

FORECLOSURE INTERENTION

TRIAGE FORM

Please complete as much as possible before 1st meeting.

Date: ____ / ____ / ____

Name of Borrower(s): _____

Property Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Who owns the home? _____

Is there any Co-Owners: No Yes / Name: _____

Is this your primary residency? No Yes

Households gross annual income? _____ Seasonal: No Yes

MORTGAGE INFORMATION

Mortgage Company: _____

Date mortgage was obtained: ____ / ____ / ____ Monthly payment: _____

Unpaid principal: _____ Interest rate: _____ Fixed ARM

Has the mortgage been modified? No Yes / Date modified: ____ / ____ / ____

How many months delinquent: _____ Amount of delinquency: _____

Have you heard from a Lawyer? No Yes / Name: _____

Have you heard from a Sheriff? No Yes / Date: ____ / ____ / ____

Why have you missed payments? _____

Are you back on track: No Yes First time falling behind? No Yes

How much money do you have to put towards the delinquent amount? _____

GOALS

Do you want to stay in your home? No Yes

Is the property for sale? No Yes

Have filed for Bankruptcy? No Yes

Reaffirmed your mortgage? No Yes

Notes: _____

OFFICE USE

Staff: _____ Hancock County Washington County

SOURCE OF REFERRAL

Self Social Media / Website Downeast Community Partners

Referral Name: _____ Other: _____

If you have any questions or concerns call us at (207) 610-5915.

Please send completed form to Downeast Community Partners 248 Bucksport Road Ellsworth, ME

04605 or fax: (207) 664-2430 or email: jennyd.reese@downeastcommunitypartners.org.

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