



1-888-671-2227
WWW.CIDMCE.ORG

Personal Information

Client A Last Name	First/Middle	Maiden	Date of Birth	Soc. Sec. No.
Client B Last Name	First/Middle	Maiden	Date of Birth	Soc. Sec. No.
Street Address		City, State, Zip		Home Number
Email Address		County		Cell Number

Check one: Rent Buying Own Other How many years at address? _____

Delinquent rent/mortgage? _____ If yes: number of months: _____ Amount \$ _____

Have you ever received pre-purchase homeownership counseling or education? Yes No

Please check one: Married Single Widowed Divorced Separated

Client A: Hispanic Asian Black/African American Caucasian Native American
African American/White Other Muti-Race _____ Chose not to respond

Client B: Hispanic Asian Black/African American Caucasian Native American
African American/White Other Muti-Race _____ Chose not to respond

Number of Adults in household : _____ Number of dependent children : _____ Children ages : _____

Client A Employer: _____ Position: _____ How long? _____

Client B Employer: _____ Position: _____ How long? _____

Have you ever filed Bankruptcy? Yes No If yes, please list year and chapter filed: _____

Do you have any outstanding payday loans/title loans? Yes No

I/We authorize the release of information contained in my/our application to be used and discussed with our creditors on our behalf.

Signature Date

Signature Date

PLEASE COMPLETE BACK PAGE

Paycheck / Income Worksheet

Paycheck Information

Additional Income

	Client A	Client B
Gross Earnings Per Pay		
Federal Tax Withheld		
FICA & Medicare		
State Tax		
Health Insurance		
401K Loan Retirement/ Contributions		
Bank/Credit Union loan payment		
Net Pay		
Social Security/SSI /SSDI		
Child or Spousal Support received		
Public Assistance		
Workmen's Compensation		
Unemployment		
Veterans Benefits		
Housing Assistance		
Child Care Assistance		
Second Job Net Pay		
Other		
Total Income		

Pay Frequency Client A: Weekly Biweekly Semimonthly Monthly

Pay Frequency Client B: Weekly Biweekly Semimonthly Monthly

ASSETS / LIABILITIES

	Present Value	Amount Owed	Payment
Home			
Car(s) Value			
Savings Account			
Credit Card Debt			
Loans			
Other Debt			
Total			

Average Monthly Expenses

FOOD

Groceries _____
Job Lunch _____
School Lunch _____
Eating Out/Other _____
Total Food _____

HOUSING

Rent _____
Mortgage _____
2nd Mortgage _____
Property Tax
(If not included in mortgage) _____
Home Insurance
(If not included in mortgage) _____
Home Maintenance _____
Lot Rent/Land Payment _____
Total Housing _____

TRANSPORTATION

Car Loan/Lease _____
Auto Gas _____
Auto Insurance _____
Auto Maintenance _____
Public Transportation _____
Total Transportation _____

MEDICAL

Medical Bill Payments _____
Dental Bill Payments _____
Prescriptions _____
Total Medical _____

UTILITIES

Electric/Gas _____
Water/Sewer _____
Telephone _____
Garbage/Lawn _____
Association Fees _____
Cable/Satellite/Internet _____
Home Security System _____
Cell Phone(s) _____
Total Utilities _____

OTHER EXPENSES

Cleaning/Toiletries _____
Child Care _____
Alimony/Child Support _____
Contributions _____
Education/Tuition _____
Private Life Insurance _____
Hair/Nail Care _____
Recreation/Hobbies _____
Cigarettes/Tobacco _____
Alcohol Beverages _____
Pet Care _____
Laundry/Dry Cleaning _____
Clothing _____
Other _____
Emergency Savings _____
Total Other Expenses _____

PLEASE COMPLETE BACK PAGE

MORTGAGE INFORMATION

Loan Information	First Mortgage	Second Mortgage	Third Mortgage
Mortgage Holder			
Mortgage Loan Number			
Monthly Payment			
Date of Loan			
Date of Last Payment			
Delinquent Amount			
Outstanding Balance			
Loan Type			
FHA			
VA			
Insured Conventional			
Uninsured Conventional			
Assumed			
Rural Development			
Contract for Deed			
Mobile Home Loan			
Loan Terms			
Number of years			
Fixed Rate			
Adjustable Rate			
Hybrid ARM			
Interest Only			
Option ARM			
Balloon			
Escrow Account			
Taxes Escrowed (Y/N)			
Delinquent Tax Amount			
Insurance Escrowed (Y/N)			
Delinquent Insurance Amount			
Homeowner Association (HOA)			
Name of HOA			
Monthly Assessment			
Date of Last Payment			
Amount Outstanding			
Previous Workouts			
Type of Workout			
Date of Workout			
Completed? (Y/N)			

REQUESTED DOCUMENTS - Copies Only - Keep Originals for Your Records

Lack of documents may delay the process

Documents	Financial Assistance	Mortgage Assistance	Reverse Mortgage
Most Recent Pay Stub(s)	√	Two Most Recent	√
All Other Income Documentation	√	√	√
Most Recent Credit Card(s) Statement(s)	√	Two Most Recent	
Most Recent Installment Loan Statement(s)	√	√	
Most Recent Student Loan Statement(s)	√	√	
Most Recent Auto Loan Statement(s)	√	√	
Most Recent Mortgage Statement(s)	√	√	
Most Recent Correspondence letter from lender		√	√
Most Recent Tax Return		√	
Most Recent Bank Statement(s)		Two Most Recent	
Most Recent Utility Bills		√	
Hardship Letter		√	

HARDSHIP LETTER (only for clients needing mortgage assistance)

Please write a letter explaining events that led to the default of your loan or may cause default in the near future. (Job loss, reduction of income, increase in expenses, death or illness of a family member, etc.)

Include in your letter:

- Names of all borrowers on the loan
- Mortgage loan number
- Reason for default
- State desire to remain in the home
- Number of people occupying the home
- Condition of property
- Amount of funds available to contribute now to a repayment agreement
- Explain your ability to now be able to make loan payments
- Express appreciation for any assistance they (lender) may offer
- Have all borrowers **sign and date** the hardship letter

PLEASE SAVE AS MUCH MONEY AS POSSIBLE TO CONTRIBUTE TO GETTING A LOAN MODIFICATION OR REPAYMENT PLAN