



Foreclosure Prevention Pro Bono Project
Foreclosure Solutions Workshop



Phone: (410) 837-9379
www.probonomd.org

Phone: (410)706-0174
www.civiljusticenetwork.org

Confidential Intake Summary

**All information on this form is confidential and will not be released or discussed with anyone without your written authorization. This information will be used only to follow up with you or provide a referral to you. **

Please complete this form and return it to the attorney assisting you today.
PLEASE PRINT CLEARLY

Volunteer Attorney Name (to be filled in by the volunteer attorney at the start of the consultation)

Your Name Today's date

Daytime phone numbers

Property Address (include city and zip code) County

List all names on title of the property

Are you a borrower on the loan? If no, what is your relationship to the borrower?
Yes No

Is this your primary residence? Yes No
Are you still living in the property? Yes No If no, current address:
Do you own another property? Yes No
Do you own a time share? Yes No
Filed Bankruptcy? Ch. 13 Ch. 7 No Date Filed
If yes, is the house included in the Bankruptcy? Yes No
Status of Bankruptcy Active Discharged Voluntary dismissal Involuntary dismissal
Discharge or Dismissal Date
Are you currently represented by an attorney? Yes No
If yes, name and phone number of attorney
Type of representation Bankruptcy Mortgage Default Other (explain)
Check ALL that you have received and provide date received:
Letter or notice from lender or lender's attorney about foreclosure
Notice of Intent to Foreclose dated
Order to Docket with documents filed in Circuit Court. I received these documents on (date)
Letter that my home will be sold at auction on
My home was sold at auction on It was purchased by
Report of Sale dated
Motion for Possession Prior to Ratification
Motion for Possession
Letter or Notice stating that you must move? If yes, from whom?
Notice of Eviction from the Sheriff Move out date

Check ALL types of liens that apply to your property.	
<input type="checkbox"/> First Mortgage	<input type="checkbox"/> Lien for unpaid condo fees
<input type="checkbox"/> Second Mortgage	<input type="checkbox"/> Tax liens Federal____ State____
<input type="checkbox"/> Home Equity Line of Credit	<input type="checkbox"/> Other _____
Do you have condo or home owner's association (HOA) dues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are they <input type="checkbox"/> current <input type="checkbox"/> in arrears Amount in arrears \$_____	
Purchase date _____ I want to <input type="checkbox"/> Keep my home <input type="checkbox"/> Sell my home	
Number of Household residents _____ Number of adults _____ Number of children_____	

Complete the information requested on the following pages for each mortgage or line of credit that you have against the property, even if you are current on your payments.

Homeowner's Name: _____

The following information refers to my: (CHECK ONLY ONE)

First Mortgage Second Mortgage Home Equity Line of Credit

I send my mortgage payments to	Current Interest Rate	Monthly Payment \$
Loan Date	Amount borrowed (amount on Note) \$	
Purpose of loan <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance		
If a refinance, reason <input type="checkbox"/> Lower monthly payment <input type="checkbox"/> Consolidate bills <input type="checkbox"/> Refinanced to avoid foreclosure <input type="checkbox"/> Other (explain) _____		
Payment includes <input type="checkbox"/> Principal <input type="checkbox"/> Interest <input type="checkbox"/> Taxes <input type="checkbox"/> Insurance <input type="checkbox"/> Not Sure <input type="checkbox"/> Lender Placed Insurance		
Loan Payment Status <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 121 days late or greater <input type="checkbox"/> In foreclosure		
***Amount saved towards arrears \$ _____		
Most recent payment was made on _____ (date) Amount paid \$ _____		
Reason for default/ anticipated default <input type="checkbox"/> Reduction in income <input type="checkbox"/> Loss of income (unemployment) <input type="checkbox"/> Interest rate increase <input type="checkbox"/> Unaffordable from the beginning <input type="checkbox"/> Medical or Divorce expenses <input type="checkbox"/> Paying unsecured debt instead of mortgage (car loans, credit cards, etc.) <input type="checkbox"/> Other (explain) _____		
Loan Features (Check all that apply) <input type="checkbox"/> Adjustable Rate Mortgage (ARM) <input type="checkbox"/> 2/28 <input type="checkbox"/> 3/27 <input type="checkbox"/> Interest Only for ____ number of years <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Payment Option ARM / Pick a Payment <input type="checkbox"/> Balloon <input type="checkbox"/> Prepayment Penalty <input type="checkbox"/> Not sure		
Term of loan _____ years <input type="checkbox"/> Conventional <input type="checkbox"/> FHA/VA		
Have you contacted your mortgage company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What was their response? _____		
What are the current payment arrangements? <input type="checkbox"/> Payments as per Note <input type="checkbox"/> Written forbearance Agreement <input type="checkbox"/> Loan modification <input type="checkbox"/> Partial Claim (FHA only) <input type="checkbox"/> Verbal repayment plan <input type="checkbox"/> Mortgage company won't accept payments		
Is the house currently on the market? <input type="checkbox"/> Yes Date placed on the market _____ <input type="checkbox"/> No Asking Price \$ _____ Any offers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If home is not on the market, approx. current market value of home \$ _____ Based on <input type="checkbox"/> Recent sale of similar property in my neighborhood <input type="checkbox"/> Appraisal within the last 3 Months <input type="checkbox"/> Real estate agent		
Are you working with a housing counselor? <input type="checkbox"/> Yes, currently <input type="checkbox"/> Previously <input type="checkbox"/> No Name of counselor and agency _____ Phone number of agency _____ What was the result? _____		

