



# Intake Application

DEFAULT / POST-PURCHASE

**BORROWER:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_, NC County: \_\_\_\_\_

Phone: HOME: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Gender:** Male / Female **Ethnicity:** Hispanic / Non Hispanic

**Race:** American Indian or Alaskan Native / Asian / Black or African American / White / Hawaiian or Pacific Islander  
 Other: \_\_\_\_\_

**Disabled:** Yes / No **Veteran:** Yes / No

**CO-BORROWER:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone: HOME: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Gender:** Male / Female **Ethnicity:** Hispanic / Non Hispanic

**Race:** American Indian or Alaskan Native / Asian / Black or African American / White / Hawaiian or Pacific Islander  
 Other: \_\_\_\_\_

**Disabled:** Yes / No **Veteran:** Yes / No

**Household Type:**

<input type="checkbox"/>	Single Adult	<input type="checkbox"/>	Married (NO Children)
<input type="checkbox"/>	Widow / Widower	<input type="checkbox"/>	Married (WITH Children)
<input type="checkbox"/>	Single Parent (Female-Headed)	<input type="checkbox"/>	Two Unrelated Adults
<input type="checkbox"/>	Single Parent (Male-Headed)	<input type="checkbox"/>	Other: _____



**Dependents:**

Name: _____	Date of Birth: _____ / _____ / _____
Name: _____	Date of Birth: _____ / _____ / _____
Name: _____	Date of Birth: _____ / _____ / _____
Name: _____	Date of Birth: _____ / _____ / _____
Name: _____	Date of Birth: _____ / _____ / _____
Name: _____	Date of Birth: _____ / _____ / _____

**Residential Information:**

How long have you lived at your current address? \_\_\_\_\_ (years / months)

If less than two years, please provide prior address:

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

**Mortgage Loan Information:**

First Mortgage Company's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Account No.: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

1ST Mortgage Interest Rate: \_\_\_\_\_ %

Total Months Past Due: \_\_\_\_\_

Original Loan Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Estimated Value of Home: \$ \_\_\_\_\_

Loan Balance: \$ \_\_\_\_\_

Type of Interest (*circle one*): Fixed / ARM / Other

Amount Past Due: \$ \_\_\_\_\_

Second Mortgage Company's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Account No.: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

2ND Mortgage Interest Rate: \_\_\_\_\_ %

Total Months Past Due: \_\_\_\_\_

Original Loan Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Loan Balance: \$ \_\_\_\_\_

Type of Interest (*circle one*): Fixed / ARM / Other

Amount Past Due: \$ \_\_\_\_\_



**Primary Reason for Default:**

<input type="checkbox"/>	Loss of Income	<input type="checkbox"/>	Divorce / Separation
<input type="checkbox"/>	Reduction in Income	<input type="checkbox"/>	Death in Family
<input type="checkbox"/>	Business Failed	<input type="checkbox"/>	Medical Reasons
<input type="checkbox"/>	Increase in Expenses	<input type="checkbox"/>	Poor Budget Skills
<input type="checkbox"/>	Increase in Loan Payment	<input type="checkbox"/>	Other: _____

**Employment Information:**

Applicant's Income:

Amount **(Gross/Net)**: \$          GROSS / \$          NET      Per (circle one): Week / Month / Year

Hours Worked Per Week:               Overtime:  YES  NO

Job Title: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address of Personnel Dept.: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

Co-Applicant's Income:

Amount **(Gross/Net)**: \$          GROSS / \$          NET      Per (circle one): Week / Month / Year

Hours Worked Per Week:               Overtime:  YES  NO

Job Title: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address of Personnel Dept.: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Other Income Sources (Monthly Gross/Net):**

