



Case # _____

FORECLOSURE PREVENTION COUNSELING OFFICIAL INTAKE FORM

Applicant Information

First Name:
Last Name:
Social Security Number: --- ---
Date of Birth: / /
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone: () -
Mobile Phone: () -
Best number to reach client: <input type="checkbox"/> Home <input type="checkbox"/> Mobile
Email Address:

Co-Borrower Information

First Name:
Last Name:
Social Security Number: --- ---
Date of Birth: / /
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone: () -

Employment

<input type="checkbox"/> Currently employed <input type="checkbox"/> Self employed
<input type="checkbox"/> Unemployed
Company Name:
Position:
Hire date:

Co-Borrower Employment

<input type="checkbox"/> Currently employed <input type="checkbox"/> Self employed
<input type="checkbox"/> Unemployed
Company Name:
Position:
Hire date:

Property Information

Property Address:	City, State ZIP:	County:
Length of occupancy:	Current Property Value: \$	
Type of Property: <input type="checkbox"/> Single Family <input type="checkbox"/> 2-Unit <input type="checkbox"/> 3-Unit <input type="checkbox"/> 4-Unit <input type="checkbox"/> 5 or more Units		
Is this property vacant or condemned? <input type="checkbox"/> Vacant <input type="checkbox"/> Condemned <input type="checkbox"/> Neither Vacant nor Condemned		
Is this property your principle residence <input type="checkbox"/> No <input type="checkbox"/> Yes		
How did you hear about SCH?		
Do you live in a Rural Area? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Household Demographics

Race (check only one):		
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> American Indian / Alaskan Native and White	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native and Black/African American	
<input type="checkbox"/> Asian and White	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Black or African American and White	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> White	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to Respond		
Preferred Language:	Other Language:	
Are you Limited English Proficient? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Number of People in Household:	Number of Dependents:	Age(s) of Dependents:
Household Type (check only one):		
<input type="checkbox"/> Single Adult	<input type="checkbox"/> Married without Dependents	<input type="checkbox"/> Two or More Unrelated Adults
<input type="checkbox"/> Female-Headed Single Parent Household	<input type="checkbox"/> Married with Dependents	
<input type="checkbox"/> Male-Headed Single Parent Household	<input type="checkbox"/> Other Household Type (describe):	
Highest Education Level (check only one):		
<input type="checkbox"/> No H.S. Diploma	<input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> Bachelor's Degree



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<input type="checkbox"/> H. S. Diploma	<input type="checkbox"/> Some College - Never Graduated	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> GED Diploma	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Doctorate

Delinquency

Status of First Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 121+ days late
Is your first loan more than 12 months late? <input type="checkbox"/> No <input type="checkbox"/> Yes
If current, are you likely to fall behind? <input type="checkbox"/> No <input type="checkbox"/> Yes
Status of Second Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 121+ days late
Delinquency Reason (check only one):
<input type="checkbox"/> Reduction in income <input type="checkbox"/> Medical Issues <input type="checkbox"/> Death of family member <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Increase in expenses <input type="checkbox"/> Business venture failed <input type="checkbox"/> Loss of Income <input type="checkbox"/> Divorce/separation <input type="checkbox"/> Increase in loan payment
<input type="checkbox"/> Other Delinquency Reason, describe:
Have you previously received a modification under the government's Making Home Affordable Program? <input type="checkbox"/> No <input type="checkbox"/> Yes

First Mortgage Information

Product Type:	
<input type="checkbox"/> Fixed Rate	<input type="checkbox"/> Hybrid ARM (2/28) <input type="checkbox"/> Other: _____
<input type="checkbox"/> ARM	<input type="checkbox"/> Option ARM
<input type="checkbox"/> Hybrid ARM (3/27)	<input type="checkbox"/> Unknown
Current Interest Rate: _____%	Have you received a loan modification in the past 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes
If ARM, has rate on ARM reset?	Is this an Interest only loan?
Mortgage Type: <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Privately-held <input type="checkbox"/> USDA	
Current Loan Servicer:	
Current Servicer Loan Number:	Current Balance Owed \$
Current Total Monthly Payment \$	
Annual Property Taxes \$	Are Property Taxes Escrowed?
Annual Homeowner's Insurance \$	Is Homeowner's Insurance Escrowed?
Monthly HOA/Condo Fees: \$	

