



WINDHAM
HOUSING
TRUST

MORTGAGE DELINQUENCY INTAKE FORM

THIS IS NOT AN APPLICATION FOR A LOAN!

CUSTOMER

Name: _____
 Mailing Address: _____ MI _____ Last _____
 Street _____ City _____ State _____ Zip code _____
 Physical Address: _____
 Street _____ City _____ State _____ Zip code _____
 Home phone: (____) _____ Work phone: (____) _____
 Cell Phone: (____) _____ E-Mail: _____
 Social Security # _____ - _____ - _____ Birth Date _____ / _____ / _____

Education: _____ No High School Diploma _____ High School Diploma or Equivalent
 _____ Two-Year College Degree _____ Bachelors Degree
 _____ Masters Degree _____ Above Masters Degree _____ Other (describe) _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed _____ Separated _____ Civil Union

Handicapped or Disabled? _____ Yes _____ No

Veteran? _____ Yes _____ No

Household Type:

_____ Female-headed single parent household _____ Male-headed single parent household _____ Single adult
 _____ Two or more unrelated adults _____ Married with children _____ Married without children
 _____ Other (describe) _____

CUSTOMER EMPLOYMENT

PRIMARY EMPLOYER: _____

Street _____ City _____ State _____ Zip Code _____ Phone: (____) _____ - _____
 Title or job description _____ Part-Time or _____ Full-Time _____ / _____ Hire Date _____

Gross Income (before taxes): \$ _____ (Circle one): Hourly / Weekly / Every 2 Weeks / Monthly / Other _____

SECONDARY EMPLOYER:

Street _____ City _____ State _____ Zip Code _____ Phone: (____) _____ - _____
Title or job description _____ Part-Time or Full-Time _____ Hire Date ____/____/____

Gross Income (before taxes): \$ _____ (Circle one): Hourly / Weekly / Every 2 Weeks / Monthly / Other _____

CO-CUSTOMER

Name: _____ First _____ MI _____ Last _____

Mailing Address: _____ Street _____ City _____ State _____ Zip code _____

Physical Address: _____ Street _____ City _____ State _____ Zip code _____

Home phone: (____) _____ - _____ Work phone: (____) _____ - _____ State _____ Zip code _____

Cell Phone: (____) _____ - _____ E-Mail: _____

Social Security # _____ - _____ - _____ Birth Date ____/____/____

Education: _____ No High School Diploma _____ High School Diploma or Equivalent
_____ Two-Year College Degree _____ Bachelors Degree
_____ Masters Degree _____ Above Masters Degree _____ Other (describe) _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed _____ Separated _____ Civil Union

Handicapped or Disabled? _____ Yes _____ No

Veteran? _____ Yes _____ No

CO-CUSTOMER EMPLOYMENT

PRIMARY EMPLOYER: _____

Street _____ City _____ State _____ Zip Code _____ Phone: (____) _____ - _____

Title or job description _____ Part-Time or Full-Time _____ Hire Date ____/____/____

Gross Income (before taxes): \$ _____ (Circle one): Hourly / Weekly / Every 2 Weeks / Monthly / Other _____

SECONDARY EMPLOYER: _____

Street _____ City _____ State _____ Zip Code _____ Phone: (____) _____ - _____

Title or job description _____ Part-Time or Full-Time _____ Hire Date ____/____/____

Gross Income (before taxes): \$ _____ (Circle one): Hourly / Weekly / Every 2 Weeks / Monthly / Other _____

Family/Household Size: _____ (Use back of page if more space is required)

Dependents: Name: _____ Age: _____ Relationship: _____
Dependents: Name: _____ Age: _____ Relationship: _____
Dependents: Name: _____ Age: _____ Relationship: _____
Dependents: Name: _____ Age: _____ Relationship: _____
Dependents: Name: _____ Age: _____ Relationship: _____

Are there non-dependents who will be living in the home? ___ Yes ___ No
If yes:

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

ALL HOUSEHOLD INCOME (Current)

| Type of Income | Customer Monthly Amount | Co-Customer Monthly Amount |
|-------------------------------------|-------------------------|----------------------------|
| Salary Income (gross, before taxes) | | |
| Self-employment Income (net) | | |
| Unemployment Income | | |
| Alimony/Child Support Income | | |
| Public Assistance Income | | |
| Seasonal Employment | | |
| Rental Income | | |
| Social Security Income | | |
| Dependent SSI Income | | |
| Disability Income | | |
| Pension Income | | |
| Total Monthly Income | \$ _____ | \$ _____ |

Can you document your child support/alimony income? ___ Yes ___ No How long will it continue? _____

