



KEUKA HOUSING COUNCIL, INC.

160 MAIN STREET
PENN YAN, NEW YORK 14527
Telephone 315/536-8707 Fax 315/536-6169
Toll Free 888/744-1349 TDD - 1-800-662-1220

Foreclosure Prevention Intake Form

1. Keuka Housing Council, Inc. does not charge for this service
2. All paperwork must be completed and list of documents compiled prior to first appointment
3. Foreclosure Settlement Conferences will be attended with Keuka Housing Council, Inc. counselor in Yates County **ONLY**
4. Applicants outside our service area may be referred to another certified HUD counseling agency or Legal Assistance of Western New York (LAWNY)

APPLICANT

Last Name _____ First Name _____ Middle _____ Suffix _____ Social Security Number _____

Date of Birth ____ / ____ / ____ Age _____ Marital Status _____ Education _____ US Citizen Y/N
MM DD YYYY Single/Married/Separated/Divorced Number of years (Circle One)

Disabled Yes / No (circle one) Disabled Dependent Yes / No (circle one) Veteran Yes / No (circle one)

Home Phone # _____ - _____ - _____ Cell Phone# _____ - _____ - _____ Email _____

Current Address _____
Street Address _____ City _____ State _____ Zip Code _____

Previous Address _____
Street Address _____ City _____ State _____ Zip Code _____

CO-APPLICANT

Last Name _____ First Name _____ Middle _____ Suffix _____ Social Security Number _____

Date of Birth ____ / ____ / ____ Age _____ Marital Status _____ Education _____ US Citizen Y/N
MM DD YYYY Single/Married/Separated/Divorced Number of years (Circle One)

Disabled Yes / No (circle one) Disabled Dependent Yes / No (circle one) Veteran Yes / No (circle one)

Current Address _____
Street Address _____ City _____ State _____ Zip Code _____

Previous Address _____
Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ - _____ - _____ Cell Phone# _____ - _____ - _____ Email _____

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"Equal Housing Opportunity"
Keuka Housing Council, Inc. is an equal housing opportunity provider and employer.

Dependents (list all household members)

Name	Age	Name	Age

Employment - Applicant

Current Employer

Name and Address _____
 Phone# _____ - _____ - _____ Position / Title _____ Years/Months on Job ____ / ____ Years in Profession _____

Gross Monthly Income

Base \$ _____ Overtime \$ _____ Bonus/Commission \$ _____ Other \$ _____ Total \$ _____

Previous Employment

(if current employment less than 2 years) Name and Address _____

Phone# _____ - _____ - _____ Position / Title _____ Years/Months on Job ____ / ____ Years in Profession _____

Employment – Co-Applicant

Employer

Name and Address _____
 Phone# _____ - _____ - _____ Position / Title _____ Years/Months on Job ____ / ____ Years in Profession _____

Gross Monthly Income

Base \$ _____ Overtime \$ _____ Bonus/Commission \$ _____ Other \$ _____ Total \$ _____

OTHER HOUSEHOLD INCOME FROM ALL SOURCES: List all other sources of income below: (Include Social Security Benefits, Supplemental Security Income (SSI), Disability Benefits, Veterans Benefits, Workers Compensation, Pension and Retirement Benefits, Public Assistance, Section 8, Food Stamps, Interest Income, Rental Income, Child Support, Self Employment, etc.)

NAME OF HOUSEHOLD MEMBER	SOURCE OF INCOME	MONTHLY AMOUNT



STATEMENT OF ASSETS

Checking Account Balance (Name of bank _____) \$ _____
 Savings Account Balance (Name of bank _____) \$ _____
 Value of Real Estate (Residence Address _____) \$ _____
 Value of other Real Estate owned (location _____) \$ _____
 IRA or 401K Other Retirement Savings (Financial institution _____) \$ _____
 Stocks, Bonds, Certificates of Deposit, Money Market funds, other investment accounts. \$ _____
 Lump sum receipts from inheritances, Lottery winnings, insurance settlements, capital gains. \$ _____
 Personal property such as: jewelry, coin collections, antiques, gun collection, or other valuables \$ _____
 Trust Funds available to you \$ _____
 Cash value of Life Insurance policies. (whole life) \$ _____
 Other Assets not listed above owned by you or joint with others _____ \$ _____
 TOTAL ASSETS \$ _____

