

Freedom Debt Management Foreclosure Intervention Intake Form

All of the information that I/We provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file.

Homeowner (A) Signature

Date

Homeowner (B) Signature

Date

Information	Homeowner A	Homeowner B
Address		
Property Address		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Social Security Number		
Date of Birth		

**Freedom Debt Management
Foreclosure Intervention Intake Form
HOMEOWNER INFORMATION**

HOMEOWNER INFORMATION

WHAT CAUSED YOU TO CALL OUR OFFICE?

WHAT CAUSED YOUR SITUATION?

WHAT STEPS HAVE YOU TAKEN TO FIX YOUR FINANCIAL SITUATION?

**Freedom Debt Management
Foreclosure Intervention Intake Form
MORTGAGE INFORMATION**

	First Mortgage	Second Mortgage	Third Mortgage
Loan Info			
Mortgage Holder			
Monthly Payment			
Date of Loan			
Paid Through Date			
Delinquent Amount			
Outstanding Balance			
Loan Type			
Sub-prime			
FHA			
VA			
Insured Conventional			
Uninsured Conventional			
Mortgage Insurance Co			
Rural Development			
Contract for Deed			
Other:			
Loan Terms			
Fixed Rate			
Adjustable Rate			
Hybrid ARM (2/28)			
Interest Only			
Option ARM			
40/30 Balloon			
80/20			
Deferred			
Balloon			
Other:			
Escrow Account Info			
Taxes Escrowed (Y/N)			
Past Due Taxes			
Insurance Escrowed (Y/N)			
Past Due insurance			
Homeowner Association (HOA) Info			
Name Of HOA			
Monthly Assessment			
Paid Through Date			
Amount Outstanding			
Previous Workouts			
Type of Workout			
Date of Workout			
Completed? (Y/N)			

**Freedom Debt Management
Foreclosure Intervention Intake Form
HOUSEHOLD AND PROPERTY INFORMATION**

Household Information	
Total Number in Household	
Number of Adults Over 18	
Number of Children	
Ages of Children	
Property Information	
Type of Property	<input type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Unit <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Cooperative <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other
Property Condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Year Built	
Date Purchased	
Number of Refinances	
Tax Assessed Value	
Currently for Sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List Price	
Real estate agent	
Real estate Firm	
RE Agent's Phone Number	
RE Agent's Email	
Time on Market	
HO Insurance Co	
Insurance Agent	
Insurance Agent Phone Number	
Insurance Agent Email	

**Freedom Debt Management
Foreclosure Intervention Intake Form
EMPLOYMENT AND INCOME INFORMATION**

Employment Information	Homeowner A	Homeowner B
Employer 1		
Job Title		
Length of Employment		
Expected Raise or Bonus?		
Expected Work Reduction?		
Employer 2		
Job Title		
Length of Employment		
Expected Raise or Bonus?		
Expected Work Reduction?		
Employer 3		
Job Title		
Length of Employment		
Expected Raise or Bonus?		
Expected Work Reduction?		

Household Monthly Income	Gross	Net	Verification Document
Homeowner (A) Employer (1)	\$	\$	
Homeowner (A) Employer (2)	\$	\$	
Homeowner (B) Employer (1)	\$	\$	
Homeowner (B) Employer (2)	\$	\$	
Other Employment Income	\$	\$	
Other Employment Income	\$	\$	
Social Security /SSI / SSDI	\$	\$	
Child Or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Monies From Rental Properties	\$	\$	
Household Members Over Age 18 Wages	\$	\$	
Food Stamps	\$	\$	
Governmental Income Assistance	\$	\$	
Child Care Assistance	\$	\$	
Housing Assistance	\$	\$	
Other	\$	\$	
Other	\$	\$	
Total Household Income	\$	\$	

