**STATE OF OREGON FORECLOSURE MEDIATION 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 Mediation Service Provider by the date stated in your Notice Scheduling Mediation. You should also bring a copy to the mediation session and to any consultation with a housing counselor.

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| **LOAN OR ACCOUNT NUMBER** | **LOAN SERVICER** |
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| **BORROWER** | **CO-BORROWER** |
| Borrower’s Name | Co-Borrower’s Name |
| Mailing Address | Mailing Address |
| Social Security No. Date of Birth | Social Security No. Date of Birth |
| Home Phone No. | Home Phone No. |
| Cell or Work No. | Cell or Work No. |

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| **INFORMATION ABOUT YOUR PROPERTY** | | | | |
| Property Address (if same as mailing address, write “same”) | | | | |
| Is the property listed for sale? 🞎 Yes 🞎 No | | Have you received housing counseling? 🞎 Yes 🞎 No | | |
| Have you received an offer? 🞎 Yes 🞎 No | | *If yes, please complete the following:* | | |
| Date of offer: Amount of offer: $ | | Counselor’s Name: | | |
| Agent’s Name: | | Agency Name: | | |
| Agent’s Phone No.: | | Counselor’s Phone No.: | | |
| For Sale by Owner? 🞎 Yes 🞎 No | | Counselor’s Email: | | |
| Who pays the property tax bill for your property? | | Who pays the hazard insurance premium for your property? | | |
| 🞎 I do 🞎 Lender does 🞎 Paid by condo or HOA | | 🞎 I do 🞎 Lender does 🞎 Paid by condo or HOA | | |
| Are the taxes current? 🞎 Yes 🞎 No | | Is the policy current? 🞎 Yes 🞎 No | | |
| Condo or HOA Fees? 🞎 Yes 🞎 No $ | | Insurance Company: | | |
| Paid to: | | Insurance Co. Telephone No.: | | |
| **Additional liens/mortgages or judgments on this property:** | | | | |
| Lien Holder’s Name/Servicer | Balance | | Contact Number | Loan Number |
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| **OTHER INFORMATION** | | | |
| I want: 🞎 Forbearance/repayment plan 🞎 Loan modification 🞎 Short sale 🞎 Deed-in-Lieu 🞎 Other (Describe): | | | |
| The property is my: 🞎 Primary residence 🞎 Secondary residence 🞎 Investment | | | |
| The property is: 🞎 Owner occupied 🞎 Renter occupied 🞎 Vacant | | | |
| Have you filed for bankruptcy? 🞎 Yes 🞎 No If yes: 🞎 Chapter 7 🞎 Chapter 13 Filing Date: | | | |
| Has your bankruptcy been discharged? 🞎 Yes 🞎 No Bankruptcy Case No.: | | | |
| **INCOME AND ASSETS** | | | |
| **Monthly Household Income1** | | **Household Assets2** | |
| Monthly Gross Wages | $ | Checking Account(s) | $ |
| Overtime | $ | Savings/Money Market | $ |
| Child Support, Alimony, Separation income3 | $ | 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.

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| **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** | **$** | **$** | **$** |

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| **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): | |
| 🞎 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 | 🞎 My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt. |
| 🞎 My expenses have increased. For example, monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes. | 🞎 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): | |

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| **DOCUMENTS VERIFYING INCOME AND OCCUPANCY** | |
| **You must provide to the Mediation Service Provider this completed form and all of the applicable documents described below on or before the date stated in your Notice Scheduling Mediation. If you fail to provide all required documents, you may be denied the opportunity to mediate with your lender or your lender may determine that you are not eligible for a foreclosure avoidance measure. For each document you are providing, check the appropriate box:** | |
| 🞎 Paystubs (two most recent months) | 🞎 Tax Returns (two most recent years) |
| 🞎 Profit and Loss Statement (if self-employed, most recent quarterly or year-to-date) | 🞎 Bank Statements (two most recent months) |
| 🞎 Benefits Statement or Letter from Provider (showing amount, frequency and duration of social security, disability, retirement, unemployment or other non-wage income) | 🞎 Utility Bill |
| 🞎 Divorce decree or separation agreement (if relying on child support, alimony or maintenance payments) | 🞎 Property Tax Statement or Appraisal/CMA (if available) |

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| **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. |
| 1. 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 |