



Lending Protection Intake and Assessment

Office Use:	
Date:	
Counselor:	
Client #:	
Time: <input type="checkbox"/> Phone/ <input type="checkbox"/> Office/ <input type="checkbox"/> Email/ <input type="checkbox"/> Mail/ <input type="checkbox"/> Fax	
First Homeowner:	
Name on Mortgage:	
Social Security #:	
Date of Birth:	Age:
Employer:	
Part-Time Employer:	
Monthly Gross Income:	
Monthly Net Income(take home pay):	
Second Homeowner:	
Name on Mortgage:	
Social Security #:	
Date of Birth:	Age:
Employer:	
Part-Time Employer:	
Monthly Gross Income:	
Monthly Net Income(take home pay):	

Address:	
City:	
State:	Zip:
Phone#:	
Other #:	
Mailing Address <small>(if different)</small> :	
Persons in household: # of Adults _____ # of Children under 18 _____	
<input type="checkbox"/> Richmond <input type="checkbox"/> Henrico <input type="checkbox"/> Chesterfield <input type="checkbox"/> Hanover <input type="checkbox"/> Other _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian & White <input type="checkbox"/> Asian & White <input type="checkbox"/> African American & White <input type="checkbox"/> American Indian & White <input type="checkbox"/> American Indian & African American <input type="checkbox"/> Other Multiple Race	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<input type="checkbox"/> Disabled <input type="checkbox"/> 62+ <input type="checkbox"/> Female Head of Household	
Office Use: <input type="checkbox"/> Poverty <input type="checkbox"/> Very low <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Other	

Reason for default / Note:

How did you learn about HOME:

Mortgage Loan #1

Loan Co Name:

Loan #:

FHA Case #:

Phone#:

Fax #:

Date Of Purchase:

Origination Date:

Loan Amt: \$

Amt Owed(Principal Balance):\$

Assessed Value: \$

Interest rate: APR:

Of months Delinquent:

List months you are Delinquent:

Monthly Payment Amount: \$

Payment History:

Payment Plan:

Amt. to reinstate: \$

Cash On Hand: \$

Are you in Bankruptcy: (Yes or No)

Date Filed: Attorney:

**Foreclosure Sale Date? (Yes or No)
If yes, When?**

Do you Have...

 Good Faith Estimate Truth in Lending HUD1Did you read all loan documents? Y / N

Where did the closing take place?

How long was the closing?

Were you solicited for the loan? Y / NWas a Broker involved? Y / N

Name of Broker:

Name of Broker Company:

Mortgage Loan #2

Loan Co Name:

Loan #:

FHA Case #:

Phone#:

Fax #:

Date Of Purchase:

Origination Date:

Loan Amt: \$

Amt Owed(Principal Balance):\$

Assessed Value: \$

Interest rate: APR:

Of months Delinquent:

List months you are Delinquent:

Monthly Payment Amount: \$

Payment History:

Payment Plan:

Amt to reinstate: \$

Cash On Hand: \$

Are you in Bankruptcy: (Yes or No)

Date Filed: Attorney:

Do you Have...

 Good Faith Estimate Truth in Lending HUD1Did you read all loan documents? Y / N

Where did the closing take place?

How long was the closing?

Were you solicited for the loan? Y / NWas a Broker involved? Y / N

Name of Broker:

Name of Broker Company: