Minnesota Home Ownership Center

WCMCA Foreclosure Counseling – Triage Form

Counselor: Jill CounselorMax Number: _____ Date: _____

Want to stay: ☐ **Yes** ☐ **No** **Modified:** ☐ **Yes** ☐ **No** **Date Modified/Type:** _____

Talked to mortgage company: ☐ Yes ☐ No Other steps taken to resolve the situation:

Name: _____

Property Address: _____ Mailing Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Other Phone: _____

Email: _____

Marital Status: ☐ Single ☐ Married # of people: on the title ____ on the mortgage: ___ Ref'l source _____

First Name	Last Name	Date of Birth/Age	Gender	Race	Disability	Social Security Number	Highest Level of Education

Household gross annual income from all sources: $ _____

- Employer _____ Start Date _____ Title _____ Monthly Gross $ _____ Net $ _____
- Employer _____ Start Date _____ Title _____ Monthly Gross $ _____ Net $ _____
- Other Income Source(s): _____ Other Income Amount(s) $ _____

Referrals: ___ EAP/ ___ SNAP/ ___ MA/___ Child Spt/ ___ EITC/___ Property Tax Refund/ ___ Other: _____

	Company	Rate %/ Fixed or ARM	(#) Months Delinquent	Monthly Payment	Ins/Taxes Escrow?	Amount Delinquent
1st Mortgage Acct #:		F: A:			Y or N	
2nd Mortgage Acct #:		F: A:			Y or N	

Type of loan: FHA, Insured Conventional, Conventional, VA, Contract for Deed, Rural Development

Term type (30 yr., 2/28, 3/27 etc.) _____ Current Principal Balance _____

Heard from attorney: ☐ Yes ☐ No Sheriff's Sale: ☐ Yes ☐ No Date: _____

Date of purchase: _____ Original Loan Amount: _____ Current Value: _____

Refinanced: ☐ Yes ☐ No # times refinanced: _____ Date refinanced: _____

If ARM: Rate prior to reset _____% Payment prior to reset $ _____ Current rate _____%

Reason for delinquency resolved: ☐ Yes ☐ No ☐ Affordable ☐ Not affordable

Amount available to put towards mortgage: $ _____

WCMCA Verbal Authorization to Release Information

Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Foreclosure Mitigation Counseling program if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

Other Private Data

Under Minnesota Statutes, your name and address are public data. All other data we may ask about you is private data on individuals. Except for your social security number, providing and agreeing to share your private data is mandatory for participation in this Foreclosure Mitigation Counseling Program under the terms of the federal grant from NeighborWorks that funds the program. If you do not agree to allow us to share the data with the entities identified below, we will not be able to provide foreclosure mitigation counseling.

We will share the data only with the following entities or their representatives:

- Staff of this organization who need it to work on your case.
- NeighborWorks America or its authorized representatives, the entity mandated by Congress to account for how the program funds are used and determine the program's effectiveness.
- The Minnesota Housing Finance Agency, the recipient of the grant for this program.
- The Minnesota Home Ownership Center, a contractor of the Minnesota Housing Finance Agency responsible for assisting program administration and reporting to NeighborWorks America.
- Any other entities properly authorized under law to view it.

The information shared will be for the purpose of program management, compliance monitoring, and program evaluation. We are committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of law.

In addition, as part of the program evaluation, NeighborWorks requires your permission for it to retrieve credit information and records two additional times between your enrollment in the program and June 30, 2010, and to interview or communicate with you.

Verbal Authorization:

If you agree to allow us to collect and share information as described above, please indicate your approval saying, I approve.

Witness:

The undersigned verify that verbal authorization for release of above confidential information has been given. The client was fully information of the information contained herein and understood its nature and intended use of the released information.

