



Iowa Mortgage Help –Application Intake Form

IMH Client No. _____
Name of Counselor _____

Date of 1st Counseling Session _____ Face-to-Face Phone Internet Video Other

Primary Client:

First Name _____ Last Name _____ SSN# _____ DOB _____ Race _____ Yes No Hispanic? Male Female Sex
Primary Phone _____ Cell _____ Email address _____

Co-Client:

First Name _____ Last Name _____ SSN# _____ DOB _____ Race _____ Yes No Hispanic? Male Female Sex
Primary Phone _____ Cell _____ Email address _____

Secondary Contact Information:

First Name _____ Last Name _____ Address _____ City _____ State _____ Zip _____
Primary Phone _____ Cell _____ Email address _____

Household Type:

- Single Adult
- Female-headed single parent
- Male-headed single parent
- Married w/o dependents
- Married w/dependents
- Two or more unrelated adults
- Other: (Explain) _____

Gross Family (Household) Income:

_____ At Intake _____ Verified on Budget
Income Level: <30% of AMI
 30 - 49% of AMI 80-100% of AMI
 50 - 79% of AMI >100% of AMI

Property Information:

Address _____ City _____ County _____ Zip _____

Loan Information: (If there is a 2nd mortgage, complete this form again with just IMH Client No. and 2nd mortgage information. Check the box below.)

Check here if the information below is 2nd mortgage information

Originating Lender _____ Original Loan Number _____ Current Servicer _____ Current Loan # _____
Monthly Payment (PITI) _____ Monthly Payment (if PI Only) _____ Semi-Annual Taxes if not escrowed _____ Yearly Insurance if not escrowed _____

Type of First Loan Product at Intake:

- Fixed rate <8%
- Fixed rate >8%
- VA Fixed Rate
- FHA Fixed Rate
- Hybrid ARM (2/28 or 3/27)
- 80/20
- ARM <8%
- ARM >8%
- VA ARM
- FHA ARM

Other Loan Characteristics:

- Deb Consolidation
- Privately Held
- Home Equity
- Refinance

Credit Score Information:

Credit Score _____
Source of Credit Score _____

Yes No If ARM has first reset date occurred? _____ Other: (Explain) _____
Next ARM Reset Date _____

Primary Reason for Default (Select only one)

- Reduction in income
- Poor budget management skills
- Loss of income
- Medical issues
- Increase in expenses
- Divorce/separation
- Death of family member
- Business venture failed
- Increase in loan payment
- Other

Loan Status at First Contact:

- Current
- 30 -60 days delinquent
- 61-90 days delinquent
- 91-120 days delinquent
- 121+ days delinquent

Outcome of Counseling:

- Brought mortgage current
- forbearance agreement/ repayment plan
- Executed a deed-in-lieu
- Sold property/chose alt. housing solution
- Mortgage foreclosed
- Mortgage refinanced
- Mortgage modified
- Received second mortgage
- Receiving foreclosure prevention/budget counseling
- Other
- Pre-foreclosure sale
- Counseled/referred to another agency
- Obtained partial claim loan from FHA lender
- Bankruptcy
- Entered debt management plan
- Counseled and referred for legal assistance
- Withdrew from counseling

Date of Outcome: _____ Total # of Individual Counseling Hours _____ Total # of Group Counseling Hours _____

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