



HOUSING SERVICES MID MICHIGAN Housing Education Program Household Profile

Section I – Must be completed by client and co-client			
Client Name (First, Middle Initial, Last):		County:	
Street Address (do not use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family	Are you a First-Time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you consider yourself the Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Household Dependents:	<input type="checkbox"/> I live in a rural area <input type="checkbox"/> Do not live in a rural area	
Based on current household select appropriate answer:			
Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language: _____			
Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Respond	Multi-Race: <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose Not to Respond		Head of Household Type: <input type="checkbox"/> Single adult <input type="checkbox"/> Female-headed single parent <input type="checkbox"/> Male-headed single parent <input type="checkbox"/> Married without children <input type="checkbox"/> Married with children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Other
Education: <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> No High School Diploma	

Co-Client Name (First, Middle Initial, Last):		County:	
Street Address (do not use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family	Are you a First-Time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Based on current household select appropriate answer:			
Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language: _____			
Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Respond	Multi-Race: <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose Not to Respond		
Education: <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> No High School Diploma	

Section II – Current Homeowner(s) ONLY			
Do you currently have a MSHDA Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received Step Forward Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Originating Lender (if available):		Original Loan Number (if available):	
Name of Current Servicer (if available):		Loan number assigned by Servicer:	
When did you purchase your home?		Have you lived at this address for at least two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, list previous address(es):	
Does your name appear on: <input type="checkbox"/> Property Deed <input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract		Total Monthly Payment (including Taxes & Insurance):	
Select type of loan product: <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months <input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months. <input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months <input type="checkbox"/> I don't know			
If type of loan is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a second mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current status of Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late		Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had a Credit Report pulled within the last 6 months: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your mortgage delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	
Select primary reason for default: <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Increase in Loan Payment <input type="checkbox"/> Medical Issues <input type="checkbox"/> Increase in Expenses <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death of Family Member <input type="checkbox"/> Other			
What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?		Do you feel that you have recovered from the situation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is/was the date of the Sherriff's Sale?	
Are you currently working with an attorney regarding the delinquency of your mortgage, property taxes or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide attorney name and contact information?	
If available, please provide the following information for the mortgage servicer or land contract holder that you make your payments to:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

Section III – Must be completed by client.

Enter **ALL** sources of income for adult members of the household (18 year olds not in High School).

Income sources include: Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support and Alimony.

Total Monthly Income: \$

Enter **ALL** total monthly debt for adult members of the household (18 year olds not in High School). Include Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

Total Monthly Debt: \$

Based on your housing needs/goals do you believe you have been discriminated against?

Yes No

Do you believe you have been a victim of Predatory Lending?

Yes No

What is the main purpose for contacting our agency:

Homelessness Assistance

Home Maintenance and Financial Management

Rental Topics

Reverse Mortgage

Purchase/Home Purchase

Resolving/Preventing Mortgage Delinquency or Default

How did you learn about MSHDA's Housing Education Program?

MSHDA Outreach

HUD Outreach

Agency Outreach

Another Person

Lender

Another Agency

Real Estate Agent

Other:

Are you interested in obtaining information regarding MSHDA Mortgage Products and Down Payment Assistance?

Yes No

Would you like to be referred to a MSHDA approved lender?

Yes No

Section IV – Must be signed and dated by client and co-client.

Client Printed Name

Signature

Date

Co-Client Printed Name

Signature

Date

Section V – For Agency Use Only

Agency Name:

Agency Phone Number:

Agency Staff Name:

Received by Agency (Intake Date):

Unique Client ID #: