

248 Bucksport Road Ellsworth, ME 04605

MORTGAGE DELINQUENCY AND DEFAULT RESOLUTION COUNSELING TRIAGE ASSESSMENT FORM

Staff:					
Date:					
SOURCE OF REFERRAL					
□ Constituent Referral (if yes Name):					
□ Government Agency Referral (if yes Name):					
□ WHCA					
□ Self					
DEMOGRAPHIC INFORMATION					
Name of Borrower(s):					
Property Address:					
City:	State:	Zip:			
Mailing Address:					
City:		-			
Home Phone:	Other Phone:				
Email:			_		
Who is on the title?			_		
Who signed the mortgage note?			-		
Is this your primary residence?□ YI					
Household gross Annual Income: \$_			-		
Household gross Monthly Income:	\$				

COMMITMENT				
Do you want to stay in your home? □ YES □ NO Is the property for sale? □YES □ NO				
BANKRUPTCY Are you actively in Bankruptcy? ¬ YES ¬ NO				
If recently out of Bankruptcy, have you reaffirmed your mortgage? YES NO				
MORTGAGE INFORMATION				
Mortgage Company: Date Mortgage was obtained: Has this Mortgage been modified? □ YES: Date modified: □ NO Monthly payment: \$ How many months delinquent? Amount delinquent: \$ Unpaid principal amount: \$ Interest rate: □ Fixed □ ARM Have you heard from an Attorney? □ YES □ NO □ Have you heard from a Sheriff? □ YES □ NO Date: Reason for delinquency: □				
Is the reason for delinquency resolved? □ YES □ NO:				
Previously delinquent?				

OTHER HOUSING EXPENSES

		MONTHLY	MONTHS	AMOUNT
COMPANY		PAYMENT	DELIN-QUENT	DELIN-QUENT
2 ND				
Mortgage				
3 RD				
Mortgage				
Home				
owners				
Association				
		Annual	Months	Amount
	Escrowed	Amount	Behind	Delinquent
Property				
Taxes	□ YES □ NO			
		Annual	Current or	Net Payment
	Escrowed	Amount	Lapsed	Due Date
Home-				
owners	□ YES □ NO			
Insurance				
Other Debt				
(Credit				
Cards, Car				
Payments,				
ETC.)				

PLEASE BE ADVISED THAT SOMEONE WILL BE IN TOUCH WITH YOU WITHIN A FEW DAYS

Comments: