



DIVISION OF HOMEOWNERSHIP
MSHDA's Homeownership Counseling Program
Household Profile

Section I – <u>Must</u> be completed for all clients				Date:	
Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address (do not use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
County Client Resides In:	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living w/Family		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For statistical purposes circle or check appropriate answer as it applies to Client:					
Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Single Race: 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond		Multi-Race: 7. American Indian/Alaskan Native and White 8. Asian and White 9. Black/African American and White 10. American Indian/Alaska Native and Black/African American 11. Other Multiple Race		Household Type: 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other	

Co-Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address (do not use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
County Co-Client Resides In:	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living w/Family		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For statistical purposes circle or check appropriate answer as it applies to Co-Client:					
Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Single Race: 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond		Multi-Race: 7. American Indian/Alaskan Native and White 8. Asian and White 9. Black/African American and White 10. American Indian/Alaska Native and Black/African American 11. Other Multiple Race		Household Type: 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other	

List **ALL** Household Members including Client and **ALL** sources of income for adult members of the household. Include unearned income of minor children **DO NOT** include earned income of minor children.

Income sources: Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient.

Name	Date of Birth	✓ If pregnant	✓ if high school student	Gross Annual Income	Primary Source of Income	Relationship to Client
		<input type="checkbox"/>	<input type="checkbox"/>			Client
		<input type="checkbox"/>	<input type="checkbox"/>			Co-Client
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

Total Household Income: (Excluding minor children's) \$

Section II – Complete this section for Foreclosure Prevention Counseling or National Foreclosure Mitigation Counseling otherwise go to Section III:			
Name of originating lender (if available):		Original Loan Number (if available):	
Name of Current Servicer:		Loan number assigned by Current Servicer:	
When did you purchase your home? _____		Does your name appear on the deed and mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Monthly Payment (PITI) at intake:		What is your current interest rate?	
Select type of first Loan product: <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Hybrid ARM (2/28 or 3/27) <input type="checkbox"/> Option ARM <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Interest only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FHA or VA fixed rate loan <input type="checkbox"/> FHA or VA ARM <input type="checkbox"/> Privately held <input type="checkbox"/> Yes <input type="checkbox"/> No		NFMC Foreclosure Mitigation Counseling - select type of first Loan product below: <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months <input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months. <input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months <input type="checkbox"/> Client did not disclose	
If type of loan at intake is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		NFMC Foreclosure Mitigation Counseling <input type="checkbox"/> Reporting on First loan <input type="checkbox"/> Reporting on Second loan	
Select primary reason for default: <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Medical issues <input type="checkbox"/> Increase in Expense <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death of Family member <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Increase in loan payment <input type="checkbox"/> Other		Does client have a second loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Score at Intake: _____ Source: TransUnion <input type="checkbox"/> EquiFax <input type="checkbox"/> Experian <input type="checkbox"/> Tri-merge <input type="checkbox"/>		Current status of Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late	
Total amount delinquent on Mortgage? \$ _____		Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$ _____	
Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$ _____			
Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the date of the Sherriff's Sale? _____		Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently working with an attorney regarding the delinquency of your mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide attorney information?			
Please provide the following information for the mortgage servicer or land contract holder that you make your payments to:			
Address:		City:	State:
Phone:		Fax:	Email:
Please describe the circumstance(s) that occurred which resulted in the mortgage or land contract payments getting behind?			

What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?	Do you feel that you have recovered from the situation listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section III – Must be completed for ALL Counseling Services

How did client hear about MSHDA's Homeownership Counseling Programs:

- | | | |
|---|---|--|
| <input type="checkbox"/> Referral from MSHDA | <input type="checkbox"/> Referral from a Real Estate Professional | <input type="checkbox"/> Referral from Habitat |
| <input type="checkbox"/> Referral from Department of Human Services | <input type="checkbox"/> Referral from a Community Organization | <input type="checkbox"/> Walk in Self-Referral |
| <input type="checkbox"/> Referral from Lender | <input type="checkbox"/> Referral from Friend/Relative | <input type="checkbox"/> Radio, TV, or PSA |
| | | <input type="checkbox"/> Other: |

If client is looking to purchase a home what county do they intend to reside in:

I hereby certify that the information given above is accurate and complete. I understand that if information I provided is discovered to be false or misleading, my participation may be denied or terminated.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

Section IV – To be completed by Homeownership Counselor to determine eligibility for MSHDA Homeownership Counseling Program(s).

Verified Family Income: \$	Family Maximum Income Limit: \$
Family is Eligible for Pre-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Family is Eligible for Post-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name:	Agency Phone Number:
Counselor Name:	Counselor Signature Verifying Information: Date: