



Washington County CDA-Mortgage Counseling Program Application

Appointment Information

Date: _____ Time _____ Specialist: _____

Questions? Call 651-202-2822

Application Checklist

To better serve you, please provide all required documents you can 2 business days in advance of your appointment.

Required Documents

- Completed Application Form. **Review, sign and date all release forms**
- Monthly Budget Worksheet
- Proof of All Household Income
 - Pay stubs: Most recent 30 days
 - Benefit Statement/Letter: Example: Social Security, Disability, Pension, Food Support or Unemployment
 - **If self-employed, Profit & Loss Statement for most recent quarter**
- Two most recent bank statements for all accounts used regularly, all pages
- If you receive child support and/or spousal maintenance must have copy of Divorce Decree
- Most recently filed Federal Tax Returns and W2s
- Recent letters or statements from your lender(s) and foreclosure attorney regarding the delinquency on your mortgage(s)

Send completed application packet to:

- Fax: 651-458-1696
Attn: Homeownership Department

- Email the Homeownership Specialist:

When emailing your application, re-save documents as "Last Name_HB_Date"

homeownership@washingtoncountycda.org

- Mail: Attn: Homeownership Department
Washington County CDA
7645 Currell Blvd.
Woodbury, MN 55125



Washington County CDA-Mortgage Counseling Program Application



NOTE: If you have impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please communicate with your homeownership specialist about arranging alternative accommodations.

****Would you like an interpreter when communicating with your advisor? Yes (language) _____ No**

I authorize the Washington County CDA to share this data with the Minnesota Home Ownership Center, Fair Housing, MN Housing and/or the U.S. Department of Housing and Urban Development: Yes No

How did you hear about us? Agency Friend/Relative Internet Lender Mailer/Brochure Newspaper Realtor Other _____

Applicant Information:

Name: _____ Birthdate: _____ Social Security # _____

Gender Identity/Expression: Male Female Other (please specify) _____

Ethnicity (select one): Hispanic or Latino Not Hispanic or Latino

Race (select all that apply): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other Race _____

Were you born outside of the U.S? Yes No

Marital Status (select one): Married Partnered Single Divorced Separated Widowed

Are you a single parent head of household? Yes No What is your education level? _____

Are you a veteran? Yes No Are you enlisted? Yes No Are you disabled? Yes No

Co-Applicant: Name: _____ Birthdate: _____ Social Security # _____

Relationship to Applicant: _____ Gender Identity/Expression: Male Female Other (specify) _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino **Race:** American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other Race _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone(s): _____ Email address(s): _____

Is this your primary residence? Yes No **Does co-applicant live at this address?** Yes No

How many people are there in your household? _____

How many of the people living in your household are under the age of 18 years old? _____

Type of home: single family home townhome condo mobile home Other: _____

Condition of Home: Excellent Good Fair Needs repairs

When did you move into your home? Month _____ Year _____ Purchase Price: \$ _____

Is this the first home that you purchased? Yes No **Are you a first-generation home buyer?** Yes No

When did you last re-finance? Month _____ Year _____ Amount? \$ _____

What caused you to fall behind on payments? Loss of Income Divorce/Separation Medical
 Death in Family Increase in Expenses Other: _____

Have you fallen behind before? Yes No

Have you had a loan modification before? Yes No If yes, when? _____

Have you spoken to your lender(s) about your current situation? Yes No

If yes, what have you discussed? _____

Are you working with any other organization assisting with your mortgage situation? Yes No

If yes, organizations name _____

What options would you like to learn more about from your homeownership specialist? (select all that apply)

Keeping your property Letting your property go back to the bank Selling your property

Mortgage Information:

	First Mortgage	Second Mortgage	Homeowners association or other lien?
Name of Mortgage Company			
Mortgage Balance	\$	\$	\$
Monthly Payment	\$	\$	\$
Loan Term (# of years to pay off loan)			
Interest Rate	_____ %	_____ %	
Fixed or Adjustable?			
Interest-Only Loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount Past Due or # of Months Behind	\$	\$	\$
Sheriff Sale Date (if applicable)			

Employment information:

	Job 1	Job 2	Job 3	Job 4
Employer				
Hire Date (MM/DD/YYYY)				
Job Title				
Who's Job?				
Full-time or Part-				
Net amount & how often are you paid? (weekly, every two weeks, twice per month, monthly)				

Have there been any changes in your income in the last 12 months (raise, new job, maternity leave, etc.)?
 Yes No **If yes, please provide details:**

Other income information: Do you, or ANYONE in your household, receive any of the following?

INCOME TYPE	Who Receives It?	Amount awarded	Frequency of Award
Child Support			
Social Security			
Unemployment			
Worker's Comp			
Veteran's Benefits			
Disability			
Spousal Maintenance			
Rental Income			
Family/Friend Contribution			
County Cash or Food Support			

Is anyone in the household self-employed? Yes No

If yes: Who is self-employed? _____

What is the name of the business? _____

What kind of business do you do _____

How do you track your income (profit & loss statements, etc.)? _____