



HOPE Now HAMP Intake

Homeowner Information

| | |
|-------------------|--|
| First Name | |
| Last Name | |
| SSN | |
| Date of Birth | |
| Primary Phone | |
| Secondary Phone | |
| Cell Phone | |
| Email Address | |
| Gender | |
| Race | |
| Ethnicity | |
| Marital Status | |
| Mailing Address 1 | |
| Mailing Address 2 | |
| City, State, Zip | |

| | |
|-----------------------------|--|
| Employer's Name | |
| Employer's Address 1 | |
| Employer's Address 2 | |
| Employer's City, State, Zip | |
| Employer's Phone # | |
| Employment How long? | |

Co-Borrower Information

| | |
|-------------------|--|
| First Name | |
| Last Name | |
| SSN | |
| Date of Birth | |
| Primary Phone | |
| Secondary Phone | |
| Cell Phone | |
| Email Address | |
| Gender | |
| Race | |
| Ethnicity | |
| Marital Status | |
| Mailing Address 1 | |
| Mailing Address 2 | |
| City, State, Zip | |

| | |
|-----------------------------|--|
| Employer's Name | |
| Employer's Address 1 | |
| Employer's Address 2 | |
| Employer's City, State, Zip | |
| Employer's Phone # | |
| Employment How long? | |

Property Information

| | |
|--|--|
| Property Address 1 | |
| Property Address 2 | |
| City, State, Zip | |
| Total Number of persons living at this address | |
| Number of dependents at this address | |

Loan Information

| | |
|---|--|
| First Mortgage Company / Servicer /Lien 1 | |
| First Mortgage Loan Number | |
| Balance | |
| Interest Rate | |
| Second Mortgage Company / Servicer/Lien 2 | |
| Second Mortgage Loan Number | |
| Balance | |
| Interest Rate | |



Reason for Hardship

- | | | |
|---------------------------------|---------------------------------|-----------------------|
| Abandonment | Excessive obligation | Military services |
| Business Failure | Fraud | Payment Adjustment |
| Casualty Loss | Illness of principal Mortgagor | Payment Dispute |
| Loss of Income | Illness or injury in the family | Property Problem |
| Death in Family (Not Homeowner) | Inability to rent a property | Servicing Problem |
| Death of Homeowner | Inability to sell property | Transfer of Ownership |
| Distant Employment Transfer | Incarceration | Unemployment |
| Energy/Environment Cost | Marital Difficulties | Other |

Qualifying Questions

| | | | |
|--|----------------|--|-----------------------------|
| Is your home your primary residence? | Yes No | Have you filed for bankruptcy? | Yes No |
| Is the amount you owe on your first mortgage equal to or less than \$729,750? | Yes No | What is the Bankruptcy chapter ? | Chapter 7 Chapter 13 |
| Are you having trouble paying your mortgage? | Yes No | What is bankruptcy filed Date? | |
| Did you get your current mortgage before January 1, 2009? | Yes No | I believe that my situation is | Short term (under 6 months) |
| Have you received a foreclosure notice from an attorney? | Yes No | | Long term (over 6 months) |
| Is this property listed for sale? | Yes No | I want to: | Permanent |
| Is it leased? | Yes No | | Keep the Property |
| Is Property Damaged? | Yes No | Sell the Property | |
| Is the property listed for sale? If Yes then provide Agent's name Agent's Phone Number Agent's Email | Yes No | Is foreclosure sale scheduled ? | Yes No |
| Do you receive, and pay, the Real Estate Tax bill on your Home or does your lender pay it for you? | Self Lender | What is foreclosure sale schedule date ? | |
| Are the taxes current? | Yes No | | |
| Do you pay for a hazard insurance policy? | Yes No | | |
| Is the policy current? | Yes No | | |

Counselor Information

| | |
|--|--|
| Are you currently or have you been working with a counselor? | |
| Name of Counseling Agency | |
| Contact Number of Counseling Agency | |
| Counselor's Email | |



Homeowner Gross Monthly Income

| | |
|---|--|
| Total Monthly Gross Income | |
| Total Monthly Take Home(Net Income) | |
| Unemployment Income | |
| Child Support / Alimony | |
| Disability Income/SSI | |
| Rent Received | |
| Commissions, bonus and self- employed income | |
| Overtime | |
| Other monthly income from pensions, annuities or retirement plans | |
| Food stamps/Welfare | |
| Other (Investment income, royalties, Interest, dividends etc) | |

Co-Borrower Gross Monthly Income

| | |
|---|--|
| Total Monthly Gross Income | |
| Total Monthly Take Home(Net Income) | |
| Unemployment Income | |
| Child Support / Alimony | |
| Disability Income/SSI | |
| Rent Received | |
| Commissions, bonus and self- employed income | |
| Overtime | |
| Other monthly income from pensions, annuities or retirement plans | |
| Food stamps/Welfare | |
| Other (Investment income, royalties, Interest, dividends etc) | |

Expenses

| | Amount | Balance |
|--|--------|---------|
| Mortgage payment(First Mortgage) | | |
| Mortgage payment(Second Mortgage) | | |
| Other Mortgage(s) | | |
| Homeowner's Insurance Payment (<i>If not included in monthly mortgage payment</i>) | | |
| Property Taxes | | |
| Automobile Payment(s) | | |
| Credit Card Payment(s) | | |
| Alimony/Child Support | | |
| Dependent Care | | |
| Medical Expenses | | |
| Grocery Expenses | | |
| Utilities Expenses | | |
| Transportation Expenses | | |
| Insurance Payment (medical, car, other) | | |
| Rent | | |
| Personal Loan(s) | | |
| HOA Fees/Dues | | |
| Other Expenses | | |
| Total | | |

Assets

| | |
|--|--|
| Home | |
| Checking accounts | |
| Saving /money markets accounts | |
| Stock, Savings Bonds, CDs | |
| IRA/Keogh Accounts | |
| 401k/ESOP Accounts, SEP or other retirement accounts | |
| Other Real Estate | |
| Cars | |
| # of cars owned | |
| Life Insurance (Whole life not term) | |
| Educational savings programs | |
| Other | |

Liabilities

| | |
|-----------------------|--|
| Alimony/Child support | |
| Dependent Care | |
| Rent | |
| Other Mortgage(s) | |
| Personal Loan(s) | |
| Medical Expenses | |
| HOA Fees/Dues | |
| Other | |