

Intake Number: \_\_\_\_\_

Clinic Date: \_\_\_\_\_, 2015



**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  |   |



**Nassau County Bar Association Mortgage Foreclosure Legal Consultation Clinic**

**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?**

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

If yes, where? \_\_\_\_\_

**Map Candidate?** YES NO

Did you help this client draft any documents? YES NO

If yes, what type? \_\_\_\_\_