



# Rapides Station Community Ministries, Inc.

FORECLOSURE INTERVENTION 1429 3<sup>rd</sup> St. Alexandria LA 71301

(318)487-9254 (318)487-9265 (fax)

www.rscm1429.org

## Home Owner Information

Referral Source \_\_\_\_\_

Date \_\_\_\_\_ Housing Counselor \_\_\_\_\_

Customer (A) \_\_\_\_\_

Customer (B) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Address if different \_\_\_\_\_

Purchased Home Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone (A) \_\_\_\_\_ Work Phone (B) \_\_\_\_\_

Cell Phone (A) \_\_\_\_\_ Cell Phone (B) \_\_\_\_\_

Email Address (A) \_\_\_\_\_ Email Address (B) \_\_\_\_\_

Number of Adults Over 18 \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

Customer (A) SSN \_\_\_\_\_ Customer (B) SSN \_\_\_\_\_

Customer (A) DOB \_\_\_\_\_ Customer (B) DOB \_\_\_\_\_

Customer (A) Ethnicity \_\_\_\_\_ Customer (B) Ethnicity \_\_\_\_\_

Customer (A) Employer \_\_\_\_\_ Title \_\_\_\_\_ How Long? \_\_\_\_\_

Customer (B) Employer \_\_\_\_\_ Title \_\_\_\_\_ How Long? \_\_\_\_\_

Customer (A) Gross Monthly Income(s) \$ \_\_\_\_\_ Net Monthly Income \$ \_\_\_\_\_

Customer (B) Gross Monthly Income(s) \$ \_\_\_\_\_ Net Monthly Income \$ \_\_\_\_\_

OTHER HOUSEHOLD INCOME

AMOUNT PER MONTH

Social Security /SSI / SSDI	\$
Child or Spousal support received	\$
Unemployment compensation	\$
Workers disability compensation	\$
Veterans Benefits	\$
Monies from rental properties	\$
Children's wages	\$
Food Stamps	\$
MFIP	\$
Child care assistance	\$
Housing assistance	\$
TOTAL HOUSEHOLD INCOME	\$

## 1<sup>ST</sup> MORTGAGE COMPANY

Name: \_\_\_\_\_

Normal monthly payment: \$ \_\_\_\_\_

Last month a payment was sent and accepted: \_\_\_\_\_

Total amount outstanding: \$ \_\_\_\_\_

### TYPE OF LOAN: (Please check all that apply)

\_\_\_\_\_ FHA \_\_\_\_\_ VA \_\_\_\_\_ RURAL DEVELOPMENT

\_\_\_\_\_ ASSUMED \_\_\_\_\_ CONTRACT FOR DEED

\_\_\_\_\_ Insured CONVENTIONAL \_\_\_\_\_ Uninsured CONVENTIONAL

\_\_\_\_\_ MOBILE HOME LOAN (age of home: \_\_\_\_\_)

TERMS OF LOAN: \_\_\_\_\_ FIXED RATE \_\_\_\_\_ ADJUSTABLE RATE

\_\_\_\_\_ 30 YEAR MTG \_\_\_\_\_ 15 YEAR MTG

Are Taxes and Insurance included in your mortgage payment? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If NO.** Are your Taxes current: \_\_\_\_\_ YES \_\_\_\_\_ NO

Is your Insurance current: \_\_\_\_\_ YES \_\_\_\_\_ NO

## 2<sup>ND</sup> MORTGAGE COMPANY

Name: \_\_\_\_\_

Normal monthly payment: \$ \_\_\_\_\_

Last month a payment was sent and accepted: \_\_\_\_\_

Total amount outstanding: \$ \_\_\_\_\_

## ASSOCIATION DUES OR 3<sup>RD</sup> MORTGAGE

Name: \_\_\_\_\_

Normal monthly payment: \$ \_\_\_\_\_

Last month a payment was sent and accepted: \_\_\_\_\_

Total amount outstanding: \$ \_\_\_\_\_

# MONTHLY SPENDING PLAN WORKSHEET

Monthly Expense	Current	Adjusted	Difference
<b>FIXED EXPENSES</b>			
<b>HOUSING</b>			
Mortgage			
Heating (gas or oil)			
Electricity			
Telephones (land-lines and cell phones)			
Other:			
<b>TRANSPORTATION</b>			
Gas			
Car Payment			
Public Transportation or Taxi			
Parking and Tolls			
Other:			
<b>Insurance</b>			
Health (medical and dental, if not payroll deducted)			
Life			
Disability			
Other:			
<b>CHILDCARE</b>			
Childcare or Babysitters			
Child Support or Alimony			
<b>FIXED EXPENSES SUB-TOTAL</b>			
<b>Periodic Fixed Expenses (Divide annual payment by 12)</b>			
<b>HOUSING</b>			
Homeowners Insurance (if not included in mortgage)			
Water or Sewage			
Trash Service			
Other:			
<b>TRANSPORTATION</b>			
Car Insurance			
Car Inspection			
Car Repairs and Maintenance			
License Plates and Registration Fees			
Other:			
<b>PERIODIC FIXED EXPENSES SUB-TOTAL</b>			
<b>FLEXIBLE EXPENSES</b>			
<b>FOOD</b>			
Groceries			
School Lunches			
Work-Related (lunches and snacks)			
Other:			
<b>HOUSING</b>			
Home Maintenance and Furnishings			
Cleaning Supplies			
Lawn Care			
Other:			

Monthly Expense	Current	Adjusted	Difference
<i>MEDICAL</i>			
Doctor			
Dentist			
Prescriptions			
Other:			
<i>Savings</i>			
Emergency Fund			
<i>CLOTHING</i>			
Clothing			
Laundry and Dry Cleaning			
Other:			

MONTHLY EXPENSE	CURRENT	ADJUSTED	DIFFERENCE
<b>EDUCATION</b>			
Tuition			
Books, Papers and Supplies			
Newspapers and Magazines			
Lessons ( <i>sports, dance, music</i> )			
Other:			
<b>DONATIONS</b>			
Religious or Charity			
Other ( <i>if not payroll deducted</i> ):			
<b>GIFTS</b>			
Birthdays			
Major Holidays			
Other:			
<b>Personal</b>			
Barber or Beauty Shop			
Toiletries			
Children's Allowances			
Tobacco Products			
Beer, Wine, Liquor			
Other:			
<b>ENTERTAINMENT</b>			
Movies, Sporting Events, Concerts, Theater, Etc.			
Video Rentals			
Internet Service			
Cable/Satellite TV			
Restaurants and Take-Out Meals			
Gambling or Lottery Tickets			
Fitness or Social Clubs			
Vacations/Trips			
Hobbies or Crafts			
Other:			
<b>MISCELLANEOUS</b>			
Checking Account Fees, Money Order Fees, Etc.			
Pet Care or Supplies			
Postage			
Pictures and Photo Processing			
Other:			
<b>Flexible Expenses Sub-Total</b>			
<b>Indebtedness Expenses</b>			
<b>Debts</b>			
Student Loan			
Credit Card (monthly minimum*)			
Credit Card (monthly minimum*)			
Credit Card (monthly minimum*)			
Medical Bills			
Personal Loan			
Payday Loan(s)			
Rent to Own Contract			
Other:			
Other:			
<b>Indebtedness Sub-Total</b>			

<i>Total Monthly Expenses</i> <i>(fixed + periodic fixed + flexible + indebtedness)</i>			
<b>Income</b>			
<i>Total Monthly Net Income</i>			
<b>Additional Savings</b>			
<i>Amount Left Over</i> <b>(total monthly net income - total monthly expenses)</b>			

Source: Adapted from *CreditSmart* by Freddie Mac

**HOUSEHOLD ASSETS:**

Description	Value / Amount	Amount owed if any
Automobile #1		
Automobile #2		
Automobile #3		
Cash on Hand over \$100		
Checking account		
Savings account		
Boats / wet bikes		
Money Market Funds		
Computers		
RV/ Recreational homes		
IRA / 401k		
Motorcycles / Snowmobile		
Stocks/bonds/ CDs/Annuities		
Farm equipment		
Other property		
Trailers		
Other _____		
Anticipated tax refunds		

Please read below carefully: As head of Household I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed. Please sign below:

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*Signature Date*

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*Signature Date*

**Description of Borrower's Situation**

**Describe the situation that caused you to call**

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**What caused the situation?**

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**What has been attempted to correct the problem?**

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## AUTHORIZATION

I authorize the Housing Counseling Agency to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

\_\_\_\_\_  
*Customer*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*



**Please provide copies of the following documents:**

**Income Verification Letter**

**Last two years tax returns—plus W-2's or 1099's**

**Pay/check stubs for last three months' pay periods & 3 months bank statements**

**Driver's License---Social Security Card**