

Please bring in **copies** of all the following documents. They may be mailed **OR** dropped off in person. Your file will be reviewed only after all your documents are in. **After your file has been reviewed, we will call you to set up an appointment. No appointment will be scheduled until all documents are received.**

Please be aware that if you do not bring copies extra time will be required for your intake. **Thank You**

<input type="checkbox"/> Photo ID	(Driver's License/State of Ohio ID)
<input type="checkbox"/> Social Security Cards	(self and dependents)
<input type="checkbox"/> Verification of Dependents	(at least one for each child' birth certificate, baptismal record, adoption papers, school records, immunization records with parents name on it, or notarized letter of parent/child relationship)
<input type="checkbox"/> Income Documents	(2 months of pay stubs, SSI, SSD, Retirement award letter, for everyone in household)(if self-employed, please provide YTD Profit-Loss statement, and 6 months of bank statements)
<input type="checkbox"/> Child Support Printout	(paying or receiving)
<input type="checkbox"/> 2010/2009 Fed. Tax Return/ all w2's	(You may request transcripts by calling 1-800-829-1040, or order by mailing using IRS Form 4506T (request for transcript of tax return) or online at www.irs.gov)
<input type="checkbox"/> Bank Statements	(2 months checking & savings, for all accounts, all pages even if blank)
<input type="checkbox"/> Utility Bills	(most recent gas, electric, phone, & water/sewer)
<input type="checkbox"/> Home Insurance	(Declarations Page and payment documentation)
<input type="checkbox"/> Mortgage Papers	(last statement, truth & lending and/or HUD-1 Statement)
<input type="checkbox"/> Delinquency Documents	(if applicable- Submit letters or correspondence from Lender, courts, Attorney)
<input type="checkbox"/> Hardship Documents	(please provide evidence supporting your hardship: i.e. receipts, doctor's letters, and job loss information)
<input type="checkbox"/> Divorce Decree	(if applicable to these circumstances- Joint Ownership)
<input type="checkbox"/> Income Documents	(2 months of pay stubs, SSI, SSD, PERS, for everyone in household)(if self-employed, please provide Profit-Loss business statement)
<input type="checkbox"/> Bankruptcy Documents	(Thick Pack showing type of bankruptcy and accounts discharged)
<input type="checkbox"/> Letter explaining hardship	Please include these important details <ul style="list-style-type: none"> • Cause of hardship (detailed explanation) • Current status, when do you plan on making your next payment, how much, and what date? • What are your intentions? (Keep, sell, etc.)
<input type="checkbox"/> Mortgage Holder Permission Form	(Included in this packet)
<input type="checkbox"/> Completed Budget & Intake Sheet	(Included in this packet)

Foreclosure Intake Date: _____ **Time:** _____

Cleveland housing Network
Community Training Center
2999 Payne Ave Suite #134
Cleveland, Ohio 44114
216-881-8443



Co-Applicant: _____ Social Security # _____ / _____ / _____
 Last First Middle

County: _____ Date of Birth _____ / _____ / _____

Present Address: _____
 Street City State Zip Code

Home #: (____) _____ Work #: (____) _____ E-Mail _____

Cell #: (____) _____ Fax #: (____) _____

Is there another person on the loan or title? _____ Social Security # _____ / _____ / _____
 (He/she must completely fill out another intake form)

