



FORECLOSURE PREVENTION INTAKE FORM

CMAX#	_____
HUD #	_____
AMI%	_____

Date: _____

PRIMARY HOMEOWNER APPLICANT:

First Name: _____ Last Name: _____

Middle Name: _____ Date of Birth: ____/____/____ Age: _____ Male Female
MM DD YEAR

Current Address: _____ City: _____ State: _____ Zip Code: _____

Preferred Phone Number: (____) _____ - _____ Last 4 of Social Security #: xxx-xx-
Phone Type: Home Work Mobile

Preferred Language: English Spanish Other: _____ Email: _____

How did you hear about ARC? ARC Client Bank Realtor Gov't Website Ad/Flyer Word of Mouth
 Lender Other Agency Internet Other/Please specify: _____

Are you a Veteran? Yes No Are you Active Duty? Yes No Foreign Born? (Outside of U.S.) Yes No

Are you disabled? Yes No If yes, do you require a special accommodation? Yes No _____

Marital Status: Single Married Divorced Legally Separated Widow/Widower Other

Education: Some High School High School/GED Some College Completed College Graduate Degree Vocational

Number in Household: _____ Household Type: Married with Children Female-head of household Single Adult

Number of Children Under the age of 18: _____ Married without children Male-head of household

Two or more adults, unrelated Other

Employment Status: Employed Full-Time Part-Time Self-Employed Unemployed Retired

Occupation: _____ City of Employment: _____

Employer: _____ Start Date: (DD/MM/YEAR) ____/____/____

Estimated Annual Gross Income: _____ Estimated Gross Net Income: _____

What is your hardship? Unemployed Underemployed Divorce Medical Other/Specify: _____

Is the above address the home you are seeking assistance for? Yes No If yes, is it your primary residence? Yes No

How many months are you behind on your mortgage? _____

Do you have a Sale Date pending? Yes No If yes, please indicate date: _____

FORECLOSURE PREVENTION INTAKE FORM - Continued

SECONDARY HOMEOWNER / CO-APPLICANT (If Applicable):

First Name: _____ **Last Name:** _____

Middle Name: _____ **Date of Birth:** ____/____/____ **Age:** _____ **Male** **Female**
MM DD YEAR

Current Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Preferred Phone Number: (____) _____ - _____ **Last 4 of Social Security #: xxx-xx-**
Phone Type: Home Work Mobile

Preferred Language: English Spanish Other: _____ **Email:** _____

Are you a Veteran? Yes No **Are you Active Duty?** Yes No **Foreign Born? (Outside of U.S.)** Yes No

Are you disabled? Yes No **If yes, do you require a special accommodation?** Yes No _____

Marital Status: Single Married Divorced Legally Separated Widow/Widower Other

Education: Some High School High School/GED Some College Completed College Graduate Degree Vocational

Employment Status: Employed Full-Time Part-Time Self-Employed Unemployed Retired

Occupation: _____ **City of Employment:** _____

Employer: _____ **Start Date: (DD/MM/YEAR)** ____/____/____

Estimated Gross Income: _____ **Estimated Net Income:** _____



NOTE: Please complete both Page 1 and 2 (if applicable) before submitting