

# MID-OHIO REGIONAL PLANNING COMMISSION HOMEOWNERSHIP FORECLOSURE INTAKE FORM

**APPLICANT (HOUSEHOLD HEAD)**

**CO-APPLICANT/SPOUSE**

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

Birthdate \_\_\_\_\_

Birthdate \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Female Head of Household? **YES/NO**

Are you a Veteran? **YES/NO**

Place of Employment \_\_\_\_\_  
\_\_\_\_\_

Place of Employment \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Gross income per month \_\_\_\_\_

Gross income per month \_\_\_\_\_

**How did you hear about our program?** \_\_\_\_\_

**FOR REPORTING PURPOSES ONLY** (The following information is voluntary and will not affect the process of your application)

Please check one of the following for Race/Ethnicity:

**Race:**

- \_\_\_\_\_ Black
- \_\_\_\_\_ White
- \_\_\_\_\_ Asian or Pacific Islander

- \_\_\_\_\_ American Indian
- \_\_\_\_\_ Eskimo or Aleut
- \_\_\_\_\_ Other \_\_\_\_\_

**Ethnicity:**

- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Non-Hispanic

**INCOME SOURCES (employment, child support, alimony, part-time employment, disability, etc.)**

**Source**

**Gross Monthly Income**

\_\_\_\_\_

\_\_\_\_\_

**HOUSEHOLD/FAMILY SIZE**

**Number in household/family** \_\_\_\_\_ **Disabled Residents** \_\_\_\_\_

**MORTGAGE INFORMATION**

How long have you owned your home? \_\_\_\_\_ Loan Type: FHA    VA    Conventional

Lender \_\_\_\_\_ Loan Number \_\_\_\_\_

Payment Amount \_\_\_\_\_ Interest Rate \_\_\_\_\_ Do you have an ARM or FIXED Rate? \_\_\_\_\_

2<sup>nd</sup> Mortgage \_\_\_\_\_ Loan Number \_\_\_\_\_

Interest Rate \_\_\_\_\_ Do you have an ARM or FIXED Rate? \_\_\_\_\_ Payment Amount \_\_\_\_\_

Reason for Delinquency: \_\_\_\_\_

Number of payments missed: \_\_\_\_\_

**PRIVACY POLICY/ DISCLOSURE**

1. I certify that I have examined the information contained within this form and that it is true and complete to the best of my knowledge. I understand the following by signing below:
2. I authorize this agency or its representatives to inspect and evaluate actual services provided to me.
3. I understand I am not obligated to receive any service offered by MORPC or its partner agencies.
4. I have the right to use any loan products other than those offered by MORPC or its partners and purchase or rent properties other than those MORPC owns or holds interest in.
5. I understand that no information obtained through this form shall be made public in such a manner that the dwelling or occupants can be identified, except where otherwise required by law. All information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors and program funders.
6. I understand I am giving permission to The Mid-Ohio Regional Planning Commission to access my credit report file. The information obtained from my credit report will be used solely for the homeownership program and will not be forwarded or shared with any person or organization.
7. I understand my file will be closed if there is no activity for six months.
8. I understand I may opt out of certain disclosures of nonpublic personal information to third parties (such as creditors) and can direct MORPC to not make those disclosures. If I choose to opt out, MORPC will not be able to answer questions from my creditor. If at any time I wish to change my decision with regard to opting out, I will submit my request in writing to MORPC at the address show below.
9. I understand that I may be held civilly and/or criminally liable under Federal and State law for any knowingly false or fraudulent statements.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
CO-APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

Please return this form to the Mid-Ohio Regional Planning Commission, Attn: Homeownership Program 111 Liberty Street, Suite 100, Columbus, Ohio 43215

**Funding for these services are provided by the Third Federal; Franklin County; the city of Columbus; the U.S. Department of Housing and Urban Development; and the Ohio Housing Trust Fund.**