



Realizing life's potential

JVS CLIENT INFORMATION SHEET

Note: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Date _____

Primary concerns _____

Are you currently or have you in the past worked with a housing counseling or debt consolidation company?
Yes NO

Are you currently working with an attorney for any debt consolidation, bankruptcy filing, or any other reason?
YES NO

Client Name _____ Date of Birth _____ Gender _____

Social Security Number _____ Marital Status _____

Employer _____ Position _____ Start date _____

Current Salary _____ Work phone number _____ Email Address: _____

Co-Client Name _____ Date of Birth _____ Gender _____

Social Security Number _____ Marital Status _____

Employer _____ Position _____ Start date _____

Current Salary _____ Work phone number _____ Email Address: _____

Principal residence in Michigan? Yes _____ No _____

Home Address, City, Zip Code _____

Home Telephone _____ Cell phone _____ / _____

Former address if less than 2 years in current address:

Number of Dependents _____ Names and Ages _____

How did you hear about our services/ programs at JVS? _____

Home Ownership History

Original Purchase Date: _____ Purchase Price: _____ Appraised Amount: _____

Most Recent Appraisal Date: _____ Appraised amount: _____

Current Mortgage Lender for 1st Mortgage: _____ Total Mtg Payment: _____

Current Mortgage Lender for 2nd Mortgage: _____ Total Mtg Payment: _____

Loan Balance: _____ Interest Rate: _____ Monthly Payment: _____

Reason for Refinance from prior mortgage: _____

Date of Refinance: _____ Amount of Equity in Home at time of Refinance: _____

Amount of Equity in home for prior refinance: _____

Home Owner's Association Yes / No Amount Per Month: _____ Behind? Yes / No

Annual Taxes on Property: _____ Behind? Yes / No

PMI? Y/ N If yes, how much each month: _____ FHA / USDA / Private Mortgage Insurance (circle one)

Balance Sheet (please give overall total in household, not monthly amount)

Cash _____ Mortgage Loans _____

401K or Retirement _____ Other Secured Liens _____

Profit Sharing _____ Credit Card Debt _____

Vehicles owned _____ Total Unsecured Debt _____

Investments or Mutual Funds _____ Loans to Family/Friends _____

Furniture and Furnishings _____ Total Vehicle Lease or Loans _____

Other Assets _____ Forgiven Debt _____

Client Employment History (employment history for last 5 years)

1. Employer Name: _____ Dates of Employment: _____
Salary or Hourly Wage: _____

2. Employer Name: _____ Dates of Employment: _____
Salary or Hourly Wage: _____

Co-Client Employment History:

1. Employer Name: _____ Dates of Employment: _____
Salary or Hourly Wage: _____

2. Employer Name: _____ Dates of Employment: _____
Salary or Hourly Wage: _____

HOUSEHOLD BUDGET

INCOME

(include ALL household income regardless of amount or frequency received
And indicate income before taxes)

Counseling Client

Co-Counseling Client

Hourly Wage \$ _____ / Hrs _____ per week
 Monthly Salary \$ _____ Annual \$ _____
 Overtime Wage: \$ _____ / Monthly \$ _____
 Commission/ Bonus \$ _____
 Dividends/Interest: \$ _____
 Net Rental Income \$ _____
 Alimony \$ _____ / Monthly
 Child Support \$ _____ / Monthly
 Disability / Social Security Income \$ _____ Monthly
 Total Monthly Income \$ _____

Hourly Wage \$ _____ / Hrs _____ per week
 Monthly Salary \$ _____ Annual \$ _____
 Overtime Wage: \$ _____ Monthly \$ _____
 Commission/Bonus \$ _____
 Dividends/Interest \$ _____
 Net Rental Income \$ _____
 Alimony \$ _____ / Monthly
 Child Support \$ _____ / Monthly
 Disability/ Social Security Income \$ _____ Monthly
 Total Monthly Income \$ _____

