

Home: ( ) - Work: ( ) - Mobile/Cell ( ) -

**Email:** \_\_\_\_\_

White	Black or African American	American Indian
Asian	Asian and White	Native Hawaiian/Other Pacific Islander
American Indian and White	Black/African American and White	
American Indian and Black	Other	

**Gender** (please circle):      Male      Female      **Disabled?** Yes      No

*Are there non-dependents who will be living in the home?*      Yes      No      *If yes, list below:*

Relationship	Age	Relationship	Age
--------------	-----	--------------	-----

1. Below High School Diploma	2. High School Diploma or Equivalent
3. Two-Year College	4. Bachelors Degree
5. Masters Degree	6. Above Masters Degree

*How did you hear about us?*

<i>Unemployment</i>	<i>Reduced Income</i>	<i>Divorce/separation</i>
<i>Illness</i>	<i>Death</i>	<i>Excessive Use of Credit</i>
<i>Servicer Problem</i>	<i>Medical Expense</i>	<i>Home Repair</i>
<i>Unexpected expense:</i>	<i>Other:</i>	

**CO-APPLICANT**

Name: \_\_\_\_\_  
First MI Last

Street

City State Zip Code

Home: ( ) - Work: ( ) - Email: \_\_\_\_\_

**Race (please circle):**

Choose not to respond

White

Black or African American

American Indian/Alaskan Native

Asian

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native and White

Asian and White

Black/African American and White

American Indian/Alaskan Native and Black

Other

**Ethnicity** (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

Hispanic: Yes

No

**Marital Status (please circle):**

Single

Married

Divorced

Separated

Widowed

**Gender (please circle):**

Male

Female

Disabled?

Yes

No

**Education (please circle one):**

1. Below High School Diploma

2. High School Diploma or Equivalent

3. Two-Year College

4. Bachelors Degree

5. Masters Degree

6. Above Masters Degree

Relationship to Customer (please circle):

Spouse

Daughter

Son

Sister

Brother

Girlfriend

Boyfriend

Mother

Father

Other: \_\_\_\_\_

**INCOME**

Please Print Clearly

Type of Income	Monthly Gross Amount	Monthly Net Amount	



**LENDER INFORMATION***Please Print Clearly***First Mortgage** – Lender: \_\_\_\_\_ How long have you had this mortgage? \_\_\_\_\_

Payment Status: current      30-60      61-90      91-120      120+

Interest Rate type:      Fixed      Adjustable      Balloon      2/1 Buy Down

Term:      10 yr      15 yr      20 yr      30 yr

Type of Mortgage -      FHA      Conventional      VA      Other

Monthly Payment Amount: \$ \_\_\_\_\_ Date of the last payment: \_\_\_\_\_

Current interest Rate: \_\_\_\_\_ %      Loan Balance: \$ \_\_\_\_\_ Past Due Amount: \$ \_\_\_\_\_

Monthly Tax amount: \$ \_\_\_\_\_ Monthly Insurance amount: \$ \_\_\_\_\_

**Second Mortgage** – Lender: \_\_\_\_\_ How long have you had this mortgage? \_\_\_\_\_

Payment Status: current      30-60      61-90      91-120      120+

Interest Rate type:      Fixed      Adjustable      Balloon      2/1 Buy Down

Term:      10 yr      15 yr      20 yr      30 yr

Type of Mortgage -      FHA      Conventional      VA      Other

Monthly Payment Amount: \$ \_\_\_\_\_ Date of the last payment: \_\_\_\_\_

Current interest Rate: \_\_\_\_\_ %      Loan Balance: \$ \_\_\_\_\_ Past Due Amount: \$ \_\_\_\_\_

Monthly Tax amount: \$ \_\_\_\_\_ Monthly Insurance amount: \$ \_\_\_\_\_

**AUTHORIZATION**

I understand that this information will be used by ACTION – Housing, Inc. in an attempt to provide counseling and assistance with my current mortgage(s), and will continue until I am no longer in need of their services or I voluntarily end the counseling arrangement. Upon request, ACTION – Housing, Inc. may provide me a copy of my credit report.

\_\_\_\_\_  
*Applicant*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Co-Applicant*\_\_\_\_\_  
*Date*



**BUDGET**

Indicate the normal **monthly amount** of cost for each applicable expense.

(**Note:** Annual or quarterly expenses will need to be divided accordingly for average **monthly** figures)

<b>Housing Expenses</b>		<b>Living Expenses</b>			
Mortgage (1 <sup>st</sup> )	\$	Groceries	\$	Day Care	\$
Mortgage (2 <sup>nd</sup> )	\$	Lunches	\$	Child Support/ Alimony	\$
Real Estate/ Property Taxes	\$	Toiletries	\$	Gifts & Entertainment	\$
Hazard Ins.	\$	Alcoholic Beverages	\$	Union Dues	\$
Condo/HOA Fees	\$	Tobacco Products	\$	Pension Contr.	\$
Electric	\$	Clothing	\$	Education/Tuition	\$
Gas	\$	Laundromat & Dry Cleaning	\$	Prescription	\$
Oil	\$	Telephone	\$	Dental & Dr. Co-pays	\$
Water	\$	Cell Phone	\$	Minimum credit card payments	\$
Sewer	\$	TV Cable	\$	Personal loans	\$
Trash	\$	Internet	\$	Student Loans	\$
Other	\$	Gasoline	\$	Car payment (1)	\$
		Car Repairs	\$	Car Payment (2)	\$
		Bus	\$	Other:	\$
		Auto Ins.	\$	Other:	\$
		Life Ins.	\$	Other:	\$
		Medical Ins.	\$	Other:	\$
		Dental Ins.	\$	Other:	\$
Housing Total	\$			Living Expenses Total	\$