Second Mortgage / Liens

Current Lender or Servicer:	Loan Number:
Original Loan Amount: \$	Current Balance Owed: \$
Current Interest Rate: _____%	Monthly Payment: \$

I hereby authorize and instruct Spanish Coalition for Housing (hereinafter SCH) to obtain and review my credit report by signing this form and giving you my information. My credit report will be obtained from a credit reporting agency chosen by SCH. I understand and agree that SCH intends to use the credit report for the purpose of evaluating my financial situation for foreclosure mitigation counseling.

Signature: _____ Date: _____

Signature: _____ Date: _____





SPANISH COALITION FOR HOUSING

BUDGET / PRESUPUESTO

Name: _____ Case:# _____

Monthly Income / Ingresos Mensual	Gross/Grueso	Net/Neta	How Often / Frecuencia: Mark an X			
			Weekly (Semanal)	Every 2 Weeks (Cada 2 Semanas)	Twice a Month (2 veces al Mes)	Monthly (Mensualmente)
Applicant Salary / Salario						
Co Applicant Salary / Salario						
Public Aid / Ayuda Publica						
Social Security/ Seguro Social / SSI						
Add'l Income/ Otro Ingresos						
Total Family Income / Ingresos Total Familiar						

Monthly Expenses / Gastos Mensuales	Amount / Cuenta
Mortgage or Rent / Hipoteca o Renta	\$
Home Insurance / Seguro de Casa (If not included in payment)	\$
Property Taxes / Impuestos de Propiedad (If not included in payment)	\$
Natural Gas-Oil	\$
Electricity / Luz	\$
Water-Sewer / Agua	\$
Telephone: Basic / Básico	\$
Telephone: Cell / Celular	\$
Food / Comida	\$
Personal Care – Clothing / Ropa	\$
Auto: Payment / Pago	\$
Auto: Gasoline / Gasolina	\$
Auto: Insurance / Seguro	\$
Auto: Maintenance / Mantenimiento	\$
Transportation/Transportación: CTA, Metra, Taxi	\$
Insurance / Seguro: Medical, Life / Medica, Vida	\$
Education / Escolares	\$
Alimony, Child Support / Pensiones Alimenticias, Pensiones Infantiles	\$
Internet	\$
Entertainment/Entretenimiento: Cable	\$
Entertainment/Entretenimiento: Restaurant / Restaurantes	\$
Entertainment/Entretenimiento: Movies / Películas	\$
Miscellaneous Expenses	\$
Other (specify) / Otro:	\$

CREDIT ACCOUNTS / CUENTAS DE CREDITO

Acct # # de Cuenta	Open / Close Abierta / Cerrada	Balance	Monthly Payment Pago Mensual	In Collection En Colección

Total Family Income Available/ Ingresos Total Familiar Disponible \$ _____

Total Expenses / Gastos Total \$ _____

Income After Expenses / Ingresos Después de Gastos \$ _____



1922 N. Pulaski Ave
Chicago, IL 60639
Phone: 773-342-7575

9010 S. Commercial Avenue
Chicago, IL 60617
Phone: 773-933-7575

1915 S Blue Island
Chicago, IL 60608
Phone: 312-850-2660

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AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

To: _____

Borrower: _____

Loan# _____

Property Address: _____

Counselors:	
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I/we authorize Spanish Coalition For Housing nonprofit agency and it's representatives to speak with my/our lender and with whomever has servicing responsibilities for my/our loan and to provide to such parties documentation on/my our behalf regarding my/our loan.

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with Spanish Coalition for Housing, including notification of loan modification status or future default or delinquency.

Spanish Coalition for Housing (nonprofit agency) agrees to maintain the confidentiality of the borrower(s) information however, I/we also authorize Spanish Coalition for Housing or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purpose of the program evaluation and monitoring.

I/we understand that this authorization is valid for 18 months from the date of this request or until revoked in writing by any borrower(s) named above.

Date

Borrower Signature

Last 4 digits SS#

Date

Co-Borrower Signature

Last 4 digits SS#





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Spanish Coalition for Housing Privacy Policy

Spanish Coalition for Housing is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that 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, program monitors, and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 773-933-7575, 773-342-7575 or 312- 850-2660 and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Applicant: _____ **Date:** _____

Co-Applicant: _____ **Date:** _____



Client Name: _____

SCH Housing Counselor: _____

SCH CLIENT AUTHORIZATION FOR HOME COUNSELING AGENCY

I would like to participate in your counseling sessions to help me address my housing needs. I understand that my housing counselor may discuss information about my credit history, financial situation, employment and other information with me and with other representatives of financial institutions, or agencies, as necessary to assist me in improving my personal circumstances. My information will be treated as totally confidential and that NO information about me will be discussed with anyone not directly involved in our efforts to address my housing needs.

I hereby authorize my housing counselor to discuss any information related to my personal circumstances that may be necessary in our attempts to address my housing needs, and to release and /or credit, financial, employment and other information to address my housing needs. It is expressly understood that the housing counselor may make recommendations, it is my option to work with the real estate agent and /or attorney and/or other representative(s) of my choosing, and the housing counseling agency will work with such representative in assisting me to address my housing situation.

It is further understood that in consideration of the housing counseling agency's assistance with my housing needs. I agree to hold harmless the housing counseling agency and its agents and /or employees from any and all claims or causes of actions arising, or which may arise, from mistakes, errors or omissions in regards to aid counseling.

Applicant Signature

Date

DISCLOSURE STATEMENT

This Disclosure Statement is provided by **Spanish Coalition for Housing** ("Grantee") to all clients seeking counseling services from Grantee.

Complete list of services provided by Grantee, in addition to counseling:

Foreclosure Prevention. Financial Literacy Counseling and Workshops. Pre-purchase Counseling and Workshops. Post-purchase Counseling. LIHEAP Energy Assistance. Weatherization. Homeless Prevention. Landlord Training & Technical Assistance. Rental Counseling. CHA Diversity Outreach. Reverse Mortgage Counseling (HECM) and referrals to other related programs.

Description of any financial relationships between Grantee and any other industry partners:

Spanish Coalition for Housing receives grants or sponsorships from the following financial institutions: Associated Bank. Baird & Warner Companies. Bank of America. BMO Harris Bank, CIBC {formerly the Private Bank}, Citibank, COUNTRY Financial. Devon Bank. Fifth Third Bank. First Midwest Bank, First Savings Bank of Hegewisch. Freddie Mac. Huntington National Bank, JP Morgan Chase. Liberty Bank for Savings, Marquette Bank. Mutual of Omaha Mortgage, National Association of Real Estate Professionals - Chicago Chapter, PNC Bank, State Farm, U.S. Bank. Wells Fargo, and Wintrust Financial Corporation. The organization is also funded by Unidos US. the Illinois Housing Development Authority, the Chicago Housing Authority, and the City of Chicago Department of Housing.

As a client of Grantee, you are not obligated to receive any other services offered by Grantee or its industry partners (as identified above).

Grantee certifies that its staff and volunteers who will provide housing and/or financial counseling under the Grant have no conflict(s) of interest due to any other relationships with industry partners (whether identified above or not) that may stand to benefit from particular financial counseling outcomes.

Spanish Coalition for Housing:



Signature of Authorized Representative

Joseph Lopez, Executive Director
Printed Name and Title

Date