

**STATE OF OREGON FORECLOSURE AVOIDANCE PROGRAM
UNIVERSAL INTAKE FORM**

INSTRUCTIONS: Complete all sections of the form and attach copies of any required documents. You must provide a copy of the completed form and documents to the Service Provider by the date stated in your Notice of Resolution Conference. You should also bring a copy to the resolution conference and to any consultation with a housing counselor.

LOAN OR ACCOUNT NUMBER	LOAN SERVICER

BORROWER	CO-BORROWER
Borrower's Name	Co-Borrower's Name
Mailing Address	Mailing Address
Date of Birth	Date of Birth
Home Phone No.	Home Phone No.
Cell or Work No.	Cell or Work No.

INFORMATION ABOUT YOUR PROPERTY

Property Address (if same as mailing address, write "same")	
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received an offer? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer: Amount of offer: \$ Agent's Name: Agent's Phone No.: For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received housing counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please complete the following:</i> Counselor's Name: Agency Name: Counselor's Phone No.: Counselor's Email:
Who pays the property tax bill for your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condo or HOA Fees? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ Paid to:	Who pays the hazard insurance premium for your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Company: Insurance Co. Telephone No.:

Additional liens/mortgages or judgments on this property:			
Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

OTHER INFORMATION

I want: <input type="checkbox"/> Forbearance/repayment plan <input type="checkbox"/> Loan modification <input type="checkbox"/> Short sale <input type="checkbox"/> Deed-in-Lieu <input type="checkbox"/> Other (Describe):
The property is my: <input type="checkbox"/> Primary residence <input type="checkbox"/> Secondary residence <input type="checkbox"/> Investment
The property is: <input type="checkbox"/> Owner occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date:
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy Case No.:

INCOME AND ASSETS

Monthly Household Income ¹		Household Assets ²	
Monthly Gross Wages	\$	Checking Account(s)	\$
Overtime	\$	Savings/Money Market	\$
Child Support, Alimony, Separation income ³	\$	CDs	\$
Social Security/SSDI	\$	Stocks/Bonds	\$
Pension, Annuity, Retirement Income	\$	Other Cash on Hand	\$
Tips, Commissions, Bonuses, Self-Employment Income	\$	Other Real Estate (estimated value)	\$
Rental Income	\$	Other:	\$
Unemployment	\$	Other:	\$
Food Stamps/Welfare	\$	Other:	\$
Other (investment income, royalties, interest, dividends, etc.)	\$	Other:	\$
Total Monthly Gross Income	\$		\$

¹ Include combined income from the borrower and co-borrower (if any).

² Do not include the value of life insurance or retirement plans when calculating assets (e.g., 401k, pension funds, annuities, IRAs, Keogh plans, etc.).

³ You are not required to disclose child support, alimony, or separation maintenance income unless you want to have that income considered by your servicer.

EXPENSES AND DEBTS

	Monthly	Annual	Total Owing
First Mortgage Payment	\$	\$	
Second Mortgage/Home Equity LOC Payment	\$	\$	
Property Taxes (if not paid to lender)	\$	\$	
Hazard Insurance (if not paid to lender)	\$	\$	
Condo or HOA Fees	\$	\$	
Car Payments	\$	\$	\$
Car Insurance	\$	\$	
Vehicle Gas and Maintenance	\$	\$	
Credit Cards and Installment Loan Payments	\$	\$	\$
Alimony and Child Support Payments	\$	\$	
Child Care	\$	\$	
Groceries	\$	\$	
Utilities (gas, electric, water, sewer, garbage)	\$	\$	
Communications (phone, internet)	\$	\$	
Medical and Dental Expenses	\$	\$	\$
Student Loan Payments	\$	\$	\$
Other			
Other	\$	\$	\$
Total Monthly Expenses/Debts	\$	\$	\$

HARDSHIP AFFIDAVIT

I am requesting review under the Making Home Affordable program and any other loss mitigation program for which I may qualify. I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply and complete the explanation section):

- | | |
|---|--|
| <input type="checkbox"/> My household income has been reduced. For example, unemployment, underemployment, reduced pay or hours, decline in business earnings, death or disability, or divorce of a borrower or co-borrower | <input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt. |
| <input type="checkbox"/> My expenses have increased. For example, monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes. | <input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. |

Other:

Explanation (or attach separate sheet of paper):

DOCUMENTS VERIFYING INCOME AND OCCUPANCY

You must provide to the Service Provider this completed form and all of the applicable documents described below on or before the date stated in your Notice of Resolution Conference. If you fail to provide all required documents, your lender may not be able to determine that you are eligible for a foreclosure avoidance measure. For each document you are providing, check the appropriate box:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Paystubs (two most recent months) | <ul style="list-style-type: none"> • Tax Returns (two most recent years) |
| <ul style="list-style-type: none"> • Profit and Loss Statement (if self-employed, most recent quarterly or year-to-date) | <ul style="list-style-type: none"> • Bank Statements (two most recent months) |
| <ul style="list-style-type: none"> • Benefits Statement or Letter from Provider (showing amount, frequency and duration of social security, disability, retirement, unemployment or other non-wage income) | <ul style="list-style-type: none"> • Electric, heat, gas or other utility bill (most recent) |
| <ul style="list-style-type: none"> • Divorce decree or separation agreement (if relying on child support, alimony or maintenance payments) | <ul style="list-style-type: none"> • Property Tax Statement or Appraisal/CMA (if available) |

BORROWER ACKNOWLEDGEMENT

- I/we represent the following:
1. That all of the information in this document is truthful to the best of my knowledge and belief.
 2. I understand that the servicer will use the information in this document to evaluate my eligibility for a loan modification or other foreclosure avoidance measure and may investigate the accuracy of my statements and may request additional documentation, which I will provide.

_____	_____
Borrower Signature	Date
_____	_____
Co-Borrower Signature	Date

INFORMATION FOR GOVERNMENT PROGRAM MONITORING PURPOSES

The following information is requested by the state government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made a request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER: I do not wish to furnish this information

Ethnicity:

- Not Hispanic or Latino
- Hispanic or Latino

Race:

- Native Hawaiian or Other Pacific Islander
- Black or African American
- Asian
- American Indian or Alaska Native
- White

Sex:

- Female
- Male

CO-BORROWER: I do not wish to furnish this information

Ethnicity:

- Not Hispanic or Latino
- Hispanic or Latino

Race:

- Native Hawaiian or Other Pacific Islander
- Black or African American
- Asian
- American Indian or Alaska Native
- White

Sex:

- Female
- Male