4-Sight Counseling, Inc.

937 Broadway Suite 305 ***573-334-7995***
Cape Girardeau, MO 63701 ***573-335-8610 - Fax***

Foreclosure Counseling Intake

Name:	Address:	
Phone:	Cell #:	Other Contact:
How Many Months Delinquent:	SSN:	Birth date:
People Living in Home: (Names and Ages)		
Employment: (Where - duration - income)		Total Household Income:
Client Goal - intent:		
Client current financial situation - possible workout:		
Current loan type:	Who is carrying the loan: (mortgage holder- contact person)	
Date copies of loan papers received in 4-Sight Office:		
Home current valuation: (how determined)	Current loan balance:	
Credit Report: (date and from where)		Credit Score:
Housing Counseling from any other agency: (where and what was the outcome)		
Other Pertinent Information:		