INTAKE FORM CHECKLIST

cpah COMMUNITY PARTNERS for AFFORDABLE HOUSING

**800 S. MILWAUKEE AVE
LIBERTYVILLE, IL 60048**

DIRECTIONS:

You must submit your completed intake forms **seven business days** prior to your scheduled appointment. Your file will be reviewed within two business days. Please provide all documents and correspondence outlined below with the most recent billing/issuance date closest to your scheduled appointment. Missing documents or delays may require you to resubmit documents with a more recent date. **Incomplete intake forms will be placed on hold and could result in a rescheduled appointment.**

1 INTAKE FORMS

- ☐ **Fill out the attached intake forms**
- ☐ **Attach supporting documents (see step 2)**

2 SUPPORTING DOCUMENTS (PROVIDE ALL THAT APPLY)

- ☐ **Most recent mortgage statement and HOA statement (if applicable)**
- ☐ **Any correspondence from your lender or attorney regarding the default within the last 90 days**
- ☐ **Copy of credit report pulled within the last 30 days**
  CPAH can assist you with pulling one from Credit Karma, annualcreditreport.com, or another free service that does not adversely affect your scores.
- ☐ **The first page of the foreclosure court summons (if applicable)**
- ☐ **Federal tax returns including W-2's for the previous and current year, signed by all parties.**
  If self-employed: include the last 2 years of business federal returns
- ☐ **Last 60 days of pay stubs for all borrowers**
- ☐ **If unemployed, provide the most recent benefits award letter. If self-employed, provide Profit & Loss statements for previous and current year.**
- ☐ **Last 3 months of official bank statements for all personal and business accounts (all pages, even if blank)**
- ☐ **All public assistance award letters (SNAP, WIC, SSI, etc.)**
- ☐ **The first page of all most recent utility bills, credit card statements, and loan statements**
- ☐ **Homeowners Insurance Declaration page**
- ☐ **Other Relevant Documents**
  Bankruptcy Discharge Documents, Quit Claim Deed, Divorce Decree/Support Order (if alimony or child support is received)

3 SUBMISSION

- ☐ **Submit by mail or drop off to the address listed above. Fax and email are discouraged.**

COMMUNITY
PARTNERS for
AFFORDABLE
HOUSING
cpah

800 S. Milwaukee Ave., Suite 201
Libertyville, IL 60048

If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please contact us about arranging alternative accommodations.

Foreclosure Prevention Counseling Intake Form & Addendum

GENERAL

Borrower Name: _____ Co-Borrower Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____ Telephone: _____ Cell Phone: _____

Email: _____ Email: _____

Social Security # _____ D.O.B: _____ Social Security # _____ D.O.B: _____

Have you ever legally used any other name(s)? If yes, please list them

here: _____

Have you ever legally used any other name(s)? If yes, please list them

here: _____

Judgments: ☐ Yes ☐ No Foreclosure: ☐ Yes ☐ No

Bankruptcy: ☐ Yes ☐ No Release/Discharge Date: _____

Judgments: ☐ Yes ☐ No Foreclosure: ☐ Yes ☐ No

Bankruptcy: ☐ Yes ☐ No Release/Discharge Date: _____

Number of people in current household: _____ Ages: _____ How were you referred to CPAH? _____

DEMOGRAPHIC INFORMATION

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race: ☐ American Indian/Alaskan Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ Multiple Races ☐ Choose not to Respond

Head of Household: ☐ Single ☐ Married ☐ Separated ☐ Divorced
☐ Widowed ☐ Other: _____ ☐ Prefer not to say

CO-APPLICANT DEMOGRAPHIC INFORMATION

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Asian & White
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ Multiple Races ☐ Choose not to Respond

Head of Household: ☐ Single ☐ Married ☐ Separated ☐ Divorced
☐ Widowed ☐ Other: _____ ☐ Prefer not to say

Gender Identity/preferred pronouns: _____   Gender Identity/preferred pronouns: _____

U.S. Citizen: ☐ Yes ☐ No   Permanent Res. Alien: ☐ Yes ☐ No ☐ N/A   U.S. Citizen: ☐ Yes ☐ No   Permanent Res. Alien: ☐ Yes ☐ No ☐ N/A

Military Status: ☐ Active Duty ☐ Veteran ☐ N/A   Military Status: ☐ Active Duty ☐ Veteran ☐ N/A

Primary Language Spoken in Household: _____   Primary Language Spoken in Household: _____

Highest Education Level: ☐ High School ☐ Some College ☐ Degree   Highest Education Level: ☐ High School ☐ Some College ☐ Degree
☐ Prefer not to say   ☐ Prefer not to say

EMPLOYMENT   ## *CO-BORROWER EMPLOYMENT*

Are you self-employed? ☐ Yes ☐ No   **Are you self-employed?** ☐ Yes ☐ No

---

I/We authorize Community Partners for Affordable Housing (CPAH) to obtain and/or review my/our credit report(s). I/We certify that all information contained in this application is true and correct, to the best of my/our knowledge.

☐ I/We **agree** to allow CPAH to obtain and/or review my/our credit report ☐ I/We **do not agree** to allow CPAH to obtain and/or review my/our credit report

---

Years at Current Employer: _____   Years at Current Employer: _____

Current Gross Monthly Income $_____ (**BEFORE** Taxes & Deductions)   Current Gross Monthly Income $_____ (Before Taxes & Deductions)
Do you receive any of the following: Bonuses, commission, child support, SS/SSDI, unemployment, etc.? _____

Overtime $_____   Overtime $_____

TOTAL $_____   **TOTAL** $_____

HOUSEHOLD ASSETS

Checking $_____   Stocks/Mutual Funds $_____

Savings $_____   Gifts $_____

401 (k), IRA, Pension $_____   Other $_____

_____ _____   _____ _____
Borrower Signature   **Date**   **Co-Borrower Signature**   **Date**

Foreclosure Prevention Counseling Addendum

_____

PROPERTY INFORMATION

Is the property in question your primary residence? _____ **Length of Occupancy:** _____

Do you own other residential property? ☐Yes ☐ No

Original Purchase Price: $_____   **Year Home was Purchased:** _____   **Estimated Value:** _____

Have you ever refinanced? ☐ Yes ☐ No **How many times?** _____   **Number of Years refinanced:** _____

Have you ever applied for a loan modification? ☐Yes☐No *If yes, have you been approved or denied within the last 90 days?* ☐Yes ☐No

Are there additional household members who contribute to the expenses of the home? ☐ Yes ☐ No *If yes, please advise CPAH as additional information may be required.*

What are your plans for your property? ☐ Prefer to stay ☐ Prefer to move ☐ Unsure ☐ Willing to consider both

☐ Other: _____

If you sell your home where do you envision moving? ☐ Moving in with friends ☐ Moving in with family

☐ Rent ☐ Other: _____

Condition of Home: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

_____

DEFAULT INFORMATION

What factors caused you to fall behind on your mortgage payment? (Check all that apply)

_____ Lost Job _____ Loss of income due to divorce _____ Earning less than when home was purchased

_____ Credit cards and or other debt _____ Loss of income due to death in the family _____ Took in family/friends

_____ Loss of income due to illness or disability _____ Other: _____

In your own words and to the best of your ability, briefly explain the reason(s) for the default situation:

_____

_____

_____

_____

Do you have a plan for making next month's mortgage payment? ☐ Yes ☐ No

If yes, please explain to the best of your ability how you will make your payment. Please include any changes in your employment or expected income.

_____

_____

_____

Budget Sheet

MONTHLY EXPENSES AND DEBTS			
Name:	**Date:**	**Household Size:**	
Expense Category	**Expense Description**	**Monthly Amount**	**Total Amount Owed**
Housing	Rent/Mortgage		
	Rental Insurance		
	Maintenance/Supplies		
	Improvements		
Utilities	Phone (Land Line)		
	Cell Phone		
	Gas		
	Electric		
	Cable/Internet		
	Water/Garbage/Sewer		
Transportation	Gasoline		
	Car Insurance		
	Repairs & Maintenance		
	IPASS / Tolls / Parking		
	Public Transportation		
Household Expenses	Groceries		
	Non-Food Supplies		
	Personal Care		
	Clothing		
Education	Education		
Insurance	Life		
	Medical		
	Dental		
	Disability		
Medical	Doctor Visits		
	Medication		
	Other		
Child Care	Child Care		
Child Support	(if not garnished from check)		
Cash / Entertainment	Spending Money		
	Entertainment		
	Vacation		
	Gifts		
Dues / Donations	Church / Charity		
	Dues		
Miscellaneous / Other	Savings		
	Other		
Loans / Credit			
	Car Loan/1		
	Car Loan/2		
	Credit Card /1		
	Credit Card /2		
	Student Loan/1		
	Student Loan/2		
Total Expenses		$ -	$ -
Total Income (Net)		$	
Difference + (-)		$ -	