<input type="checkbox"/>	Unemployment	\$	<u>        </u>	GROSS	/ \$	<u>        </u>	NET
<input type="checkbox"/>	Pension	\$	<u>        </u>	GROSS	/ \$	<u>        </u>	NET
<input type="checkbox"/>	Social Security	\$	<u>        </u>	GROSS	/ \$	<u>        </u>	NET
<input type="checkbox"/>	Disability	\$	<u>        </u>	GROSS	/ \$	<u>        </u>	NET
<input type="checkbox"/>	Alimony	\$	<u>        </u>	GROSS	/ \$	<u>        </u>	NET
<input type="checkbox"/>	Child Support	\$	<u>        </u>	GROSS	/ \$	<u>        </u>	NET
<input type="checkbox"/>	Other:	\$	<u>        </u>	GROSS	/ \$	<u>        </u>	NET (specify) _____

**TOTAL Income From All Sources (Gross/Net):**

Monthly: \$          GROSS / \$          NET      OR      Annually: \$          GROSS / \$          NET



## HOUSEHOLD BUDGET (MONTHLY)

TOTAL **INCOME** From All Sources (*Gross/Net*):

Monthly: \$ \_\_\_\_\_ GROSS / \$ \_\_\_\_\_ NET      OR      Annually: \$ \_\_\_\_\_ GROSS / \$ \_\_\_\_\_ NET

### EXPENSES (MONTHLY)

Category	Amount
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*Housing Expenses / Utilities*

1ST Mortgage / Rent	
2ND Mortgage	
HOA Dues	
Hazard Insurance	
Property Tax	
Private Mortgage Insurance	
Electricity	
Heat (Gas / Oil)	
Water / Sewer	
Phone / Cable / Internet	
Cell Phone	
SUBTOTAL:	

*Food*

Groceries / Restaurants	
School Lunches	
SUBTOTAL:	

*Medical*

Health Insurance Premiums	
Dental Insurance Premiums	
Doctor / Dentist Visits	
Prescription Medications	
SUBTOTAL:	

*Education*

Tuition	
Books	
SUBTOTAL:	

Category	Amount
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*Automobile / Transportation*

Car Loan Payment	
Insurance	
Taxes	
Gasoline	
Repairs / Maintenance	
Public Transportation Fare	
SUBTOTAL:	

*Personal*

Child Care	
Child Support Paid	
Alimony Paid	
Life Insurance	
Memberships	
Church / Charity	
Entertainment	
Clothing	
Laundry Service	
Pet Care	
SUBTOTAL:	

*Monthly Debt*

Credit Cards	
Student Loans	
Installments	
SUBTOTAL:	

TOTAL Monthly Expenses: \$ \_\_\_\_\_

NET Monthly Income - TOTAL Monthly Expenses = \$ \_\_\_\_\_



## ACTION PLAN

**Borrower Name:** \_\_\_\_\_

**Co-Borrower Name:** \_\_\_\_\_

**Please describe your housing goal(s):** \_\_\_\_\_

\_\_\_\_\_

**When do you hope to reach your goal(s)?** \_\_\_\_\_

**What barriers, if any, are preventing you from reaching your goal(s)?** \_\_\_\_\_

\_\_\_\_\_

**What are you doing NOW to reach your goal(s)?** \_\_\_\_\_

\_\_\_\_\_

### *COUNSELOR USE ONLY*

**Counselor Observations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client Action Plan, with proposed dates for completion:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**COUNSELOR'S SIGNATURE**

**Date**

\_\_\_\_\_  
**Client / Co-Client Signature(s)**

\_\_\_\_\_  
**Date**



## OUR PRIVACY POLICY

Reinvestment Partners is committed to ensuring the privacy of individuals and families who contact us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt, income, living expenses, and personal information concerning your financial circumstances will be provided to creditors, program monitors, and others *only* with your authorization and signature on the Counseling Authorization & Disclosure. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information, and designing future programs.

### Types of information we gather about you:

- \* Information we receive from you orally, on applications, or on other forms, such as your name, address, social security number, assets, and income;
- \* Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions, and credit card usage; and
- \* Information we receive from credit reporting agencies, such as your credit history.