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Disabled?	<input type="checkbox"/> US Veteran?		
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Legally Separated
Household Type Please select the most accurate	<input type="checkbox"/> Female-headed Single parent Household		<input type="checkbox"/> Married with Children	<input type="checkbox"/> Single Adult		
	<input type="checkbox"/> Male-headed Single parent Household		<input type="checkbox"/> Married without Children	<input type="checkbox"/> Two or more unrelated adults		
Household Composition Please list names and ages of all household members	<input type="checkbox"/> Family / Household size		<input type="checkbox"/> Number of dependants	<input type="checkbox"/> Are any dependants disabled?		
Status (check all that apply)	<input type="checkbox"/> First Time Homebuyer (you did not own a home in the past three years when you purchased)		<input type="checkbox"/> First Generation Homebuyer (you are the first generation in your family to purchase a home)			
Education	<input type="checkbox"/> High School Diploma or Equivalent	<input type="checkbox"/> College <input type="checkbox"/> In progress? <input type="checkbox"/> Degree?		<input type="checkbox"/> Below High School		
		<input type="checkbox"/> Two-Year <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> PhD		<input type="checkbox"/> Highest grade completed		
Household Income	<i>Type of Income</i>	<i>Frequency of pay</i> (hourly, weekly, bi-weekly, bi-monthly, monthly)	<i>Gross Amount</i> (before taxes) <i>Per Period</i>	<i>I can provide documentation</i>	<i>How long will you continue to receive it?</i>	
	Primary Job					
	Secondary Job					
	Alimony/Child Support					
	Rental Income					
	Social Security					
	Dependant Social Security					
	Public Assistance					
	Self-Employment					
	Pension / Retirement					
	Disability Income					
	Other Income					
Ethnicity	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Not Hispanic			
Race (Pick only one)	a. Black/African American b. Hispanic c. White Non Hispanic d. Asian e. Black/African American & White f. Black/African American & Hispanic	g. American Indian/Alaskan & Black h. American Indian/Alaskan & Hispanic i. American Indian/Alaskan & White j. Asian & Hispanic k. Asian & White	l. Hispanic Black m. Hispanic Black & White n. Native American or Alaskan Native o. Native Hawaiian or Other Pacific Islander	p. Other multiple race/Hispanic q. Other multiple race/Non Hispanic r. Unknown/Other (Other Multiple Race/Non Hispanic) s. Choose not to respond		

<u>Additional Information</u>	Who is your mortgage company? 1 st Mortgage _____ 2 nd Mortgage _____		
	What are your monthly payments? \$ _____ \$ _____		
	Does it include real estate taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
	Does it include home insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
(please answer every question to the best of your knowledge)	How far behind are you on the mortgage as of today? ____ months, for a total of \$ _____		
	Please list the last three payments you made towards the mortgage, date & amount.		
	1. ___/___/___, \$ _____ 2. ___/___/___, \$ _____ 3. ___/___/___, \$ _____		
	When is the last time you spoke to the mortgage company? Date ___/___/___		
	Have you tried to make arrangements with them to get caught up? <input type="checkbox"/> Yes <input type="checkbox"/> No Date ___/___/___		
	Please explain: _____		
	Do you want to save this house? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, have you listed the property for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have money saved to put towards the mortgage? ____ How much do you have? \$ _____		
	When can you make your next full payment? Date ___/___/___		
	Has the mortgage company rejected any payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you been working with any other Housing Agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which? _____	
	How did you hear about us?		
	How long have you been living in this house? ____ years ____ months		
	When did you get this mortgage loan? Date ___/___/___		
	Do you know if you have one of the following loans? <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> FannieMae <input type="checkbox"/> FreddieMac <input type="checkbox"/> RHA <input type="checkbox"/> None of these <input type="checkbox"/> Don't Know		
	Did you refinance to get this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when did you refinance? Date ___/___/___	
	Is there a sheriff's sale date? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it? Date ___/___/___	
	Do you own any rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you collect rent from tenants in this house? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you behind on your real estate taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the home insurance current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Child Support</u>	Do you pay child support or alimony? ____	How much? \$ _____	Is it deducted from your paycheck? ____
<u>Derogatory Credit History</u>	Have you declared bankruptcy? Type? <input type="checkbox"/> Chapter 7 Discharge date _____		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Chapter 13 When did it begin? _____		
	When will it end? _____		
	Monthly payment \$ _____		
	Have you been foreclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___
	Has a lien been placed on you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___
	Have something repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___
	Have you been in Collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___
	Have you been sued to collect outstanding debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___
	Have you had a judgment decided against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___
	Have you been garnished before or is there a threat of garnishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___

AUTHORIZATION

I understand that all of my personal information is strictly confidential and will not be given to anyone without my permission. I certify that all the provided information is correct to the best of my knowledge, and any false information given may result in delay or termination. I authorize Cleveland Housing Network to check and verify my credit report all and information contained on this form:

Signature of Applicant_____
Date_____
Signature of Co-Applicant_____
Date

SPENDING PLAN**Where Does Your Money Go?**

- Determine monthly expenses
- Calculate monthly amount for expenses that occur less than once a month
- Compare income and expense
- Make decisions on future spending

NAME: _____ DATE: _____

<u>Monthly Expenses</u>	Current Spending (\$)	Notes
Worksheet Housing		
<u>Housing</u>		
Rent/Mortgage		
Heating (gas or oil)		
Electricity		
Water or sewage		
Telephone (land line)		
Pager/cell phone		
Renters or homeowners insurance (if separate)		
Taxes		
Home maintenance and furnishings		
Cleaning supplies (polish, pine cleaner)		
Lawn service		
<u>Transportation</u>		
Gas		
Car payment		
Car insurance		
Car inspection		
Car repairs & maintenance		
License plates & registration fees		
Public transportation & taxi		
Parking and tolls		
<u>Food</u>		
Groceries		
School lunches		
Work-related (lunches/snacks)		
<u>Insurance</u>		
Health (medical, dental, if not payroll)		
Life		
Disability		
<u>Medical</u>		
Doctor		
Dentist		
Prescriptions		
<u>Childcare</u>		
Childcare or babysitters		
Child support or alimony		
<u>Clothing</u>		
Clothing		
Laundry & dry cleaning (bleach, laundromat)		
<u>Donations</u>		
Religious or charity		
<u>Education</u>		
Tuition		
Books, papers and supplies		
Newspapers and magazines		

Lessons (sports, dance, music)		
Gifts		
Birthdays		
Major Holidays		
Personal		
Barber or Beauty Shop, hair supplies		
Toiletries (toothpaste, deodorant, etc)		
Children's Allowance		
Tobacco products		
Beer, wine or liquor		
Entertainment		
Movies, sporting events, concerts.		
Video rentals		
Internet service		
Cable/satellite TV		
Restaurants & take out meals		
Gambling & lottery tickets, bingo		
Fitness & Social Clubs		
Vacations & Trips		
Hobbies or Crafts		
Miscellaneous		
Bank fees, money orders, etc		
Pet care & supplies		
Postage		
Pictures, photo processing, computer ink		
"Mad" Money		
Debts		
Student Loan		
Credit card (monthly minimum)		
Credit card (monthly minimum)		
Credit card (monthly minimum)		
Medical bills		
Debt Management Program		
Other		
Other		
Other		
Monthly Savings		
Current Total Savings		
Net monthly income		
Total Monthly Living Expenses		
Total +/-		

I certify that all the provided information is correct to the best of my knowledge, and any false information given may result in delay or termination of service.

Client Signature _____

Date _____



2999 Payne Avenue
Suite 306
Cleveland, Ohio 44114
Ph. (216) 574-7100
Fax (216) 574-7130
www.chnnet.com

Constituent CDCs:

Burten, Bell, Carr
Development Corp.

Buckeye Area
Development Corp.

Clark-Metro
Development Corp.

Detroit-Shoreway
Community
Development Org.

Famicos Foundation

Fairfax Renaissance
Development Corp.

Glenville
Development Corp.

Mt. Pleasant NOW
Development Corp.

Northeast Shores
Development Corp.

Ohio City Near West
Development Corp.

Shaker Square Area
Development Corp.

Slavic Village
Development

St. Clair-Superior
Neighborhood
Development Assoc.

Stockyard
Redevelopment
Organization

Tremont West
Development Corp.

Union Miles
Development Corp.

Westown Community
Development Corp.

Authorization to Release Information

I hereby authorize Cleveland Housing Network, Inc. to release/exchange information from my records in order to assist me in resolving a mortgage default.

This information will be released only to those institutions, companies, and agencies that our organization believes can provide assistance in resolving a mortgage default. Examples of such entities include mortgage servicers, mortgage investors, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

The doctrine of informed consent has been explained to me, and I understand the content to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. A written letter will be sent via fax or email to you to cancel this authorization, if and when I chose to terminate this 3rd party's authorization. I also acknowledge that a copy of this form is valid as the original.

Borrower (printed) Last 4 digits of SSN

Borrower (signed) Date

Co-Borrower (printed) Last 4 of SSN

Co-Borrower (signed) Date

Property Address: _____

Phone: _____ - _____ - _____

Loan Servicer: _____

Loan Number: _____

Counselor Names to Be Authorized:

- | | | |
|--------------------|-----------------|-------------------|
| Karen Troy-Diatta | Kate Carden | Gwendolyn Johnson |
| Christine Lassiter | Valerie Johnson | |
| Melissa Branch | Cindy Santiago | |

