



**DIVISION OF HOMEOWNERSHIP**  
**MSHDA's Homeownership Counseling Program**

**Household Profile**

<b>Section I – <u>Must</u> be completed for all clients</b>				Date:	
Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address ( <b>do not</b> use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
County Client Resides In:		Current Housing Situation:		Disabled:	
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living w/Family		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>For statistical purposes circle or check appropriate answer as it applies to Client:</b>					
<b>Ethnicity (You must select one):</b> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Single Race:</b> 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond		<b>Multi-Race:</b> 7. American Indian/Alaskan Native <b>and</b> White 8. Asian <b>and</b> White 9. Black/African American <b>and</b> White 10. American Indian/Alaska Native <b>and</b> Black/African American 11. Other Multiple Race		<b>Household Type:</b> 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other	

Co-Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address ( <b>do not</b> use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
County Co-Client Resides In:		Current Housing Situation:		Disabled:	
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living w/Family		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>For statistical purposes circle or check appropriate answer as it applies to Co-Client:</b>					
<b>Ethnicity (You must select one):</b> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Single Race:</b> 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond		<b>Multi-Race:</b> 7. American Indian/Alaskan Native <b>and</b> White 8. Asian <b>and</b> White 9. Black/African American <b>and</b> White 10. American Indian/Alaska Native <b>and</b> Black/African American 11. Other Multiple Race		<b>Household Type:</b> 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other	

List **ALL** Household Members including Client and **ALL** sources of income for adult members of the household. Include unearned income of minor children **DO NOT** include earned income of minor children.

**Income sources:** Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient.

Name	Date of Birth	<input type="checkbox"/> If pregnant	<input checked="" type="checkbox"/> if high school student	Gross Annual Income	Primary Source of Income	Relationship to Client
		<input type="checkbox"/>	<input type="checkbox"/>			Client
		<input type="checkbox"/>	<input type="checkbox"/>			Co-Client
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

**Total Household Income:** (Excluding minor children's) \$

<b>Section II – Complete this section for Foreclosure Prevention Counseling or National Foreclosure Mitigation Counseling otherwise go to Section III:</b>			
Name of originating lender (if available):		Original Loan Number (if available):	
Name of Current Servicer:		Loan number assigned by Current Servicer:	
When did you purchase your home? _____		Does your name appear on the deed and mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Monthly Payment (PITI) at intake:		What is your current interest rate?	
If type of loan at intake is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does client have a second loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Score at Intake: _____		Current status of Loan:	
Source: TransUnion <input type="checkbox"/> EquiFax <input type="checkbox"/> Experian <input type="checkbox"/> Tri-merge <input type="checkbox"/>		<input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late	
Total amount delinquent on Mortgage? \$	Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	
<b>Have you been notified of a date for a Sherriff's Sale?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, what is the date of the Sherriff's Sale?</b> _____		<b>Has there been a Sherriff's Sale of this property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Have you filed bankruptcy in the past two years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you currently working with an attorney regarding the delinquency of your mortgage or land contract?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, please provide attorney information?</b>			

Select type of first loan product:		
<input type="checkbox"/> Hybrid ARM	<input type="checkbox"/> FHA or VA ARM	<b>NFMC Foreclosure Mitigation Counseling</b> <input type="checkbox"/> Reporting on First loan <input type="checkbox"/> Reporting on Second loan
<input type="checkbox"/> Option ARM	<input type="checkbox"/> Privately held <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Interest only <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other	
<input type="checkbox"/> FHA or VA fixed rate loan	<input type="checkbox"/> Unknown	

<b>NFMC Foreclosure Mitigation Counseling – must select type of first loan product below:</b>		<b>Select primary reason for default:</b>
<input type="checkbox"/> Fixed rate currently under 8%	<input type="checkbox"/> Fixed rate currently 8% or greater	<input type="checkbox"/> Reduction in income
<input type="checkbox"/> ARM currently under 8%	<input type="checkbox"/> ARM currently at 8% or greater	<input type="checkbox"/> Poor budget management skills
<input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months	<input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months	<input type="checkbox"/> Loss of income
<input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months	<input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months	<input type="checkbox"/> Medical issues
<input type="checkbox"/> Client did not disclose		<input type="checkbox"/> Increase in Expense
		<input type="checkbox"/> Divorce/Separation
		<input type="checkbox"/> Death of Family member
		<input type="checkbox"/> Business Venture Failed
		<input type="checkbox"/> Increase in loan payment
		<input type="checkbox"/> Other

<b>Please provide the following information for the mortgage servicer or land contract holder that you make your payments to:</b>			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

<b>Please describe the circumstance(s) that occurred which resulted in the mortgage or land contract payments getting behind?</b>	
What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?	
Do you feel that you have recovered from the situation listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section III – Must be completed for ALL Counseling Services**

How did client hear about MSHDA's Homeownership Counseling Programs:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Referral from MSHDA                        | <input type="checkbox"/> Referral from a Real Estate Professional | <input type="checkbox"/> Referral from Habitat |
| <input type="checkbox"/> Referral from Department of Human Services | <input type="checkbox"/> Referral from a Community Organization   | <input type="checkbox"/> Walk in Self-Referral |
| <input type="checkbox"/> Referral from Lender                       | <input type="checkbox"/> Referral from Friend/Relative            | <input type="checkbox"/> Radio, TV, or PSA     |
|   |   | <input type="checkbox"/> Other:                |

If client is looking to purchase a home what county do they intend to reside in:

**I hereby certify that the information given above is accurate and complete. I understand that if information I provided is discovered to be false or misleading, my participation may be denied or terminated.**

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

<b>Section IV – To be completed by Homeownership Counselor to determine eligibility for MSHDA Homeownership Counseling Program(s).</b>	
Verified Family Income: \$	Family Maximum Income Limit: \$
Family is Eligible for Pre-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Family is Eligible for Post-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name:	Agency Phone Number:
Counselor Name: _____ Counselor Signature Verifying Information: _____ Date: _____	