### You may opt-out of certain disclosures:

- \* You have the opportunity to "opt-out" of disclosures of your nonpublic information to third parties (i.e., creditors), that is, elect not to make those disclosures.
- \* If you choose to "opt-out," we will not be able to answer questions from your creditors. If at anytime you wish to change your decision with regard to "opting-out," you may call us at (919) 667-1000.

### Release of your information to third parties:

- \* So long as you have not "opted-out," we may disclose some or all of the information we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards that make our services possible.
- \* We may also disclose any nonpublic personal information about you or former clients to anyone as permitted by law (e.g., if we are compelled by legal process).
- \* Within our organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

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Client / Co-Client Signature(s)

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Date



## COUNSELING AUTHORIZATION & DISCLOSURE

Applicant recognizes the need for counseling to solve specific housing and other related problems and pledges to fully cooperate with Reinvestment Partners' Housing Counselor. Applicant pledges specifically to provide honest and complete information; provide all necessary documents within requested or specified time frame(s); and promptly notify Reinvestment Partners (RP) of all changes in the status of the loan, contact info, etc. Regarding appointments, RP's housing counselors see clients **\*BY APPOINTMENT ONLY\*** and reserves the right to cease services after a client misses or reschedules two appointments without 24 hours notices.

Applicant authorizes the Counselor to act on his/her behalf to improve his/her housing situation and to obtain necessary services. Applicant authorizes the Counselor to obtain additional information from outside sources when necessary, including a credit report from one or all three credit reporting agencies. Applicant recognizes the need to exchange and/or pass on information, which will be used to assist Applicant in obtaining his/her housing needs.

Applicant understands that Reinvestment Partners receives funds through the National Foreclosure Mitigation Counseling (NFMC) Program and, as such, is required to share some of his/her personal information with the NFMC program administrators or their agents for the purposes of program monitoring, compliance and evaluation. Applicant also authorizes Reinvestment Partners to share his/her information as required by our funders, and specifically to: (a) submit client-level information submitted to the data collection system for this grant, (b) allow NFMC to open files to be reviewed for program monitoring and compliance purposes, and (c) allow NFMC to conduct follow-up with client related to program evaluation.

The Counselor pledges to preserve strict confidentiality concerning the applicant, and will neither give nor seek information except where others have a right to it. The Counselor will neither make decisions nor take action without the knowledge and consent of Applicant, and will at all times protect and promote the best interest of Applicant.

**Reinvestment Partners offers all of our services for FREE, at no charge to the client, excepting our \$99 online homebuyer class.** From time to time Reinvestment Partners makes our clients aware of products and/or services that we believe offer good value to our clients. These products and/or services might be available directly from Reinvestment Partners, from lenders, developers, or other agencies with which Reinvestment Partners has a working relationship. You are under no obligation to use the products and/or services identified by Reinvestment Partners, whether from us or from industry partners. Please understand that you are free to choose any lender, lending/financing product, or home from any entity regardless of the recommendations made by the Reinvestment Partners representative and still participate in our counseling program. It is your right and responsibility to decide whether to engage in any course of counseling with Reinvestment Partners and to determine whether the counseling is suitable for you. The individual action plan and direction of our counseling sessions will be based on the housing counseling action plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling sessions. Additionally, you are under no obligation to obtain a mortgage or purchase a home and have the option to terminate the counseling program at any time for any reason.

### Services provided by Reinvestment Partners include:

**Counseling:** Financial Management/Budget; Home Improvement & Rehabilitation; Mortgage Delinquency & Default Resolution; Pre-Purchase; and Rental Housing

**Workshops:** Fair Housing Pre-Purchase Education; Financial, Budget, and Credit; Non-Delinquency Post Purchase; Predatory Lending Education; Pre-Purchase Home Buyer Education (**FREE in person, \$99 online**); Resolving / Preventing Mortgage Delinquency; and Rental Housing

I certify that I have read and understand the above statement(s). Any questions I had were previously discussed with the counselor and answered to my satisfaction.

\_\_\_\_\_  
**Client / Co-Client Signature(s)**

\_\_\_\_\_  
**Date**

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