: _____ Estimated Value: _____

Have you ever refinanced? Yes No How many times? _____ Number of Years refinanced: _____

Have you ever applied for a loan modification? Yes No *If yes, have you been approved or denied within the last 90 days?* Yes No

Are there additional household members who contribute to the expenses of the home? Yes No *If yes, please advise CPAH as additional information may be required.*

What are your plans for your property? Prefer to stay Prefer to move Unsure Willing to consider both

Other: _____

If you sell your home where do you envision moving? Moving in with friends Moving in with family

Rent Other: _____

Condition of Home: Excellent Good Fair Poor

DEFAULT INFORMATION

What factors caused you to fall behind on your mortgage payment? (Check all that apply)

Lost Job Loss of income due to divorce Earning less than when home was purchased

Credit cards and or other debt Loss of income due to death in the family Took in family/friends

Loss of income due to illness or disability Other: _____

In your own words and to the best of your ability, briefly explain the reason(s) for the default situation:

Do you have a plan for making next month's mortgage payment? Yes No

If yes, please explain to the best of your ability how you will make your payment. Please include any changes in your employment or expected income.

Budget Sheet

MONTHLY EXPENSES AND DEBTS			
Name:	Date:	Household Size:	
Expense Category	Expense Description	Monthly Amount	Total Amount Owed
Housing	Rent/Mortgage		
	Rental Insurance		
	Maintenance/Supplies		
	Improvements		
Utilities	Phone (Land Line)		
	Cell Phone		
	Gas		
	Electric		
	Cable/Internet		
	Water/Garbage/Sewer		
	Gasoline		
	Car Insurance		
Transportation	Repairs & Maintenance		
	IPASS / Tolls / Parking		
	Public Transportation		
	Groceries		
Household Expenses	Non-Food Supplies		
	Personal Care		
	Clothing		
	Education		
Insurance	Life		
	Medical		
	Dental		
	Disability		
Medical	Doctor Visits		
	Medication		
	Other		
	Child Care		
Child Support	(if not garnished from check)		
Cash / Entertainment	Spending Money		
	Entertainment		
	Vacation		
	Gifts		
Dues / Donations	Church / Charity		
	Dues		
Miscellaneous / Other	Savings		
	Other		
Loans / Credit			
	Car Loan/1		
	Car Loan/2		
	Credit Card /1		
	Credit Card /2		
	Student Loan/1		
	Student Loan/2		
Total Expenses		\$ -	\$ -
Total Income (Net)		\$	
Difference + (-)		\$ -	