



WCMCA FORECLOSURE COUNSELING – TRIAGE FORM

Counselor: Adam CounselorMax Number: _____ Date: _____

Want to stay: Yes No **Modified:** Yes No **Date Modified/Type:** _____

Talked to mortgage company: Yes No Other steps taken to resolve the situation: _____

Name: _____

Property Address: _____ Mailing Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Other Phone: _____

Email: _____

Marital Status: Single Married # of people: on the title _____ on the mortgage: _____ Ref'l source _____

First Name	Last Name	Date of Birth/Age	Gender	Race	Disability	Social Security Number	Highest Level of Education

Household gross annual income from all sources: \$ _____

- Employer _____ Start Date _____ Title _____ Monthly Gross \$ _____ Net \$ _____
- Employer _____ Start Date _____ Title _____ Monthly Gross \$ _____ Net \$ _____
- Other Income Source(s): _____ Other Income Amount(s) \$ _____

Referrals: EAP/ SNAP/ MA/ Child Spt/ EITC/ Property Tax Refund/ Other: _____

	Company	Rate %/ Fixed or ARM	(#) Months Delinquent	Monthly Payment	Ins/Taxes Escrow?	Amount Delinquent
1 st Mortgage Acct #:		F: A:			Y or N	
2 nd Mortgage Acct #:		F: A:			Y or N	

Type of loan: FHA, Insured Conventional, Conventional, VA, Contract for Deed, Rural Development

Term type (30 yr., 2/28, 3/27 etc.) _____ Current Principal Balance _____

Heard from attorney: Yes No Sheriff's Sale: Yes No Date: _____

Date of purchase: _____ Original Loan Amount: _____ Current Value: _____

Refinanced: Yes No # times refinanced: _____ Date refinanced: _____

If ARM: Rate prior to reset _____% Payment prior to reset \$ _____ Current rate _____%

Reason for delinquency resolved: Yes No Affordable Not affordable

Amount available to put towards mortgage: \$ _____