EXPENSES

Average Monthly Debts	Name 1	Name2
Rent	\$	\$
Mortgage (principal & Interest)	\$	\$
Property taxes, HOA, Homeowners Insurance, PMI	\$	\$
Car Payments	\$	\$
Car Insurance	\$	\$
Credit Cards (Total)	\$	\$
Childcare/ daycare	\$	\$
Alimony / Child Support	\$	\$
School Tuition	\$	\$
Medical Debt	\$	\$
Gas/ Transportation	\$	\$
Household utilities (water, electric, natural gas, trash, landline, cable)	\$	\$
Cell Phones	\$	\$
Food (groceries/ eating out)	\$	\$
Student Loan Debt	\$	\$
Tithing	\$	\$
Other	\$	\$

Please tell us about your household:

My household type is

Single Adult Married Cohabiting Roommates/ unrelated

Single Female-headed household With dependents Single Male-headed household with dependents

Living with non-spousal family Members Other (specify) _____

Family household size: _____ Languages spoken _____ / _____

Other household details: (check all that apply)

Wheelchair / special need disabled Veteran in household

Active military in household Language translation needed to obtain Assistance

My current mortgage status is

Current but facing imminent default Delinquent (payment is 31 – 60 days late)

Default (payment is 61+ days late) and no Foreclosure sales date set Occupying bank-owned property (REO)

Foreclosure sales date set for _____ Post-foreclosure sale during redemption

I am interested in the following mortgage goals (check all that apply):

Obtain a loan modification Apply for Step Forward assistance Sell home (regular or short sale)

Obtain a short-term forbearance Plan (up to 6 months) Obtain a long-term forbearance plan (more than 6 months)

Complete a deed-in-lieu of foreclosure Purchase a home Other _____

Reason for Default (if in default) _____

Are there any outstanding judgments against you? Yes / NO

Have you declared bankruptcy within the past seven years? Yes / NO

Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu? Yes / NO

Client authorization to provide services

By signing this document, I authorize JVS to provide me with assistance. I/we understand that such services will be provided to the best of their ability and that no guarantee is made as to the outcome of such services. It is suggested that you also consult with an attorney and/or financial advisor regarding any of the issues for which you have sought assistance. JVS will work in coordination with such other professionals by your executing necessary consents and releases for such coordination to take place. I/we understand that the information provided will be used to assess my/our options regarding housing or financial related goals that I/we have indicated is the reason for requesting counseling services. I /we acknowledge that false or misleading information may be detrimental to the counseling I/we receive, may negatively affect the overall outcome or result of the counseling provided by JVS and may result in the closing of my/our file.

In obtaining service from JVS, I/we agree to be on time for all meetings and appointments. I understand that the JVS counselor has set aside time specifically to address and help resolve any issues that I/we are requesting. As a result, I/we understand that if I/we are 15 minutes late or more, my appointment will be rescheduled. Additionally, if I do not remain in communication with my counselor, I understand that my file may be closed.

I/we have reviewed the above questions and my answers to them and acknowledge that my answers are true to the best of my knowledge, information and belief. By signing this application, I attest to the accuracy of the above information and further authorize JVS to release my information as required in order to remain in compliance housing counseling best practices, to meet reporting requirements with grantors of funding, or as required by federal or state law.

Date: _____
_____ (Signature)

Printed Name

Date: _____
_____ (Signature)

Printed Name

For office use only:

Follow –up

- ___ ***Weekly***
- ___ ***Bi-weekly***
- ___ ***Monthly***
- ___ ***Quarterly***

Case Appointment Type

- ___ ***Face-to-Face***
- ___ ***Phone***
- ___ ***Group***

Counseling Outcome

- ___ ***Currently in Counseling***
- ___ ***Other*** _____
- ___ ***Referred to*** _____
- ___ ***Termination date*** _____

Funding source: _____

Housing counselor assigned: _____