OWNERS (WHO NAMES ARE LISTED ON THE DEED)

NAMES _____ ADDRESSES (if different) _____

MORTGAGE INFORMATION (includes land contracts and owner financing)

MORTGAGE HOLDER (LENDER) _____
 DATE HOME WAS PURCHASED _____ PURCHASE PRICE \$ _____
 ORIGINAL MORTGAGE AMOUNT \$ _____ INTEREST RATE _____ % CURRENT BALANCE \$ _____
 ORIGINAL TERM (number of years) _____ REMAINING TERM OR MATURITY DATE _____
 MONTHLY PAYMENT \$ _____ DATE NEXT PAYMENT DUE _____
 DOES PAYMENT INCLUDE ESCROW (yes or no) _____
 IF NO ESCROW AMOUNT OF YEARLY REAL ESTATE TAXES \$ _____ HOMEOWNERS INSURANCE \$ _____

SECOND MORTGAGES OR HOME EQUITY LOANS

ORIGINAL AMOUNT \$ _____ IS THIS A LINE OF CREDIT (yes or no) CURRENT BALANCE \$ _____
 MONTHLY PAYMENT \$ _____ DATE NEXT PAYMENT DUE _____

BUDGET

Expense	Monthly Amount	Expense	Monthly Amount	Expense	Monthly Amount
Food		Heat (Propane, Oil)		Home repair/Maintenance (appliances, paint, yard, etc.)	
Clothing		Electricity		Gifts (Holidays, birthdays, charity, church, etc.)	
Medical (doctor, dentist, eyeglasses, medication, etc)		Telephone/Cell Phone		Recreation (dining, movies, sports, entertainment, vacation, hobbies, etc.)	
Personal (beauty shop, barber, liquor, cigarettes, newspapers, magazines, etc.)		Cable TV/Internet		Car (gas, tires, repairs, license, etc.)	
Education (tuition, books, supplies, fees, school lunches, etc.)		Water and/or Sewer		Transportation (bus, taxi, trains, etc.)	
Child Care (daycare, babysitting, etc.)		Auto Ins.		Child support/alimony (paid out)	
Real Estate Insurance				Health & Life Insurance	

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I / WE authorize Keuka Housing Council, Inc. to order a merged credit report from an authorized credit reporting agency.

I/WE fully understand that it is a Federal crime to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Applicant's Signature

Date

Co-Applicant's Signature

Date

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lenders' compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it under Federal regulations this Lender is required to note race and sex on the basis of visual observation surname. If you do not furnish the above information, please check the box below.

APPLICANT

I do not wish to furnish this information

Race/ National Origin:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White Other (Specify)

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Sex: Male Female

CO-APPLICANT

I do not wish to furnish this information

Race/National Origin:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White Other (Specify)

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Sex: Male Female

Document needed to submit with application:

All documents received from lender regarding you default

Most recent Mortgage Statement

Past 2 years Income Tax Return with all schedules and W-2s

Paystubs covering most recent 30 day period

2 months of the most recent bank statements

Child Support documentation (court order, divorce decree, separation agreement)

Award letters for Social Security, retirement, disability or death benefits, unemployment, public assistance, comp

Self-employment income – provide your most recent quarterly or year-to-date Profit and loss statement, provide your 2 most recent bank statements

Copy of the deed to your property

Copy of the past years property taxes IF NOT PAID BY ESCROW (County-Town, Village, School)

Copy of Homeowners Insurance policy IF NOT PAID BY ESCROW

SIGN DOCUMENTS ENCLOSED IN YOUR PACKAGE

Completed Keuka Housing Foreclosure Prevention Intake Form

Authorization to Release Information to Keuka Housing Council, Inc.

Code of Ethics

Mortgage Intervention Client / Counselor Contract

Keuka Housing Council, Inc. Privacy Policy

Completed Request for Mortgage Assistance (RMA)

Form 4506-T

Hardship Letter - see enclosed "Suggested Contents of a Hardship Letter"

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