



Mustard Seed
Development Center

Mortgage Assistance Intake Form

1557 Vernon Odom Blvd. Suite #201 Akron, Oh 44320

Phone 330.631.0350

Fax 330.631.0355

www.mustardseedcdc.com

HUD ID # (office use)

Date _____

Participant		Co-Participant		
Name		Name		
Social Security Number		Social Security Number		
Date Of Birth mm/dd/yyyy		Date Of Birth mm/dd/yyyy		
Primary Phone (area code)	Secondary Phone (If applic.)	Primary Phone Number	Secondary Phone (If applic.)	
Work Phone (area code)	Work Extension	Work Phone (area code)	Work Extension	
Property Address		Property Address Check box if address is the same as Participant		
Street Address		Street Address		
City, State, Zip		City, State, Zip		
County	Rural Area?	County	Rural Area?	
Email		Email		
Demographics (for statistical purposes only)		Demographics (for statistical purposes only)		
Male	Female	Other		
Disabled or Vet?	Disabled	Veteran		
Highest Education Level		Highest Education Level		
Below High School Diploma	Bachelor's			
HS Diploma or Equivalent	Master's			
Some College/Vocational	Doctorate			
Ethnicity		Ethnicity		
Hispanic	Not Hispanic	Hispanic	Not Hispanic	
Race (please select if you identify with only one race)		Race (please select if you identify with only one race)		
Black or African American	Pacific Islander	Black or African American	Pacific Islander	
Caucasian	Alaskan Native	Caucasian	Alaskan Native	
Asian	Native Hawaiian	Asian	Native Hawaiian	
American Indian	Other	American Indian	Other	
Multiracial (please select if you identify as multiracial)		Multiracial (please select if you identify as multiracial)		
Black or AA & Caucasian	Asian & Caucasian	Black or AA & Caucasian	Asian & Caucasian	
Black or AA & Native American	Other Multiple Race	Black or AA & Alaska Native	Other Multiple Race	
Black or AA & American Indian		Black or AA & American Indian		
American Indian & Caucasian		American Indian & Caucasian		
Marital Status		Marital Status		
Single	Separated	Single	Separated	
Widowed	Divorced	Widowed	Divorced	
Household Composition-Including yourself, list everyone who is living in your home & if they're receiving income				
Name	Relationship	Date of Birth	Income Source	Monthly Gross Amt.
	Myself			

Assets- please list the most recent balance of your assets			
Type	Bank Name	Recipient (whose account)	Most Recent Balance
Checking Account(s)			
Savings Account(s)			
Other Accounts:			
Participant's Current Employer Name		Co-Participant's Current Employer Name	
Address		Address	
Phone (###-###-####)	Hire Date (mm/dd/yyyy)	Phone (###-###-####)	Hire Date (mm/dd/yyyy)
Previous Employer's Name (if less than 3 years w/current employer)		Previous Employer's Name (if less than 3 years w/current employer)	
Address		Address	
Hire Date	Separation Date	Hire Date	Separation Date
Additional Information			
Are your property taxes escrowed into your mortgage payment?			Yes No
Are you current on your property taxes?			
Is your homeowner's insurance escrowed into your mortgage?			
Are you current on your homeowner's insurance?			
Have you received a loan modification in the last three years?			
If yes, when ?			
Have you ever filed for bankruptcy?			
If yes, when and discharge date?			
Please provide a brief summary of your Covid-related hardship;			
How did you hear about our program? Who referred you?			
Radio		Newspaper	
Word Of Mouth			
Friend _____		Agency _____	
Other _____			
Reference Family or Friend	Name _____	Phone # _____	

My (our) signature certifies that all the information in this intake form is true and accurate to the best of my (our) knowledge. This entitles me (us) to one assessment, based upon the information provided at this time, one seminar series, and a three-month evaluation.

Participant Name _____

Participant Signature _____

Date _____

Co-Participant Name _____

Co-Participant Signature _____

Date _____

Financial Assessor _____

HUD ID # (office use)

Mustard Seed Development Center

HUD ID

Office Use

Monthly Budget Worksheet

Participant

	Income Type	Gross Amt	Net Amt
Source1			
Source2			
Source3			
Total			

Co Participant

	Income Type	Gross Amt	Net Amt
Source1			
Source2			
Source3			
Total			

Expenses

Payments

Housing	Rent/Mortgage	
	Renter's/Home Insur	
	Property Taxes	
	HOA Fees	
	Lawn Care	
	Maintenance	
Household Exp.	Electric	
	Gas	
	Water	
	Trash (if separate from water)	
	Cell Phone(s)	
	Cable/Internet	
	Groceries	
	Landline (Home Phone)	
Transport.	Auto Maintenance	
	Auto Insurance	
	Auto Gas	
	Parking /Meters	
	Public Transportaton	
Recreational	Tithes/Charity	
	Dining Out	
	Hair/Nails/Spa	
	Toiletries	
	Clothing/Shoes	
	Recreation/Hobbies	
	Memberships/Subscrip	
	Pet Food/Care	
Child	Child Care	
	Child Support (self pay)	
	School Lunches	
	Allowance	
	Sports/Recreation	

Expenses

Payments

Health	Health Ins (self pay)		
	Prescriptions		
	Med/Dental expenses		
	Life Insurance Premium(s)		
Misc. Expen			
Debt	Creditor Name	Balance	Payments
Loans			
Auto			
Cred. Cards (& other debt)			
Total			
Total Monthly Net Inc.			
Total Monthly Exp.			
Difference			

