



**HOMEOWNERSHIP DIVISION**  
**MSHDA's Housing Education Program**

**Household Profile**

*Investing in People. Investing in Places.*

<b>Section I – <u>Must</u> be completed for all clients</b>				Date:	
Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address ( <b>do not</b> use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
County Client Resides In:	Current Housing Situation:		Have you been a homeowner within the last three years?		
	<input type="checkbox"/> Own <input type="checkbox"/> Rent		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family				
Job Duration:	Farm Worker:		Veteran:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Based on current household circle or check appropriate answer as it applies to client (you must select one for English and one for Rural).</b>					
Limited English Proficient <input type="checkbox"/>		Not Limited English Proficient <input type="checkbox"/>		Lives in a rural area <input type="checkbox"/>	
				Does not live in a rural area <input type="checkbox"/>	
<b>For statistical purposes, circle or check appropriate answer as it applies to Client:</b>					
<b>Ethnicity (You must select one):</b>			<b>Gender:</b>		
Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>			Male <input type="checkbox"/> Female <input type="checkbox"/>		
<b>Single Race:</b>		<b>Multi-Race:</b>		<b>Household Type:</b>	
1. American Indian/Alaskan Native		7. American Indian/Alaskan Native <b>and</b> White		1. Single adult	
2. Asian		8. Asian <b>and</b> White		2. Female-headed single parent	
3. Black/African American		9. Black/African American <b>and</b> White		3. Male-headed single parent	
4. Native Hawaiian/Pacific Islander		10. American Indian/Alaska Native <b>and</b> Black/African American		4. Married without children	
5. White		11. Other Multiple Race		5. Married with children	
6. Choose Not to Respond				6. Two or more unrelated adults	
				7. Other	
<b>For statistical purposes, please indicate clients highest level of education:</b>					
<input type="checkbox"/> Doctoral or Professional Degree		<input type="checkbox"/> Associate's Degree		<input type="checkbox"/> High School Diploma or Equivalent	
<input type="checkbox"/> Master's Degree		<input type="checkbox"/> Postsecondary Non-Degree Award		<input type="checkbox"/> Less than High school	
<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Some College, No Degree			
Co-Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address ( <b>do not</b> use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
County Client Resides In:	Current Housing Situation:		Have you been a homeowner within the last three years?		
	<input type="checkbox"/> Own <input type="checkbox"/> Rent		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family				
Job Duration:	Farm Worker:		Veteran:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>For statistical purposes, please circle or check appropriate answer as it applies to Client:</b>					
<b>Ethnicity (You must select one):</b> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>			<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>		
<b>Single Race:</b>		<b>Multi-Race:</b>		<b>Household Type:</b>	
12. American Indian/Alaskan Native		18. American Indian/Alaskan Native <b>and</b> White		8. Single adult	
13. Asian		19. Asian <b>and</b> White		9. Female-headed single parent	
14. Black/African American		20. Black/African American <b>and</b> White		10. Male-headed single parent	
15. Native Hawaiian/Pacific Islander		21. American Indian/Alaska Native <b>and</b> Black/African American		11. Married without children	
16. White		22. Other Multiple Race		12. Married with children	
17. Choose Not to Respond				13. Two or more unrelated adults	
				14. Other	
<b>For statistical purposes, please indicate clients highest level of education:</b>					
<input type="checkbox"/> Doctoral or Professional Degree		<input type="checkbox"/> Associate's Degree		<input type="checkbox"/> High School Diploma or Equivalent	
<input type="checkbox"/> Master's Degree		<input type="checkbox"/> Postsecondary Non-Degree Award		<input type="checkbox"/> Less than High school	
<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Some College, No Degree			

List **ALL** Household Members including Client and **ALL** sources of income for adult members of the household. Include unearned income of minor children. **DO NOT** include earned income of minor children. **Income sources:** Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient.

