

Intake Number: _____

Clinic Date: _____, 2016



Nassau County Bar Association

Mortgage Foreclosure Legal Consultation Clinic

Dear Clinic Participant:

Welcome to the Nassau County Bar Association's Mortgage Foreclosure Legal/Sandy Relief Consultation Clinic. It is our hope that by coming here you will obtain the legal information you need. Please understand that the attorney you meet with today is prepared to give you general information on a variety of topics; however, *this attorney is not your legal representative in any way and cannot represent you on an ongoing basis.*

Please be aware that the advice you receive today is of a general nature. The attorney you see has agreed to provide limited legal representation, only on the date set forth below, and the attorney's services will not extend beyond this clinic consultation. Any legal advice offered is based solely upon the information you provide to the attorney and any documents you may have brought with you. You should consult your own attorney regarding any specific concerns. If you need further assistance, you may return to the clinic at a later date; however, please be aware that the same volunteer attorney may not be present or available to see you.

By signing this form, you acknowledge that, although your name, address, telephone number or other identifying information will not be shared with other parties, other information gathered may be used for research, program or policy development, or other legitimate purposes by the New York State Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), the City of New York, or other relevant funders of foreclosure prevention and disaster recovery services.

If you understand and agree to the above, please sign and date the form below.

The Nassau County Bar Association welcomes the opportunity to serve you.

Name (Please print)

Signature

Attorney

Date



Nassau County Bar Association Mortgage Foreclosure Legal Consultation Clinic

Intake Form

Your Household

Your Name: _____ Homeowner's Name (if different): _____

Home Address: _____ Zip Code: _____

Phone Number: _____ Email: _____

What do you need help with today?

Residence Type (check one)

Single Family _____ Duplex _____ 3-Family _____ 4-Family _____ 5+ Units _____ Condo _____ Co-op _____

Total people living in the home? (include tenants) _____

Adults _____ Children _____ Seniors (65+) _____ Disabled _____ Veterans _____

Single-Parent Household: YES NO

Approximate household income, before taxes, including any income of dependents: \$ _____ (yearly)
(Include pension, social security, rental income, etc.)

Have you received a Summons and Complaint? YES NO If so, when _____

Have you filed an Answer with the County Clerk's Office? YES NO

Have you paid an agency or law firm for help? If so, who & when _____

If so, what was the result _____

Your Mortgage

Name of Borrower(s) _____

Date of Mortgage _____ (month/year)

Date Property Purchased _____ (month/year)

Current Interest Rate _____%

Fixed or Adjustable _____

Monthly Payment \$ _____

Original Length of Loan _____ years

Original Loan Amount \$ _____

Do you have any additional large debt? YES NO

If so, what type and amount _____

(include student loan, credit card, alimony/child support, etc.)

Status of Loan Today Current _____ Behind on payments _____ In foreclosure _____

Date of last payment _____ (month/year)

Reason for Default (Mark "1" for primary reason and "2" for secondary reason)

- ___ Casualty/property insurance problems
- ___ High non-mortgage debt
- ___ Increased/unexpected energy and utility payments
- ___ Increased/unexpected medical expenses/issues
- ___ Loan unaffordable from origination
- ___ Loss of income from under/unemployment
- ___ Loss of income from business failure
- ___ Loss of income from death in family/borrower
- ___ Marital/relationship dispute
- ___ Military service
- ___ Mortgage payment increases
- ___ Non-payment of rental/inability to pay rent
- ___ Property tax delinquency
- ___ Sandy related property damage/income loss
- ___ Servicing problem/payment dispute
- ___ Transfer of ownership/fraud

Principal Amount Currently Outstanding \$ _____

Name of Original Lender _____

Name of Current Loan Servicer _____

Has the loan servicer changed? YES NO

If yes, how many times _____

If yes, who was (were) the other servicer(s)? _____

Approximate Current Market Value of Home \$ _____

Have you appeared in court regarding this mortgage? YES NO

Have you been to the Nassau County Bar Association Mortgage Foreclosure Clinic before? YES NO

If YES, how many times? _____ Date of your first visit? _____ (month/year)

*** If you need help filling out this form, the attorney you see will be able to assist you. ***

What is your race?

Caucasian _____ African American _____ Asian _____ Pacific Islander _____ Native American _____

What is your ethnicity?

Hispanic _____ Non-Hispanic _____

What is the primary language spoken in the home? _____

Type of Household

Single Adult ____ Single Parent (M/F) ____ Senior ____ Related Adults ____ Unrelated Adults ____
Married ____ (with/without dependents)

Current Loan Owner Type

GSE ____ Freddie ____ Fannie ____ FHA ____ Residential Mortgage-Backed Security ____ Portfolio ____ Private ____ Other ____

If client has been to the clinic before, has the loan servicer changed since the first clinic visit? YES NO

Has there been a Servicing Standard Violation? If so, what? _____

Settlement Conferences

Number of appearances _____

Date of first settlement conference _____

Has the client filed a bad faith motion YES NO

Was a loan modification granted YES NO

Modification Request Status

- | | |
|---|---|
| <input type="checkbox"/> Initial modification request pending | <input type="checkbox"/> Client did not qualify for modification |
| <input type="checkbox"/> Modification offer rejected by client | <input type="checkbox"/> Lender/Servicer requested additional documents |
| <input type="checkbox"/> Modification request re-submitted and pending | <input type="checkbox"/> Trial modification offer received and accepted |
| <input type="checkbox"/> Final modification offer received and accepted by client | <input type="checkbox"/> Client failed trial modification period |
| <input type="checkbox"/> N/A | |



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TO BE FILLED OUT BY ATTORNEY

All of the information on this form is required for reporting purposes and must be completed to the best of your ability. Please remember, you are only consulting with these individuals at this clinic. You are not following the case and cannot solicit them as clients. Please refer them to the appropriate legal services agency present at the clinic or the NCBA Lawyer Referral Service if they require further legal assistance.

Consulting Attorney: _____ Observing Attorney: _____

How long did you spend with this client? ____ . ____ hours

What is the nature of the client's legal issue, and what was the recommended course of action?

Did you refer this client to another free help agency? YES NO

If yes, where? _____

Did you help this client draft any documents? YES NO

If yes, what type? _____