

Woodbine Community Organization Housing Services Application

Pre-Purchase Review Rental Counseling Mortgage Default

Information	Participant #1		Participant #2		
Name (First, MI, Last)					
Current Street Address					
City, State					
Zip Code					
County					
Home Phone					
Work or Cell Phone					
E-mail address					
Social Security #					
Employer					
Length of Employment					
If less than 2 years, previous employment					
# of Dependents and age(s)					
Debt Information	Participant #1		Participant #2		
	Monthly Payment	Balance	Monthly Payment	Balance	
Car					
Bank Loans					
Credit Cards					
Charge Cards					
Finance Company					
Credit Union					
Child Support					
Student Loan					
Other					
Total Debt					
Income	Participant #1		Participant #2		
Wages (Before Deductions)					
Child Support					
Public Assistance					
Other					
Total Income					
Assets	Participant #1		Participant #2		
Savings Account(s)					
Retirement Account(s)					
Demographics					
Participant #1	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Of Birth:	Age:
	Education: <input type="checkbox"/> No HS <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Voc Cert <input type="checkbox"/> Some College <input type="checkbox"/> Assoc Deg <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate				
	Are You Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		
	US Citizen/Perm Res Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No		Foreign Born: <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Language:
Participant #2	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Of Birth:	Age:
	Education: <input type="checkbox"/> No HS <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Voc Cert <input type="checkbox"/> Some College <input type="checkbox"/> Assoc Deg <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate				
	Are You Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		
	US Citizen/Prem Res Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No		Foreign Born: <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Language:

For Rental Counseling

Amount of Rent you Pay:	Living with Parents <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rental Apartment or House <input type="checkbox"/> Subsidized (based on income) <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 – Amount of subsidy _____	
How many people, including yourself, are in your household?	
If you have lived at your current address less than two years, please list previous address:	
For the past two years have you paid your rent on time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have funds for a month's rent in advance and a security deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How much money do you have saved?	
Do you own a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dog # of lbs. _____ <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	
Do you or any member of your household have a police record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where you/they convicted of the crime for which you/they were arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	

For Mortgage Default Counseling:

	1 st Mortgage	2 nd Mortgage
Who is your mortgage company?		
How long have you had your mortgage?		
What is your account number?		
How many months behind are you?		
What is the interest rate on your mortgage?		
Do you want to keep your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorization and Disclosures

Woodbine Community Organization (WCO) is authorized to obtain my credit report. In the event credit information is submitted to a mortgage company or other non-profit counseling agency, the undersigned authorizes that party to review and evaluate all credit information provided by the undersigned or WCO. I agree to have an employee of the Woodbine Community Organization (WCO) make or receive copies of all pertinent documents in regard to my housing situation for the purpose of mortgage default counseling. I hereby give WCO permission to discuss my financial situation, income, employment, details of my mortgage, and mortgage payment history with representatives of my mortgage company. I understand that WCO may from time to time develop, own, sell, and rent property. I am under no obligation to avail myself to these services. I also understand that I am free to choose the realtor, home inspector, lending products, lender and home of my choice. The information I have provided on the WCO Housing Counseling Application does not represent a mortgage application. The information gathered is for the sole purpose of evaluation and counseling.

Occupancy affidavit: I affirm that I occupy the house at the address listed in this intake application and that that house is my primary residence.

Right to terminate counseling: I understand that WCO reserves the right to terminate a client from counseling if the client does not follow through with their action plan and remain in contact with their housing counselor.

Participant #1 Signature

Date

Participant #2 Signature

Date

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Income: <50% Area Median Income (AMI); 50%-80% AMI; 80%-100% AMI >100% AMI
 Counselor: _____ Date file opened: _____ Date Closed: _____ Initial session
 was In person, over the phone. Initial start time _____ End time _____
 Time of initial session was _____ hours Total time devoted to client as of the closing the file _____ hours
 Intake by: _____

Rental Counseling

- Rental Counseling Results in Locating, Securing or Maintaining Residence in Rental Housing
- Received Rental search assistance Obtained temporary rental relief
 - Referred to agency with rental assistance program Advised on re-cert of HUD/other subsidy program
 - Counseled or referred to legal aid agency for eviction or other Fair Housing Assistance
 - Decided to remain in current housing situation Entered debt management/repayment plan
 - Currently receiving counseling

Mortgage Default Counseling

- Mortgage Default Counseling Results
- Brought mortgage current Mortgage refinanced Mortgage modified Received 2nd mortgage
 - Initiated forbearance agreement/repayment plan Executed Deed-in Lieu
 - Sold property/Pre-foreclosure sale, chose alternative housing solution Mortgage foreclosed
 - Partial Claim Other: _____