



Neighborhood Housing Services Of Staten Island, Inc.

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www.nhsofsi.org
www.livebetterstatenisland.org



Date: ___/___/___

FORECLOSURE PREVENTION INTAKE

Customer

Please PRINT clearly

Name: _____
First MI Last Name

Co-Applicant: _____
First MI Last Name

Address: _____
Street

City State Zip Code

Home: (____) ____-____ Work: (____) ____-____ Mobile/Cell: (____) ____-____

Email: _____

Race (please circle):

1. White 2. Black or African American 3. American Indian/ Alaskan Native 4. Asian
5. Native Hawaiian/ Other Pacific Islander 6. American Indian/ Alaskan Native & White 7. Asian and White
8. Black/ African American and White 9. American Indian/ Alaskan native and Black 10. Other

Ethnicity: (Please circle "yes" or "no" for Hispanic Origin. You should also select both a "Race" category and a "yes" or "no" for Hispanic Origin)

Hispanic? YES / NO Gender: Male / Female Military Service: Veteran? Yes / No Marital Status: Married / Single / Unknown

Family Size: _____ **Annual Gross Income: \$** _____ **Property Value: \$** _____

Years owned (property): _____ **Single Family or Multi Family Property?** _____

Mortgage Company: _____

Loan #: _____ **Monthly Payment: \$** _____

Interest Rate: _____ **Arrears: \$** _____ **Months Behind?** _____

2nd Mortgage Company: _____

Loan #: _____ **Monthly Payment: \$** _____

Interest Rate: _____ **Arrears: \$** _____ **Months Behind?** _____

Referred to by (how did you hear about us?): _____