If your child or a family member receives SSI, how many more years will the payments continue? _____

If you receive disability income, is it for a permanent disability? ___ Yes ___ No

Regarding seasonal employment, have you worked in this field for two years or more? ___ Yes ___ No

Your Bills and When they are Due!

| | Next Due Date of Bill | Monthly Payment | Annual / Monthly Payment | Amount Past Due |
|-----------------------|------------------------------------|--------------------|--------------------------------|--------------------|
| Housing | Rent / Mortgage (1 st) | | | |
| | Rent / Mortgage (2 nd) | | | |
| | Rent / Mortgage (3 rd) | | | |
| | Electricity | | | |
| | Oil / Wood | | | |
| | Other Fuel : | | | |
| | Telephone | | | |
| | Water / Sewer / Septic | | | |
| | Home Repair / Maintenance | | | |
| | Insurance | | | |
| Food | Property Taxes | | | |
| | Other: | | | |
| | Groceries | | | |
| | Lunches – including school | | | |
| | Eating Out | | | |
| | Snacks | | | |
| | Other: | | | |
| | Vehicle #1 | | | |
| | Vehicle #2 | | | |
| | Gas | | | |
| Transportation | Car Insurance | | | |
| | Car Repairs / Tires | | | |
| | Public Transportation | | | |
| | Other: | | | |
| | Health Insurance Premium | | | |
| | Medical / Dental Co-pay | | | |
| | Prescriptions | | | |
| | Over the Counter Medications | | | |
| | Other: | | | |
| | Child Care | | | |
| Health | Activities and Sports | | | |
| | School Costs | | | |
| | Toys, Books, Games, Etc. | | | |
| | Other: | | | |
| | Credit Card #1: | | | |
| | Credit Card #2: | | | |
| | Credit Card #3: | | | |
| | Loan #1: | | | |
| | Loan #2: | | | |
| | Loan #3: | | | |
| Children | Loan #4: | | | |
| | Cloths (all family members) | | | |
| | Personal care items | | | |
| | Charity / Church | | | |
| | Savings for: | | | |
| | Other: | | | |

| | | | | |
|--------------------------|---------------------------------------|--|--|--|
| luxury items 1 | Gifts | | | |
| | Alcohol and tobacco products | | | |
| | Cable TV or satellite | | | |
| | Movies or video purchases and rentals | | | |
| | Books, newspapers or magazines | | | |
| | Pet care (vet) | | | |
| | Travel, vacation, camping | | | |
| | Hunting & Fishing | | | |
| | ATV's, snowmobiles | | | |
| | Other: | | | |
| | | | | |
| | | | | |

ASSETS

Please list the approximate value of the following:

| Title | Customer | | Co-Customer | |
|----------------------------------|----------|-------------|-------------|-------------|
| | \$ | Which Bank? | \$ | Which Bank? |
| Checking Account | \$ | Which Bank? | \$ | Which Bank? |
| Savings Account | \$ | Which Bank? | \$ | Which Bank? |
| Cash | \$ | | \$ | |
| CDs | \$ | | \$ | |
| Securities (stocks, bonds, etc.) | \$ | | \$ | |
| Retirement Account | \$ | | \$ | |
| Recreational Vehicles | \$ | | \$ | |
| Snowmobiles | \$ | | \$ | |
| 4 Wheelers / ATV | \$ | | \$ | |
| Other: _____ | \$ | | \$ | |

INFORMATION ABOUT THE PROPERTY

911 address of property (if different from mailing address): _____

Names of all co-owners on the property: _____

Type of home Single family home Duplex Multifamily (3+ Units)
 Mobile home on own land Mobile home on leased land

Number of acres with the property? _____ Are you living in the property now? Yes No

What was the original purchase price? _____ Estimate of current value? _____

How long have you owned the home? _____ Major repairs needed? _____

MORTGAGE INFORMATION

Mortgage #1 – Mortgage Servicer

Current principal balance _____
Interest rate _____ %
Mortgage account number _____
Monthly mortgage payment to lender \$ _____
Breakdown of mortgage payment:
Principal and Interest \$ _____
Property taxes/year \$ _____
Homeowner's insurance/year \$ _____
Other payment \$ _____
Mortgage servicer's name _____
Phone # _____ Fax# _____

For what months are you behind on your payments?

What date is your next payment due? _____

Mortgage/HELOC #2 – Mortgage Servicer

Current principal balance _____
Interest rate _____ %
Mortgage account number _____
Monthly mortgage payment to lender \$ _____
Breakdown of mortgage payment:
Principal and Interest \$ _____
Property taxes/year \$ _____
Homeowner's insurance/year \$ _____
Other payment \$ _____
Mortgage servicer's name _____
Phone # _____ Fax# _____

For what months are you behind on your payments?

What date is your next payment due? _____

Additional Question:

Are your property taxes current? ___ Yes ___ No If not, how much do you owe for back taxes? _____

Is your homeowner's insurance current? ___ Yes ___ No If not, how much do you owe? _____

Are there other liens on the property? ___ Yes ___ No

Have you contacted your lender to request assistance in resolving the delinquency? ___ Yes ___ No

What is the reason(s) for the delinquency or default?

Are there circumstances that you expect will change in the near future that will increase your household income?

AUTHORIZATION

I authorize the HomeOwnership Center to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with identifying options for resolving the delinquency or refinancing my current mortgage.
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement from the lender who made me a loan or the Title Company/Lawyer that closed the loan when I purchase a home.

Customer _____

Date _____

Co-Customer _____

Date _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating you application or to discriminate against you in any way. However, if you choose to not furnish it, we are required to note the race/national origin of the individual applicant(s) on the basis of visual observation or surname.

CUSTOMER

Ethnicity: (select one)

Hispanic or Latino _____
Not Hispanic or Latino _____

Race (select one or more):

White _____
American Indian/Alaskan Native _____
Native Hawaiian/Other Pacific Islander _____
Asian and White _____
American Indian/Alaskan Native and Black _____
Black or African American _____
Asian _____
American Indian/Alaskan Native and White _____
Black/African American and White _____
Other _____

Gender (select one):

Male _____
Female _____

Were you born in the US? Yes _____ No _____

CO-CUSTOMER

Ethnicity: (select one)

Hispanic or Latino _____
Not Hispanic or Latino _____

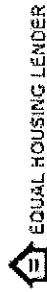
Race (select one or more):

White _____
American Indian/Alaskan Native _____
Native Hawaiian/Other Pacific Islander _____
Asian and White _____
American Indian/Alaskan Native and Black _____
Black or African American _____
Asian _____
American Indian/Alaskan Native and White _____
Black/African American and White _____
Other _____

Gender (select one):

Male _____
Female _____

Were you born in the US? Yes _____ No _____



EQUAL HOUSING LENDER



Windham Housing Trust
A Partner of the NeighborWorks® Homeownership Center of Southeast Vermont
68 Birge Street

Brattleboro, Vermont 05301
802-254-4604

AUTHORIZATION TO RELEASE INFORMATION

DATE: _____

Name(s) of Person(s) applying for technical or financial assistance:

_____ Social Security Number: _____

_____ Social Security Number: _____

_____ Social Security Number: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

My signature below authorizes the release of financial information to the WHT HomeOwnership Center from and to VHEA, any credit reporting agency or any mortgage lender. It also authorizes the WHT HomeOwnership Center to share information with VHEA and NeighborWorks® for the purpose of evaluating the success of the HomeOwnership program. This information includes, but is not limited to: income, credit, debts, or information on the property I wish to purchase or which I already own. Authorization is further granted to the credit reporting agency or mortgage lender to use a photostatic reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

I hereby authorize my mortgage lender to release to the WHT HomeOwnership Center a copy of my HUD 1 settlement statement to help the center meet its reporting and statistical requirements.

As a client of the WHT HomeOwnership Center, I understand that should I have difficulty in paying my mortgage, I have the option of contacting the HomeOwnership Center for assistance in working with my lender to prevent the loss of my home. I am also aware that if I fail to make my monthly mortgage payment within 16 days of the payment due date, the servicer of my mortgage loan may refer me to the WHT HomeOwnership Center for help. I hereby authorize the loan servicer(s) or assigned attorney to release any information on my loan and financial situation to the Windham Housing Trust for purposes of saving my home or resolving a problem related to my loan.

I authorized **Windham Housing Trust** to release and discuss my financial information and any and all information related to my mortgage loan(s), including any past, present, or pending mortgage loans, with the Vermont Department of Banking, Insurance, Securities, and Health Care Administration ("BISHCA"). I further authorized BISHCA to release and discuss my financial information and any and all information related to my mortgage loan(s), including any past, present, or pending mortgage loans, with the **Windham Housing Trust**. I further authorize and request that BISHCA and **Windham Housing Trust** discuss my financial information and mortgage loans with any lender, mortgage broker, loan servicer, or similar person or entity that may have any knowledge about or involvement with any past, present, or pending mortgage loan.

BORROWER SIGNATURE _____ **DATE** _____
PLEASE PRINT NAME _____

BORROWER SIGNATURE _____ **DATE** _____
PLEASE PRINT NAME _____