

Intake Checklist for Tax Foreclosure Prevention

Please use this checklist to aid you in completing & collecting the documents necessary for a one-on-one counseling appointment. The first checklist is the enclosed forms we have provided for your completion. The second is a checklist of your documents you must provide to your housing counselor for the appointment. Counseling appointments will be provided only to those who have brought back ALL of the documents requested.

Enclosed Forms:



MSHDA Household Profile	Complete, sign, and date by all home owners	
MSHDA Release of Information	Review, sign, and date by all home owners	
MSHDA Privacy Policy	Review, initial and date by all home owners	
MSUE Client/Counselor Agreement	Review, sign, and date by all home owners	
MSUE Client Disclosure	Review, sign, and date by all home owners	
MSUE Third Party Authorization	Review, sign, and date by all home owners	
MSHDA Household Budget	Complete, sign, and date by all home owners	

Documents You Must Provide:



Deed	Legal document showing proof of ownership that can be obtained from County Register of Deeds office or found in mortgage documents	
Property Tax Documents	Delinquent Tax Notice from the County Treasurer's Office (showing total amounts owed for all tax years that are past due) and the current years property tax bill from the City Treasurer's Office	
Proof of Income from ALL sources of income	2 months of current pay stubs. Award Letter from Social Security, Unemployment Benefit determination letter, benefit award letter if receiving food assistance (food stamps), Etc.	
Bank Statements	2 most recent months for checking and/or savings accounts, ALL NUMBERED PAGES ON BANK LETTERHEAD (even if blank).	
Federal Income Tax Returns	2 most recent years federal income tax returns with all schedules. Ensure they are signed and dated.	
Monthly Bills	1 most recent month available: Electric, Gas, Water, Cell Phone, Cable/Internet, Association Dues, Insurance, Etc.	
Mortgage Statement (if you have a mortgage)	If you have a first mortgage, second mortgage or equity loan, please provide most recent month statement from lender	

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Should you need additional services because you have mobile impairments, visual or hearing impairments or any other disability, please let us know so that we may adapt our services to meet your needs.

Office use only: → MSHDA Client ID: _____ CM Client #: _____

**** Total monthly household income:** _____ **** Total monthly debt:** _____

Client Name (First, Middle Initial, Last):		Date of Birth:	County:		Gender: <input type="checkbox"/> _____
Street Address:		City:	State:	Zip:	<input type="checkbox"/> Choose Not to provide

Home or Cell Phone Number:	Email Address:	Current Housing Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living w/ Family	
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Race: (Check all that apply): <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian or Alaskan Native Tribal Affiliation: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Choose not to provide		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern/Arab American <input type="checkbox"/> My ethnicity is not listed Please specify: _____ <input type="checkbox"/> Choose not to provide		Number in Household: Check appropriate answer: Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Live in rural area: <input type="checkbox"/> Yes <input type="checkbox"/> No English Proficient: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred Language:					

Highest Education Level:
 None Primary Jr. High School High School/GED Vocational Jr. College College Grad School Other

Co-Client Name (First, Middle Initial, Last):		Date of Birth:	County:		Gender: <input type="checkbox"/> _____
Street Address:		City:	State:	Zip:	<input type="checkbox"/> Choose Not to provide

Home or Cell Phone Number:	Email Address:	Current Housing Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living w/ Family	
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Race: (Check all that apply): <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian or Alaskan Native Tribal Affiliation: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Choose not to provide		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern/Arab American <input type="checkbox"/> My ethnicity is not listed Please specify: _____ <input type="checkbox"/> Choose not to provide		Check appropriate answer: Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Live in rural area: <input type="checkbox"/> Yes <input type="checkbox"/> No English Proficient: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred Language:					

Highest Education Level:
 None Primary Jr. High School High School/GED Vocational Jr. College College Grad School Other

Section II - Foreclosure intake only ↓

Does your name appear on: <input type="checkbox"/> Land Contract <input type="checkbox"/> Deed <input type="checkbox"/> Mortgage		Current Mortgage Servicer:	Loan Number:
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Monthly Pmt Amount:	Second Mortgage?	Is your mortgage delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No Amt: _____	Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No Amt: _____
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Date of event causing default:	Notified of a sheriff sale: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Primary reason for default: <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Medical <input type="checkbox"/> Increase expenses <input type="checkbox"/> Other
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Client Printed name

Client signature

Date

Co-Client Printed name

Co-Client signature

Date

Michigan State University Extension
Agency Name

Agency Staff Name

Date

In signing this agreement and release, I/We agree to actively participate in the Housing Education Services being offered by this MSHDA approved agency. I/We understand:

1. A referral to other services of the organization or another agency (as appropriate) may be made to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. That this agency receives funds through MSHDA and HUD and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. That a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. That this agency may provide information on numerous housing programs and loan products and I further understand that the housing services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.

NOTE: If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related service, please contact MSHDA's Housing Education Program at (517)373-6840.

CONSENT: Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits.

For Pre-Purchase Education Services only:

I/We acknowledge the agency provided me/us with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

For Post-Purchase Education Services only:

I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Housing Education Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

Client's printed name:	Client's signature:	Date signed:
Client's printed name:	Client's signature:	Date signed:
Client's current address:	City:	Zip code:

To be completed by MSHDA Housing Education Program Certified Counselor.		
Agency name: Michigan State University Extension	Agency phone number:	
Counselor name:	Counselor signature:	Date:

National Foreclosure Mitigation Counseling Program Privacy Policy

Our Agency, a MSHDA sub-grantee for the National Foreclosure Mitigation Counseling program, 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 and signature on the Foreclosure Mitigation Counseling Agreement. 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 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 our 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.

I Agree

I Chose to Opt Out

Client Initials and Date

Program Disclosure Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: The Michigan State University Extension Financial and Homeownership Education program (MSUE FHE) is a nonprofit, HUD-approved housing counseling agency. We provide free education workshops in pre-purchase home buyer education, financial management, and post-foreclosure education; and provide one-on-one counseling for foreclosure prevention. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a financial and homeownership education program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Client and Counselor Roles and Responsibilities for one-on-one counseling:

Counselor’s Roles and Responsibilities	Client’s Roles and Responsibilities
<ul style="list-style-type: none"> • Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. • Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. • Preparing a household budget that will help you manage your debt, expenses, and savings. • Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. • Neither your counselor nor MSUE FHE employees nor its agents may provide legal advice. 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying MSUE FHE or your counselor when changing housing goal. • Attending educational workshop(s) as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Initials

Termination of Services: Failure to work cooperatively with your housing counselor and/or MSUE FHE with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

Agency Conduct: No MSUE FHE employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency’s compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: MSUE FHE has a financial affiliation (funded by) with Michigan State Housing Development Authority (MSHDA) and professional affiliations (not funded by) with HUD, USDA Rural Development, Habitat for

Humanity, Clare County, and banks including PNC, Flagstar, and Fifth Third. As a program participant, you are not obligated to use the products and services of MSUE FHE or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: MSUE FHE has a first-time homebuyer program developed in partnership with MSHDA. However, you are not obligated to participate in this or other MSUE FHE programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA) for first-time homebuyer loan programs, or any other MSHDA or HUD approved agency for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by MSUE FHE and its exclusive partners and affiliates.

Privacy Policy: As a one-on-one counseling client, I/we acknowledge that I/we received a copy of MSUE FHE's Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree MSUE FHE, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in MSUE FHE counseling; and I hereby release and waive all claims of action against MSUE FHE and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, MSUE FHE, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with MSUE FHE grantors such as HUD or MSHDA.

I/we acknowledge that I/we received, reviewed, and agree to MSUE FHE's Program Disclosures.

Printed Name 1

Signature

Date

Printed Name 2

Signature

Date

Counselor Name

Signature

Date

Initials

Credit Report Authorization Form

Applicant:

First Name: _____

Middle Initial: _____

Last Name: _____

Suffix: _____

SSN: _____ - _____ - _____

DOB: _____

Co-Applicant:

First Name: _____

Middle Initial: _____

Last Name: _____

Suffix: _____

SSN: _____ - _____ - _____

DOB: _____

Applicant's Address:

Address: _____

City: _____

State: _____

Zip Code: _____

I/we hereby allow Michigan State University Extension, its agents, or its employees to request and obtain a copy of my consumer credit report from a credit-reporting agency to enable Michigan State University Extension to provide me with a more comprehensive consultation regarding my housing crisis. I understand that Michigan State University Extension maintains physical, electronic, and procedural safeguards to protect my personal information. I further understand that my information will never be sold or made public. However, my information with all personal identifying data removed may be used for statistical or research purposes.

- One copy of my/our credit report(s) may be kept (up to 4 years from the date on this consent form) in order to determine my/our credit history and level of indebtedness.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

Photo ID Number: _____

(Must have photo ID Number and expiration date)

MICHIGAN STATE
UNIVERSITY

Extension

FINANCIAL/BUDGET SUMMARY FOR LOSS MITIGATION COUNSELING

Client Name:

Complete your household expenses

Lender/Loan #:

Date:

Number of Persons in household:

MONTHLY NET INCOME (AFTER TAXES)		
Primary income		
Secondary income		
Part time income		
Alimony/Child support		
Rent received		
Social security benefit		
Pension/Retirement		
Unemployment income		
Food stamps		
Total Monthly Income		

HOUSING EXPENSE	BALANCE	PAYMENT
1st mortgage		
2nd mortgage		
Association dues/Lot rent		
Property taxes		
Home insurance		
Total Housing Expense		

UTILITIES	PAST DUE	CURRENT
Heating gas/oil		
Electric		
Water		
Trash disposal		
Cable/Satellite-Wowway		
Telephone/landline		
Cell phone		
Internet		
Alarm service		
Miscellaneous utility		
Total Utility Expense		

SECURED DEBTS	BALANCE	PAYMENT
Auto loan/lease		
Auto loan/lease		
Recreation vehicle		
Time share/vacation property		
Student loan		
IRS/State Taxes		
Total Secured Debts		

FLEXIBLE HOUSEHOLD EXPENSES		
Groceries/month		
Dining out including lunches		
Entertainment		
Gasoline		
Car insurance		
Vehicle tags/license		
Car maintenance/Oil/Tires		
Health/Dental insurance		
Health/Dental copay or expense		
Prescriptions		
Monthly Savings		
Christmas/Holiday/Birthday Gifts		
Life Insurance		
Child care		
Child support		
School supplies/tuition		
Home maintenance		
Church/charity		
Personal Care/Health Club		
Pet care		
Clothing		
Drying cleaning/laundromat		
Total Household Expenses		

UNSECURED DEBTS	BALANCE	PAYMENT
Total Credit Card Debt		
Total personal loan debt		
Total Unsecured payments		

ASSETS		
Checking		
Savings		
401k		
403B		
Value of vehicles paid in full		
Value of Real Estate paid in full		
Total Assets		

FINANCIAL SUMMARY		
Total Income		
Total Housing Expense		
Total Utility Expense		
Total Secured Expense		
Total Household Expense		
Total Unsecured Expense		
Total Expenses		
Income Less Expenses		

Client's Signature: _____

Date: _____

Client's Signature: _____

Date: _____