Homeowner's Name: _____

The following information refers to my: (CHECK ONLY ONE)

Second Mortgage Home Equity Line of Credit

I send my mortgage payments to	Current Interest Rate	Monthly Payment \$
Loan Date	Amount borrowed (amount on Note) \$	
Purpose of loan <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance		
If a refinance, reason <input type="checkbox"/> Lower monthly payment <input type="checkbox"/> Consolidate bills <input type="checkbox"/> Refinanced to avoid foreclosure <input type="checkbox"/> Other (explain) _____ _____		
Payment includes <input type="checkbox"/> Principal <input type="checkbox"/> Interest <input type="checkbox"/> Taxes <input type="checkbox"/> Insurance <input type="checkbox"/> Not Sure <input type="checkbox"/> Lender Placed Insurance		
Loan Payment Status <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 121 days late or greater <input type="checkbox"/> In foreclosure		
Most recent payment was made on _____ (date) Amount paid \$ _____		
Loan Features (Check all that apply) <input type="checkbox"/> Adjustable rate mortgage (ARM) <input type="checkbox"/> 2/28 <input type="checkbox"/> 3/27 <input type="checkbox"/> Interest Only for ____ number of years <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Payment Option ARM <input type="checkbox"/> Balloon <input type="checkbox"/> Prepayment Penalty <input type="checkbox"/> Not sure		
Term of loan _____ years <input type="checkbox"/> Conventional <input type="checkbox"/> FHA/VA		
Have you contacted your mortgage company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What was their response? _____		
What are the current payment arrangements? <input type="checkbox"/> Payments as per Note <input type="checkbox"/> Written forbearance Agreement <input type="checkbox"/> Loan modification <input type="checkbox"/> Partial Claim (FHA only) <input type="checkbox"/> Verbal repayment plan <input type="checkbox"/> Mortgage company won't accept payments		

Please **PRINT** any additional information you feel an attorney may need regarding your mortgage issue.

Name(s) _____ Loan # _____

Address _____

A. Household Expenses:

<u>Fixed Monthly Expenses:</u>	<u>Payment:</u>
Mortgage	
2 nd Mortgage	
Condo / Homeowner Association Fees	
Gas & Electric	
Heating Oil	
Water & Sewer	
Telephone	
Car Payment 1	
Car Payment 2	
Auto Insurance	
Life Insurance	
Medical Insurance	
Alimony / Child Support	
Alarm System	
Property Taxes/Insurance	
Other/Minimum Credit Card Payment from Section C	
<u>Sub-Total FIXED Expenses:</u>	

<u>Variable Monthly Expenses</u>	<u>Payment</u>
Groceries	
Eating Out	
Gas	
Bus/Taxi/Parking	
Car Repairs	
Toiletries/Hair Care	
Medical Prescriptions	
Day Care	
Cable TV/Internet	
Clothing/Laundry	
Lottery	
Church/Charity	
Entertainment	
Cell Phone	
Other	
<u>Sub-Total, VARIABLE Expenses:</u>	

Total Monthly Expenses: _____

B. Your Monthly Income:

Gross Income:	Net Income (after taxes and deductions):
\$ _____	\$ _____

Spouse or Partner's Income

Gross Income:	Net Income (after taxes and deductions):
\$ _____	\$ _____

Other Household Income:

Gross Income:	Net Income (after taxes and deductions):
\$ _____	\$ _____
Describe:	

C. Credit Cards and Other Debt:

Creditor Name:	Payment:	Balance:
Total	\$	\$

D. Surplus/Deficit:

Total Net Monthly Household Income:	\$ _____
Subtract Total Monthly Expenses:	\$ _____
= Monthly Surplus or Deficit	\$ _____

Signature: _____

Date: _____