List **All** sources of revolving credit and installment loan debt. **Debt sources:** Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

Name	Date of Birth	High School Student	Gross Annual Income	Primary Source of Income	Relationship to Client
		<input type="checkbox"/>			Client
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

**Total Household Income:** (Excluding minor children's) \$

**Total Household Debt:** \$

**Section II – Complete this section for Foreclosure or National Foreclosure Mitigation Counseling; otherwise leave blank and go to Section III:**

<b>Name of Originating Lender (if available):</b>	<b>Original Loan Number (if available):</b>
<b>Name of Current Servicer:</b>	<b>Loan number assigned by Current Servicer:</b>
<b>When did you purchase your home?</b>	<b>Does your name appear on the deed and mortgage or land contract?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Have you lived at this address for at least two years?**  Yes  No

**If not, list previous address(es):**

<b>Total Monthly Payment (PITI) at intake:</b>	<b>What is your current interest rate?</b>
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<b>If type of loan at intake is an ARM, has the interest rate already reset?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does client have a second loan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Credit Score at Intake:</b> _____	<b>Current status of Loan:</b>
Source: TransUnion <input type="checkbox"/> EquiFax <input type="checkbox"/> Experian <input type="checkbox"/> Tri-merge <input type="checkbox"/>	<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

<b>Total amount delinquent on Mortgage?</b> \$	<b>Are your property taxes delinquent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	<b>Is your homeowner's insurance delinquent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$
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<b>Have you been notified of a date for a Sherriff's Sale?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Has there been a Sherriff's Sale of this property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>If yes, what is the date of the Sherriff's Sale?</b>	<b>Have you filed bankruptcy in the past two years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Are you currently working with an attorney regarding the delinquency of your mortgage or land contract?**  
 Yes  No

**If yes, please provide attorney information?**

<b>Have you been a victim of Housing Discrimination?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you been a victim of Predatory Lending?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Select type of first loan product:</b>		<b>NFMC Foreclosure Mitigation Counseling</b>
<input type="checkbox"/> Hybrid ARM <input type="checkbox"/> Option ARM <input type="checkbox"/> Interest only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FHA or VA fixed rate loan	<input type="checkbox"/> FHA or VA ARM <input type="checkbox"/> Privately held <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Reporting on First loan <input type="checkbox"/> Reporting on Second loan

<b>NFMC Foreclosure Mitigation Counseling – must select type of first loan product below:</b> <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"/> Client did not disclose	<b>Select primary reason for default:</b> <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Medical issues <input type="checkbox"/> Increase in Expense <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death of Family member <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Increase in loan payment <input type="checkbox"/> Other
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<b>Please provide the following information for the mortgage servicer or land contract holder that you make your payments to:</b>			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
<b>Please describe the circumstance(s) that occurred which resulted in the mortgage or land contract payments getting behind?</b>			
<b>What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?</b>		<b>Do you feel that you have recovered from the situation listed above?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Section III – Must be completed for ALL Counseling Services</b>		
<b>How did client hear about MSHDA's Homeownership Counseling Programs:</b>		
<input type="checkbox"/> Referral from MSHDA	<input type="checkbox"/> Referral from a Real Estate Professional	<input type="checkbox"/> Referral from Habitat
<input type="checkbox"/> Referral from Department of Human Services	<input type="checkbox"/> Referral from a Community Organization	<input type="checkbox"/> Walk in Self-Referral
<input type="checkbox"/> Referral from Lender	<input type="checkbox"/> Referral from Friend/Relative	<input type="checkbox"/> Radio, TV, or PSA
		<input type="checkbox"/> Other:
<b>If client is looking to purchase a home, list the county they intend to reside in:</b>		

I hereby certify that the information given above is accurate and complete. I understand that if information I provided is discovered to be false or misleading, my participation may be denied or terminated.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

<b>Section IV – To be completed by MSHDA Housing Education Program Certified Counselor.</b>		
<b>I certify that services are compliant and were provided in-line with MSHDA's Housing Education Program Guidelines.</b>		
Agency Name:	Agency Phone Number:	
Educator Name:	Educator Signature Verifying Information:	Date: