

# Northeast Denver Housing Center

**Borrower:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip County

**Home Phone, Cell or Work Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Co-Borrower:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip County

**Home Phone, Cell or Work Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

## Please Answer for Head of Household

**Referral Source:** \_\_\_\_\_ **Years Owned Home** \_\_\_\_\_

**Gender:** Male/Female **Marital Status:** \_\_\_\_\_

**Household Size:** \_\_\_\_\_ **Number of Dependents:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Ethnicity:** Hispanic or Latino/Not Hispanic or Latino

**Highest Education Level:** \_\_\_\_\_ **Disabled:** Yes/NO **US Vet:** Yes/NO

**Household Annual Income:** \$ \_\_\_\_\_ **HUD AMI:** \_\_\_\_\_

## Mortgage Breakdown

**Mortgage Type:** FHA VA Conv. **Interest Rate:** \_\_\_\_\_ **Term:** \_\_\_\_\_

**Mortgage Company:** \_\_\_\_\_ **Loan #** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Balance:** \$ \_\_\_\_\_ **Estimated Value:** \$ \_\_\_\_\_

**Number of Months Behind:** \_\_\_\_\_

Mortgage Type: 2<sup>nd</sup> Mortgage HELOC Other

Interest rate: \_\_\_\_\_ Term: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_ Loan # \_\_\_\_\_

Phone Number: \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Number of Months Behind: \_\_\_\_\_

## Cause of Delinquency (Please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Loan # \_\_\_\_\_ Property Address \_\_\_\_\_

**Monthly Household Income**

	Borrower	Co-Borrower
Monthly Gross Wages	\$ _____	\$ _____
Net Income	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<b>Total (Net Income)</b>	\$ _____	\$ _____

**Housing Expenses**

1 <sup>st</sup> Mortgage	\$ _____
2 <sup>nd</sup> Mortgage/Home Equity Loan	\$ _____
Property Taxes/Hazard Insurance (if not escrowed)	\$ _____
Gas/Electricity	\$ _____
Water/Sewage	\$ _____
Trash	\$ _____
Cable/Satellite	\$ _____
Telephone/Cell Phone/Internet	\$ _____
HOA Dues	\$ _____

**Living Expenses**

Food	\$ _____
Automobile Expenses (maintenance, gas)	\$ _____
Auto Insurance	\$ _____
Health Insurance/Life Insurance	\$ _____
Child Care/Child Support	\$ _____
Medical Bills	\$ _____

**Debts**

Automobile Loans	\$ _____
Credit Cards	\$ _____
Credit Cards	\$ _____
Student Loans	\$ _____
Other	\$ _____
<b>Total Expenses/Debt</b>	\$ _____

**Total Net Income** \$ \_\_\_\_\_ **Expenses** \$ \_\_\_\_\_ = \_\_\_\_\_

By signing below I/we certify that all statements made & included in this form are true and authorize Northeast Denver Housing Center to reach all, for the purpose of providing counseling services

Default counseling is to assist families/individuals to bring their mortgage account current as possible. By signing below I understand that it may be necessary for my home counselor to discuss my credit history, financial situation, employment or information with representatives of financial institutions or agencies as necessary to assist me in improving my housing situation. I understand that information about my personal circumstances will be treated as totally confidential and that NO information about me will be discussed with anyone not directly involved in my efforts to improve my housing situation. It is expressly understood that it is my option to work with real estate agent, and/or lender, and/or attorney, and/or other representative(s) of my choosing, and the housing counseling agency will work with any such representative in assisting me to improve my housing situation.

**Borrower** \_\_\_\_\_ **Date** \_\_\_\_\_ **Co-Borrower** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Northeast Denver Housing Center 1735 Gaylord Street Denver, Colorado 80206 (303)377-3334 (8-1-2011 Foreclosure/HECM)