Participant Print Name

Co-Participant Print Name

Participant Signature

Date

Co-Participant Signature

Date

CERTIFICATION, CREDIT AUTHORIZATION, AND RELEASE OF INFORMATION FOR MUSTARD SEED DEVELOPMENT CENTER

Certification

HUD ID # (office use only)	
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The undersigned certifies the following:

1. I/We understand and acknowledge that MSDC is a HUD APPROVED HOUSING COUNSELING AGENCY offering services to assist in a financial/credit evaluation and not a broker and/or lending institution. I/We also understand that MSDC is not responsible for the ability or inability to obtain/maintain an installment/mortgage loan approval or restructure an existing loan and we have the rights to work with my/any lender/creditor of my choice.
2. I/We understand and acknowledge that this program is not a request by the undersigned to remove, change and/or alter current (and/or future) contracts, credit reporting ratings, and/or payment schedules with credit obligations. MSDC may represent participant by engaging in negotiations with community partners to facilitate repayment plans and all other transactions that do not represent the participant in the form of a legal binding contract. I/We understand that this authorization is only for the purpose of pulling unlimited credit reports to obtain information required by MSDC in order for the undersigned to participate in the counseling program(s). I/We understand that a pull of my credit report is a soft pull and not a hard pull on my credit report.

I/We also acknowledge that MSDC has our permission to use/share our information (excluding names, creditors account numbers, and personal Identifier numbers that identify me/us) in promotions, classroom and advertisement material at their discretion free to MSDC, to mean we understand we will not receive compensation in any way from such acts.

3. I/We understand that this is not an application for credit. If we wish to submit a request for credit we must do so by contacting lender/creditor institutions with a separate written document to request an application. I/We understand that MSDC collaborates with other public/private community institutions and that MSDC is not legally responsible for error and/or loss that results from transactions of our *Community Partners* and/or MSDC lenders they have contracted services with of MSDC choice and that these agencies are independently responsible for their individual loan performance, product specifics, and/or services. We understand that we have the right to choose a lender, realtor, Public Project/Program, Title Company, Home Inspector and/or Insurance agent of our choice which must be kept in compliance with the program requirement and guidelines. We grant permission to MSDC to discuss our information with their partners to achieve better products/services on our behalf knowing we have the right to turn down any offer/product/service made available to me (us) in my (our) behalf by MSDC and/or their partners.

Please Initial Here: Participant:_____ Co-Participant:_____

Credit Authorization and Release of personal Information

To Whom It May Concern:

1. I/We have enrolled in the Financial/Credit Housing Counseling and seminar program offered by Mustard Seed Development Center. As part of the counseling process, MSDC may verify information provided by me/us for any documents required in connection with the program.
2. I/we authorize you to provide to MSDC and to its *Community Partners* (community-based organizations) who assist in the recruitment and delivery of the counseling program, any and all information and documentation that they request. Such information includes but is not limited to, employment history and income: bank, money markets, stocks, bonds, mutual funds, and similar account balances; an unlimited credit history/report and credit approval status; and copies of income tax returns. MSDC also has authorization to act in my/our behalf for correcting information only.
3. MSDC and its *Community Partners* (community-based organizations) who assist in the recruitment and delivery of the counseling program may address this authorization to any party having pertinent information in the delivery of the counseling program. Funders and Contracted service agreement that MSDC has must be disclosed prior to services of what agency or community-base organization MSDC is paid by. Please initial below giving MSDC permission to work with agency funding your services:

Please Initial Here: Agency paying for your Services _____ Initial Your permission to use this funder _____ / _____

4. MSDC also has authorization to release program information to include application, written materials produce to assess and monitor progress of participants success in the program and to funders, Housing Urban Development, (HUD) or like agencies that monitor and approve MSDC certifications, licensing may have complete authority to review documents stored in a participants file to monitor activities performed by certified, licensed staff of MSDC.
5. A copy of this authorization may be accepted as an original.

Participant Print Name
X

Participant Sign Name

Date

Social Security Number

Co-Participant Print Name
X

Co-Participant Sign Name

Date

Social Security Number



MSDC FORECLOSURE PREVENTION PROGRAMS

1557 Vernon Odom Blvd. ♦ Akron, Ohio 44320 ♦ Office (330) 631-0350 ♦ Fax (330) 631-0355

External Third Party Authorization

Name of Third Party:	Mustard Seed Development Center
Tax ID:	34-1920318
Primary Point of Contact:	
Counselor Email:	

Lender	
Loan Number	
Property Address	

Dear Sir or Madam,

Please be advised that I/we am/are working with Mustard Seed Development Center, MSDC, a HUD certified housing counseling agency, to resolve my/our mortgage delinquency. Through this letter, I/we hereby authorize you to release any and all information concerning my/our account(s) to MSDC and their counselors, including but not limited to the following employees: Toree Stokes, Rita Smith, Maranda Brisco.

This authorization will expire 120 days after the date below. Thank you for you cooperation in this matter.

Borrower Signature Date

Co-Borrower Signature Date

Borrower Name	
Date of Birth	
Last 4 of SSN	

Co-Borrower Name	
Date of Birth	
Last 4 of SSN	