_____		_____	___/___/___
Client	Via Phone Copy Sent	Witness Signature	Date

Household Budget Estimate

Name: _____ **Date:** _____

Budget Summary

Income Gross		Sub-totals	
Wages		Housing Expenses	0.00
Wages		Personal Expenses	0.00
Child Support		Vehicle/Transportation	0.00
Food Support		Insurance	0.00
Unemployment		Loans/Credit	0.00
Disability		Taxes	0.00
Total	**$0.00**	**Total Expenses/Month**	**0.00**
		Total Expenses/Year	**0.00**

MONTHLY SUMMARY:	**0.00**	**YEARLY SUMMARY:**	**0**

Housing Expenses	
Rent/House Payment	
Heat	
Electricity	
Telephone/Cell	
Water/Trash Pick-up	
Cable TV/Internet, etc.	
Natural gas	
Water Softer	
Sub-total	**0.00**

Loans/Credit	
Credit Card	
Credit Card	
Credit Card	
School loan	
Car Payment	
Loan	
Medical	
Glasses/contacts	
Sub-total	**0.00**

Vehicle/Transportation	
Rides	
Gas, Oil, Lube	
Tires, Battery, Filters	
Repairs	
Licensing	
Sub-total	**0.00**

Insurance	
Health/Medical	
EE Pera	
Dental	
Vehicle	
Household	
Flex Plan-Aflac	
Other	
Sub-total	**0.00**

Personal Expenses	
Food at home	
Food away from home	
Household supplies	
Clothing-Purchase/Haircuts	
Education-Personal	
Education - Children	
Newspapers/Magazines	
Medicines, Doctor/Dentist, Etc	
Gifts/ Contributions/Dues	
Pets	
Cigarettes	
Sub-total	**0.00**

Taxes	
Federal/State Income (if self-employed)	
Property	
Other	
Other	
Sub-total	**0.00**

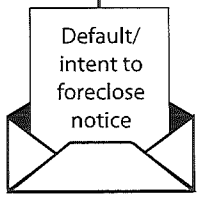
Foreclosure Process in Minnesota

Foreclosure by Advertisement

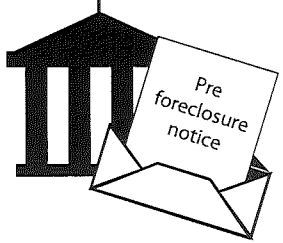
Minnesota Homeownership Center

Missed payments → **6 weeks before sale** → **4 weeks before sale** → **Sheriff's Sale**

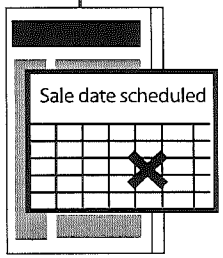
Lender calls and sends a letter



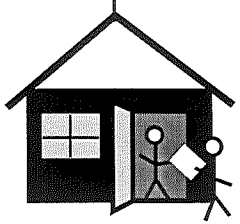
Receive default notice. Phone calls and collection efforts continue.



Account forwarded to foreclosing attorney (legal fees accrue). Receive Preforeclosure Notice.



Sheriff's Sale date scheduled by attorney. (Date published for 6 consecutive weeks.)



Occupant served with notice of Sheriff's Sale

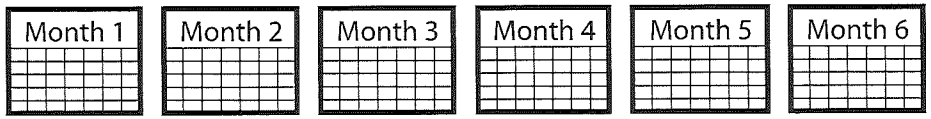
Deadline to bring mortgage current

OPTION: MN state law allows homeowners to postpone Sheriff's Sale in return for shortened redemption period. Must file for postponement between date sale is published and 15 days prior to Sale.

Redemption Period

Typically 6 months. May be 12 months if agricultural.
May be shortened to 5 weeks if property is abandoned or sale was postponed by homeowner.

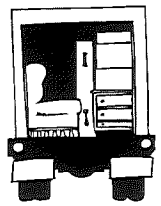
Redemption period BEGINS



You maintain the right to stay in your home

[To redeem the property you must pay off the entire Sheriff's Sale amount + interest and fees]

Redemption period ENDS



Vacate

- OR -

Face eviction

To speak with a foreclosure counselor in your area, contact the Minnesota Homeownership Center at (866) 462-6466 or www.hocmn.org

NOTE: This document represents the most common foreclosure process in MN and may vary. Information is not presented as legal advice.

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