MSHDA
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

HOMEOWNERSHIP DIVISION
Housing Education Program
Household Profile

Section I – Must be completed by client and co-client

Client Name (First, Middle Initial, Last):	Date of Birth:	County:	
Street Address (**do not** use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	**Gender:** Male ☐ Female ☐	
Years/months on current job:	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Choose not to respond:	Disabled: ☐ Yes ☐ No Veteran: ☐ Yes ☐ No Migrant Farm Worker: ☐ Yes ☐ No	
Current Housing Situation: ☐ Own ☐ Rent ☐ Homeless ☐ Living with Family	Are you a First-Time Homeowner? ☐ Yes ☐ No	Have you been a homeowner within the last three years? ☐ Yes ☐ No	
Do you consider yourself the Head of Household: ☐ Yes ☐ No	**Total Number of Household Dependents:**	☐ I live in a rural area ☐ Do not live in a rural area	

Based on current household select appropriate answer:

Limited English Proficient ☐ Not Limited English Proficient ☐ If not English, preferred language: _____		☐ Hispanic or Latino ☐ Not-Hispanic or Latino ☐ Choose not to respond
Single Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Choose Not to Respond	**Multi-Race:** ☐ American Indian/Alaskan Native **and** White ☐ Asian **and** White ☐ Black/African American **and** White ☐ American Indian/Alaska Native **and** Black/African American ☐ Other Multiple Race	**Head of Household Type:** ☐ Single adult ☐ Female-headed single parent ☐ Male-headed single parent ☐ Married without children ☐ Married with children ☐ Two or more unrelated adults ☐ Other

Education:

☐ Doctoral or Professional Degree	☐ Associate's Degree	☐ GED
☐ Master's Degree	☐ Some College, Not Completed	☐ High School Diploma
☐ Bachelor's Degree	☐ Vocational Certificate	☐ No High School Diploma

Co-Client Name (First, Middle Initial, Last):		County:	
Street Address (**do not** use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	**Gender:** Male ☐ Female ☐	
Years/months on current job:	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Choose not to respond:	Disabled: ☐ Yes ☐ No Veteran: ☐ Yes ☐ No Migrant Farm Worker: ☐ Yes ☐ No	
Current Housing Situation: ☐ Own ☐ Rent ☐ Homeless ☐ Living with Family	Are you a First-Time Homeowner? ☐ Yes ☐ No	Have you been a homeowner within the last three years? ☐ Yes ☐ No	

Based on current household select appropriate answer:

Limited English Proficient ☐ Not Limited English Proficient ☐ If not English, preferred language: _____		☐ Hispanic or Latino ☐ Not-Hispanic or Latino ☐ Choose not to respond
Single Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Choose Not to Respond	**Multi-Race:** ☐ American Indian/Alaskan Native **and** White ☐ Asian **and** White ☐ Black/African American **and** White ☐ American Indian/Alaska Native **and** Black/African American ☐ Other Multiple Race	

Education:

☐ Doctoral or Professional Degree	☐ Associate's Degree	☐ GED
☐ Master's Degree	☐ Some College, Not Completed	☐ High School Diploma
☐ Bachelor's Degree	☐ Vocational Certificate	☐ No High School Diploma

Section II – Current Homeowner(s) ONLY

Do you currently have a MSHDA Mortgage? ☐ Yes ☐ No	**Have you received Step Forward Assistance?** ☐ Yes ☐ No
Name of Originating Lender (if available):	**Original Loan Number (if available):**
Name of Current Servicer (if available):	**Loan number assigned by Servicer:**

When did you purchase your home?	**Have you lived at this address for at least two years?** ☐ Yes ☐ No **If not, list previous address(es):**

Does your name appear on: ☐ **Property Deed** ☐ Mortgage ☐ Land Contract	**Total Monthly Payment (including Taxes & Insurance):**

Select type of loan product:

☐ Fixed rate currently under 8%
☐ Fixed rate currently 8% or greater
☐ ARM currently under 8%
☐ ARM currently at 8% or greater
☐ Fixed rate currently under 8% as a result of loan modification in last six months
☐ Fixed rate currently under 8% as a result of loan modification in last six months
☐ Fixed rate currently 8% or greater as a result of loan modification in last six months
☐ ARM currently under 8% as a result of loan modification in last six months.
☐ ARM currently at 8% or greater as a result of loan modification in last six months
☐ I don't know

If type of loan is an ARM, has the interest rate already reset? ☐ Yes ☐ No	**Do you have a second mortgage?** ☐ Yes ☐ No

Current status of Loan: ☐ Current ☐ 30-60 days late ☐ 91-120 days late ☐ 61-90 days late ☐ 120 + days late	**Have you filed bankruptcy in the past two years?** ☐ Yes ☐ No	**Have you had a Credit Report pulled within the last 6 months:** ☐ Yes ☐ No

Is your mortgage delinquent? ☐ **Yes** ☐ **No** **If yes, amount delinquent?** **$**	**Are your property taxes delinquent?** ☐ **Yes** ☐ **No** **If yes, amount delinquent?** **$**	**Is your homeowner's insurance delinquent?** ☐ **Yes** ☐ **No** **If yes, amount delinquent? $**

Select primary reason for default:

☐ Reduction in income
☐ Poor budget management skills
☐ Loss of income
☐ Increase in Loan Payment
☐ Medical Issues
☐ Increase in Expenses
☐ Business Venture Failed
☐ Divorce/Separation
☐ Death of Family Member
☐ Other

What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?	**Do you feel that you have recovered from the situation?** ☐Yes ☐No
Have you been notified of a date for a Sherriff's Sale? ☐ Yes ☐ No	**Has there been a Sherriff's Sale of this property?** ☐ Yes ☐ No **If yes, what is/was the date of the Sherriff's Sale?**
Are you currently working with an attorney regarding the delinquency of your mortgage, property taxes or land contract? ☐ Yes ☐ No	**If yes, please provide attorney name and contact information?**

If available, please provide the following information for the mortgage servicer or land contract holder that you make your payments to:

Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

Section III – Must be completed by client.

Enter **ALL** sources of income for adult members of the household (18 year olds not in High School).
Income sources include: Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support and Alimony.

Total Monthly Income: $

Enter **ALL** total monthly debt for adult members of the household (18 year olds not in High School). Include Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

Total Monthly Debt: $

Based on your housing needs/goals do you believe you have been discriminated against?
☐ **Yes** ☐ **No**

Do you believe you have been a victim of Predatory Lending?
☐ **Yes** ☐ **No**

What is the main purpose for contacting our agency:

☐ Homelessness Assistance
☐ Home Maintenance and Financial Management
☐ Rental Topics
☐ Reverse Mortgage
☐ Purchase/Home Purchase
☐ Resolving/Preventing Mortgage Delinquency or Default

How did you learn about MSHDA's Housing Education Program?

☐ MSHDA Outreach
☐ HUD Outreach
☐ Agency Outreach
☐ Another Person
☐ Lender
☐ Another Agency
☐ Real Estate Agent
☐ Other:

Are you interested in obtaining information regarding MSHDA Mortgage Products and Down Payment Assistance?
☐ **Yes** ☐ **No**

Would you like to be referred to a MSHDA approved lender?
☐ **Yes** ☐ **No**

Section IV – Must be signed and dated by client and co-client.

Client Printed Name	Signature	Date
Co-Client Printed Name	Signature	Date

Section V – For Agency Use Only

Agency Name:	Agency Phone Number:	
Neighborhood Housing Services	616.935.3270	
Agency Staff Name:	Received by Agency (Intake Date):	Unique Client ID #: