

The Housing Advcoates, Inc.
Home Ownership Assistance Program
Initial Interview

Date: _____
Councilperson: _____
Ward: _____

Name: _____

Address: _____

Phone: (H) _____ (W) _____ (Cell) _____

Gender: _____ Age: _____ Marital Status: _____

Is the property in question your primary residence (you live in the house)? ___Y ___N

Are you a female hear of household? ___Y ___N

1. What housing related problems are you experiencing? (Check all that apply).

- | | | |
|---|---|--|
| <input type="checkbox"/> Predatory Lending | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Debt Collection |
| <input type="checkbox"/> Refinancing | <input type="checkbox"/> Lease Agreement | <input type="checkbox"/> Repossession |
| <input type="checkbox"/> Homeowner's
Insurance | <input type="checkbox"/> Landlord-Tenant | <input type="checkbox"/> Credit Problems |
| <input type="checkbox"/> Home loans | <input type="checkbox"/> Eviction | |
| | <input type="checkbox"/> Home Improvement | |

2. How did you hear about The Housing Advocates, Inc.? _____

3. Have you sought assistance from any other agencies? ___Y ___N

If yes, list the agency (ies). _____

4. Have you ever been represented by an attorney for any reason in the past 2 years? ___Y ___N

If yes, please provide the name of attorney and reason for representation. _____

INCOME

1. Are you employed? ___Y ___N

2. If yes, please list employer(s) and date of employment. _____

3. What is your monthly or annual gross income? _____

4. Please identify any other sources and amounts of income. _____

5. Has your income changed since you applied for your home loan? _____

6. Was your income correctly stated on the loan application? _____

7. Including yourself and spouse (if applicable), how many dependants do you support? _____

NOTE: All individuals are required by HUD and the City of Cleveland to verify their income levels to be eligible to participate in this program.

INCOME VERIFICATION FORM

ALL INFORMATION IS KEPT CONFIDENTIAL

CLIENT NAME _____

ADDRESS _____

Each participant in this program is required by the Department of Housing and Urban Development and the City of Cleveland Department of Community Development to provide their income level to establish eligibility to participate in this federally funded program and for data collection purposes only to verify race/ethnicity.

From the income levels listed below, please circle the number of persons in your household and the income level that matches your household size and race/ethnicity. Sign your name to verify that the information you supplied the Agency is true.

Number of Persons in Household (Circle one)	Very Low Income (0 to 30% of MFI)	Low Income (31 to 50% of MFI)	Moderate Income (51 to 80% of MFI)
1	12,600 or less	12,601-21,000	21,001-33,600
2	14,400 or less	14,401-24,000	24,001-38,400
3	16,200 or less	16,201-27,000	27,001-43,200
4	18,000 or less	18,001-30,000	30,001-48,000
5	19,450 or less	19,451-32,400	32,401-51,850
6	20,900 or less	20,901-34,800	34,801-55,700
7	22,300 or less	22,301-37,200	37,201-59,500
8+	23,750 or less	23,751-39,600	39,601-63,350

INSURANCE

1. Do you have Homeowner's Insurance? ___Y ___N. Who is your provider? _____
2. Are you current on your payments? ___Y ___N
3. Do you pay for the insurance through your lender? ___Y ___N
4. Did your lender or broker require you to obtain insurance from a certain carries? ___Y ___N
5. Do you have any other type of housing related insurance? _____

If you are seeking assistance because of predatory lending, refinancing, or a home improvement contractor, please answer the following questions:

1. Who is the Lender or Note Holder of your mortgage? _____
2. Who is the Loan Servicer? (usually where you send your payments) _____
3. What is your monthly mortgage payment? _____ Are you current with payments? _____
If no, how many months are you behind? _____
If no, have you ever been charged any default fees (attorney or investigator fees, etc.)? ___Y ___N
4. Have you ever been threatened with foreclosure, eviction, legal action or prosecution by the lender or any other agency? _____. If yes, by who, why and when? _____
5. What is your interest rate? _____ Fixed or Variable? _____

6. Did you work with a Broker? ___Y ___N
If yes, provide the name of the broker and company they represent. _____
7. Did you finance home improvements into your home loan? ___Y ___N
If yes, did the contractor arrange the loan? ___Y ___N
If yes, provide the name of contractor and/or company they represent. _____
8. Did a lender, broker, or contractor in regards to your loan solicit you? ___Y ___N
If yes, provide the name of the company or individual solicitor. _____
9. Were you required to use a particular title company? _____
10. Who is your title company? _____
11. Was the closing conducted at the title company? ___Y ___N
12. What is the date you signed the loan closing documents? _____
Is it the same date that is listed on the document(s)? ___Y ___N
13. Were there any witnesses to the loan closing transaction? ___Y ___N
14. Did you keep a copy of all of the documents for your records? ___Y ___N
15. Were you required to use a particular appraiser? ___Y ___N
16. Were you given any credits, refunds, money or checks from the lender, broker, contractor, title company or any other agency? ___Y ___N If yes, who, when, and how much did you received?

17. Have you contacted an attorney or government agency about this particular problem? ___Y ___N
If yes, provide the name of the contact person(s). _____

RACE & ETHNICITY (Check one)

White/Hispanic or Latino	Asian & White/Hispanic or Latino	Black-African American & White/Hispanic or Latino
Black-African American/Hispanic or Latino	African Indian-Alaskan Native & White/Hispanic or Latino	Native Hawaiian-Other Pacific Islander/Hispanic or Latino
Asian/Hispanic or Latino	Asian & White/Hispanic or Latino	Other Multi-Racial/Hispanic or Latino
American Indian-Alaskan Native & Black/Hispanic or Latino		

Client Signature: _____

Date: _____

TO BE COMPLETED BY AGENCY

Census Tract Number: _____

For Office Use Only

Interviewer: _____

Time expended: _____

Income level: _____

Insurance: _____

Referrals: _____

Next Appt: _____

Attorney Release _____

Parcel # _____

Pending Actions _____

Follow up actions _____

Notes _____

File forwarded to: _____ Date: _____

File forwarded to: _____ Date: _____