



Green Forest Community Development Corporation, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate and benefit from its services, programs, benefits and employment opportunities.

PART A. BORROWER PROFILE

**DIRECTIONS: COMPLETE ALL THE FIELDS THAT APPLY TO YOU.
INCOMPLETE INFORMATION WILL DELAY YOUR SERVICE**

Today's Date: _____

1. Borrower Name: _____

2. Date of Birth: _____

3. Social Security Number: _____

4. Gender: Female ___ Male ___

5. Highest Level of Education Obtained: _____

6. Race: Amer. Indian or Alaskan ___ Asian ___ Black or African Amer. ___ Hawaiian or other Pacific Islander ___ White ___
Amer. Indian or Alaskan & White ___ Asian & White ___ Black or African Amer. & White ___ Amer. Indian / Alaskan & Black ___ Other ___
Chose Not to Respond ___

7. Hispanic: Yes ___ No ___

8. Active Military: Y ___ N ___ Not Available _____

9. Property Address

Street: _____ **City:** _____ **State:** ___ **ZIP:** _____

10. Current Address: *(If different from property above)*

Street: _____ **City:** _____ **State:** ___ **ZIP:** _____

11. Contact: Phone: Work: _____ Home: _____ Cell: _____

Email: _____ **Fax:** _____

12. Best phone number to contact you (check one): Work: ___ Home: ___ Cell: ___

13. How did you hear about us? _____

14. Employment Status: Employed: ___ Self-Employed: ___ Unemployed: ___ Retired: ___

15. If unemployed, do you receive unemployment benefits? Y ___ N ___ N/A ___

16. How many people live in your home? _____

17. Household Status (check one): Single ___ Female-headed single parent ___ Male-headed single parent ___
Married without dependents ___ Married with dependents ___ Two or more unrelated adults ___ Other ___



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PART A CONTINUED - CO-BORROWER PROFILE

DIRECTIONS: IF THERE IS A CO-BORROWER, COMPLETE ALL THE FIELDS THAT APPLY TO THE CO-BORROWER. INCOMPLETE INFORMATION WILL DELAY YOUR SERVICE

1a. Co-borrower's Name:				
2a. Date of Birth:		3a. Social Security Number:		
4a. Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		5a. Highest Level of Education Obtained:		
6a. Race: Amer. Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African Amer. <input type="checkbox"/> Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Amer. Indian or Alaskan & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black or African Amer. & White <input type="checkbox"/> Amer. Indian / Alaskan & Black <input type="checkbox"/> Other <input type="checkbox"/> Chose Not to Respond <input type="checkbox"/>				
7a. Hispanic: Yes <input type="checkbox"/> No <input type="checkbox"/>		8a. Active Military: Y <input type="checkbox"/> N <input type="checkbox"/> Not Available <input type="checkbox"/>		
9a. Property Address				
Street: _____		City: _____	State: _____	ZIP: _____
10a. Current Address: <i>(If different from property above)</i>				
Street: _____		City: _____	State: _____	ZIP: _____
11a. Contact: Phone: Work: _____ Home: _____ Cell: _____				
Email: _____		Fax: _____		
12a. Best phone number to contact you: <i>(check one)</i> Work: <input type="checkbox"/> Home: <input type="checkbox"/> Cell: <input type="checkbox"/>				
13a. How did you hear about us? _____				
14a. Employment Status: Employed: <input type="checkbox"/> Self-Employed: <input type="checkbox"/> Unemployed: <input type="checkbox"/> Retired: <input type="checkbox"/>				
15a. If unemployed, do you receive unemployment benefits? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>				



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PART B MORTGAGE INFORMATION

DIRECTIONS: COMPLETE ALL THE FIELDS THAT APPLY TO YOUR MORTGAGE. INCOMPLETE INFORMATION WILL DELAY YOUR SERVICE

1. Your Lender/Servicer:	
2. Your Mortgage Loan Number (if you know it):	Check if you don't know ___
3. Is this your primary residence? Yes ___ No ___	
4. What type of property do you have? (check one) Single family ___ Townhome ___ Condo ___ 1 to 4-unit ___	
5. What type of mortgage do you have? Fixed/Conventional ___ Adjustable Rate Mortgage (ARM) ___ Other ___	
6. Current Mortgage Payment: \$	
7. Current Mortgage Interest Rate:	Check if you don't know ___
8. Are property taxes and insurance included in your mortgage? Yes ___ No ___	
9. Did you purchase your home before January 1, 2009? Yes ___ No ___	
10. Do you owe less than \$729,750 on your mortgage? Yes ___ No ___	
11. Has your mortgage been modified in the last 6 months? Yes ___ No ___	
12. If you have an Adjustable Rate Mortgage (ARM) loan, has the interest rate changed? Yes ___ No ___ N/A ___	
13. Is the loan interest only? Yes ___ No ___	
14. Do you have a second mortgage? Yes ___ No ___	
15. Have you been in contact with your lender? Yes ___ No ___	
16. How many months are you behind on your mortgage payment?	
17. Do you have a letter of intent to foreclose? Yes ___ No ___ Don't know ___ / Is there a sale date? Yes ___ No ___ / What is the date?	
18. What caused you to be late / delinquent?	
19. Have you ever worked with another counseling agency? Yes ___ No ___ / If yes, which one?	



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PART C. PRELIMINARY BUDGET

DIRECTIONS: PLEASE ESTIMATE THE MONTHLY INCOME AND EXPENSES FOR YOUR HOUSEHOLD

Combined Household Monthly Income / Expenses <i>(If applicable, combine co-borrower's expenses with the borrower's)</i>	Amount
Gross Monthly Income	\$
Auto Payment(s)	\$
Total Credit Card Payments	\$
Utilities	\$
Telephone / Cell	\$
Cable / Satellite	\$
Groceries	\$
Childcare	\$
Medical Expenses	\$
Property Taxes <i>(If not included in your mortgage)</i>	\$
Homeowners Insurance <i>(If not included in your mortgage)</i>	\$
Condo/HOA fee <i>(If applicable)</i>	\$
Other _____	\$
Other _____	\$
Total Monthly Expenses	\$

Office Use Only

HAMP Eligible Y/N Investor: Freddie Mac ___ Fannie Mae ___ FHA/VA ___ Refinance ___ Other ___
Housing Payment Ratio (DTI) _____% Data Entered By: _____
Date: _____ English Proficient? _____ Property Located in Rural Area? _____
Homeownership Advisor Assigned: _____
Next Appt.: Date: _____ Time: _____ Green Forest CDC ID# _____