**Freedom Debt Management
Foreclosure Intervention Intake Form
MONTHLY SPENDING PLAN**

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Fixed Expenses				
Housing				
Mortgage(s)				
HOA				
Gas				
Electricity				
Telephone: Land Line				
Telephone: Cell				
Other:				
Transportation				
Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Other:				
Insurance				
Health (<i>medical and dental, if not payroll deducted</i>)				
Life				
Disability				
Other:				
Childcare				
Childcare or Babysitters				
Child Support or Alimony				
Fixed Expenses Sub-Total				

Periodic Fixed Expenses (Divide annual payment by 12)				
Housing				
Homeowners Insurance (<i>if not in mortgage payment</i>)				
Taxes (<i>if not in mortgage payment</i>)				
Water or Sewage				
Trash Service				
Other:				
Transportation				
Car Insurance				
Car Inspection				
Car Repairs and Maintenance				
License Plates and Registration Fees				
Other:				
Periodic Fixed Expenses Sub-Total				

**Freedom Debt Management
Foreclosure Intervention Intake Form
MONTHLY SPENDING PLAN**

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Flexible Expenses				
Food				
Groceries				
School Lunches				
Work-Related (lunches and snacks)				
Other:				
Housing				
Home Maintenance				
Furnishings				
Cleaning Supplies				
Lawn Care				
Other:				
Medical				
Doctor				
Dentist				
Prescriptions				
Other:				
Savings				
Savings Account				
College Funds				
Emergency Fund				
Clothing				
Clothing				
Laundry and Dry Cleaning				
Other:				
Education				
Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons (sports, dance, music)				
Other:				
Donations				
Religious or Charity				
Gifts				
Birthdays				
Major Holidays				
Other:				
Personal				
Barber or Beauty Shop				
Toiletries				
Children's Allowances				
Tobacco Products				
Beer, Wine, Liquor				
Other:				
Entertainment				
Movies, Sporting Events, Concerts, Theater, Etc.				
Video Rentals				
Internet Service				
Cable/Satellite TV				
Other				

**Freedom Debt Management
Foreclosure Intervention Intake Form
MONTHLY SPENDING PLAN**

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Flexible Expenses				
Restaurants and Take-Out Meals				
Gambling or Lottery Tickets				
Fitness or Social Clubs				
Vacations/Trips				
Hobbies or Crafts				
Other:				
Miscellaneous				
Checking Account or Money Order Fees				
Pet Care or Supplies				
Postage				
Pictures and Photo Processing				
Other:				
Flexible Expenses Sub-Total				

Monthly Debts				
Student Loan				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Medical Bills				
Personal Loan				
Payday Loan(s)				
Rent to Own Contract				
Income Tax Payment Plan				
Other:				
Other:				
Monthly Debts Sub-Total				

Income/Debt Summary		
1	Monthly Household Income (Page 5)	\$
2	Fixed Expenses Sub-Total (Page 6)	\$
3	Periodic Fixed Expenses Sub-Total (Page 6)	\$
4	Flexible Expenses Sub-Total (Page 8)	\$
5	Monthly Debt Sub-Total (Page 8)	\$
6	Total Monthly Expenses and Debts (2+3+4+5)	\$
7	Monthly Deficit or Surplus (1 – 6)	\$

**Freedom Debt Management
Foreclosure Intervention Intake Form
ASSETS**

Household Assets		
Description	Value / Amount	Amount Owed
Automobile #1		
Automobile #2		
Automobile #3		
Cash on Hand Over \$100		
Checking Account		
Savings Account		
Anticipated Tax Refunds		
Money Market Funds		
Stocks/Bonds/CDs/Annuities		
IRA / Keogh Accounts		
Computer/TV/Electronics		
Furniture		
Boats / Jet Skis		
RV/ Recreational Homes		
Motorcycles / Snowmobile		
Farm Equipment		
Trailers		
Other Property		
Other:		
Totals		
<p>Please read carefully: As head of Household I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.</p>		
<i>Signature</i>		<i>Date</i>
<i>Signature</i>		<i>Date</i>