



Verbal Authorization to Release Information

Before we proceed I need to get your authorization to share the information we talk about with organizations that fund our program. We are required to report information about each person we speak with for program management, compliance and evaluation purposes. We are committed to protecting your privacy. I assure you that the information you share will be protected according to all laws.

I understand that my name will not be shared with other parties, but that other information gathered may be used for research, program or policy development, or other legitimate purposes by relevant funders of foreclosure prevention services including but not limited to the Center for New York City Neighborhoods, the New York State Office of the Attorney General, and the City of New York.

Verbal Authorization:

If you agree to allow us to collect and share information with our funders, please indicate your approval by saying, I approve.

Client Name

The undersigned verifies that verbal authorization for release of information has been given and approved.

Counselor Signature

Date (Initial Contact)

Foreclosure Clinic Date: _____ **Contract:** CNYCN HOPP HPD

Last Revised: 6/16/2014

Foreclosure Counseling Assessment Form

Other Counseling Organization

Are you working with any other foreclosure counseling organization? Yes No
Name of organization: _____

Is this your primary residence? Yes No

Referral Source:

- Organization: _____ Print Ad Lender/Service
- Mailer/Flyer/Brochure Friend/Relative/Co-Worker Realtor
- Website: _____ Other: _____

Demographic Information:

Borrower Name: _____ **Co-Borrower Name:** _____
Property Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Other Phone:** _____
E-mail: _____

Birth Date: _____ **Senior:** Yes No **Age:** _____

Primary Language: _____

Gender: Male Female **Marital Status:** Married Single Divorced

Ethnicity: Hispanic Non-Hispanic

Single Race:

- American Indian/Alaskan Native
- Asian
- Black non-Hispanic
- Native Hawaiian or Pacific Islander
- White
- Undisclosed

Multiple Race:

- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/Other Pacific Islander/Blk.
- Other multiple race: _____

Level of education: _____ **Active in the Military** Yes No

Number of people living in household: _____ **# of Children:** _____ **# of Adults:** _____ **# of Seniors**

Number of people on the title: _____ **Type of Home:** Single 2 Fam 3Fam 4 Fam

Is there rental income? Yes No **Annual Rental income:** \$ _____

Employment History:

Currently employed: Yes No

If yes,
Employer Name: _____

Title _____ How Long? _____ Starting Date _____

If no, Collecting Unemployment Yes No

If yes, How much? _____ How long? _____

Household gross annual income: \$ _____

Reason for delinquency:

- Submission for Modification
- High Non-mortgage debt
- Medical Expenses
- Non Payment of Rental
- Property Problems
- Unemployment/Loss of Job
- Review Modification Application
- Other _____
- Employment Transfer
- Inability to Rent
- Military Service
- Payment Adjustment
- Reduced Wages
- Incarceration
- Difficulty meeting Energy and Utility Payments
- Death of Borrower
- Inability to Sell
- Transfer of Ownership
- Payment Dispute
- Servicing Problems
- Marital/Relationship Problems

Mortgage Information:

Are you behind on your mortgage Yes No
 Lender/Servicer: _____
 Purchased Date: Month___ Year___ Number of years owned the home? _____
 How long is the loan term? 15___ 30___ Other: _____
 Monthly Payment: \$_____ Delinquency: # Months _____ Arrears Owed \$ _____
 Principal Balance owed \$ _____
 Interest rate at purchase: _____% Fixed ARM Modified
 Refinanced: Yes No # of Times Refinanced: _____ Date(s): Month___ Year___
 Is a Refinance or Purchase?: _____ Original
 Did you purchase or refinance your home before January 2009? Yes No

	Lender/Servicer	Monthly Payment	(3) Months Delinquent	(\$) Amount Delinquent
2 nd Mortgage				
3 rd Mortgage				
Homeowners Association:				

	Escrowed	Annual Amount	(#) Months Behind	(\$) Amount Delinquent
Property Taxes:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

	Escrowed	Annual Amount	(#) Months Behind	(\$) Amount Delinquent
Homeowners Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Has your servicer changed since the purchase of the home? Yes No

Legal:

Have you received a summons and complaint? Yes No
 When: _____ Served in the mail ___ in person ___
 Have you filed an answer? Yes No Have you spoken to a lawyer? Yes No
 Sale Date: _____ Have you been to court? Yes No
 Have you ever filed for Bankruptcy? Yes No If yes: What Chapter? _____

Filing Date? _____ Case Number? _____

Does the property have any liens? Yes No

Commitment:

Wants to stay in home: Yes No

Has Reason for delinquency been resolved: Yes No

Any Previous delinquencies: Yes No

Talked to mortgage company: Yes No *(If Yes, what was discussed)*

Have you submitted a modification package? Yes No *(If Yes, what is the status)*

Have you received a modification package and/or trial payment plan or denial? Yes No
(If Yes, what is the status)

Other steps taken to resolve the situation:

Amount available to put towards mortgage: \$ _____

Counselor Notes/Next Steps:

Referral:

Legal Financial Counseling Unemployment Services Other Services _____