

# Form 1: RDAC Foreclosure Prevention Counseling Form

## PARTICIPANT (P)

[ ]		
First	Middle Initial	Last Name
[ ]		
Mailing Address		
[ ]		
City, State, Zip		
[ ]		
County	Social Security Number	
Home Phone		Work Phone
Fax	Cell Phone	
E-Mail		

Date of Birth: \_\_\_\_\_ US Citizen:  Foreign Born:

Single  Married  Legally Separated  Widowed  Divorced

Veteran:  Disabled:  Currently in School:  Graduated:

Degree:  GED/H.S. Diploma  2-Year  4-Year  Masters

You are not required to furnish this information, but are encouraged to do so. You may not be discriminated against on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, it is required by Federal regulations to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnish this information

## RACE/NATIONAL ORIGIN

- American Indian, Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

## ETHNICITY

- Hispanic or Latino
- Not Hispanic or Latino

## SEX

- Female
- Male

I/We authorize the RDAC to obtain a credit report in connection with my/our request to enroll in the program. I/We understand that this is not an application for credit and that enrollment in this program does not guarantee approval of any mortgage for which I/we may apply. Furthermore, I/we authorize RDAC to share the information provided by me/us on this enrollment form with financial institutions, their subsidiaries and partners.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

## How Did Your Hear About Us?

- Current client of the program
- Former client of the program
- A RUPCO program
- Walk-in

- Referred by a bank  
If yes, bank name \_\_\_\_\_
- Referred by a realtor  
If yes, realtor name \_\_\_\_\_

## CO-PARTICIPANT (C)

[ ]		
First	Middle Initial	Last Name
[ ]		
Mailing Address		
[ ]		
City, State, Zip		
[ ]		
County	Social Security Number	
Home Phone		Work Phone
Fax	Cell Phone	
Relationship to Participant		

Date of Birth: \_\_\_\_\_ US Citizen:  Foreign Born:

Single  Married  Legally Separated  Widowed  Divorced

Veteran:  Disabled:  Currently in School:  Graduated:

Degree:  GED/H.S. Diploma  2-Year  4-Year  Masters

I do not wish to furnish this information

## RACE/NATIONAL ORIGIN

- American Indian, Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

## ETHNICITY

- Hispanic or Latino
- Not Hispanic or Latino

## SEX

- Female
- Male

Co-Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

- HUD
- Newspaper
- News
- Other (please explain) \_\_\_\_\_

## PARTICIPANT EMPLOYMENT

## CO-PARTICIPANT EMPLOYMENT

Employer Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Started \_\_\_\_\_

Union:  Self-Employed:

Gross Pay Per Paycheck

Weekly     Every Two Weeks     Bi-Monthly     Monthly

Bonus     Commission     Overtime

Employer Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Started \_\_\_\_\_

Union:  Self-Employed:

Gross Pay Per Paycheck

Weekly     Every Two Weeks     Bi-Monthly     Monthly

Bonus     Commission     Overtime

**PARTICIPANT PART-TIME/SECOND JOB**

**CO-PARTICIPANT PART-TIME/SECOND JOB**

Employer Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Position \_\_\_\_\_ Years on Job \_\_\_\_\_ Date Started \_\_\_\_\_

Union:  Self-Employed:

Gross Pay Per Paycheck

Weekly     Every Two Weeks     Bi-Monthly     Monthly

Bonus     Commission     Overtime

Employer Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Position \_\_\_\_\_ Years on Job \_\_\_\_\_ Date Started \_\_\_\_\_

Union:  Self-Employed:

Gross Pay Per Paycheck

Weekly     Every Two Weeks     Bi-Monthly     Monthly

Bonus     Commission     Overtime

**OTHER INCOME ("P" indicates Participant, "C" indicates Co-Participant)**

Type	P/C	Monthly	Remarks
Alimony	_____	\$ _____	_____
Child Support	_____	\$ _____	_____
Disability	_____	\$ _____	_____
Insurance/Annuity	_____	\$ _____	_____
Interest/Dividends	_____	\$ _____	_____
Pension	_____	\$ _____	_____

	P/C	Monthly	Remarks
Public Assistance	_____	\$ _____	_____
Social Security	_____	\$ _____	_____
Trust Fund	_____	\$ _____	_____
Unemployment	_____	\$ _____	_____
VA Benefits	_____	\$ _____	_____
Workers Comp.	_____	\$ _____	_____

**TOTAL HOUSEHOLD SIZE:** \_\_\_\_\_

**LIST ADDITIONAL HOUSEHOLD MEMBERS AND DEPENDENTS** (Do not include Participant and Co-Participant listed above)

	First and Last Names	Age	DOB	Relationship	Dependent	Earning Income
1	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>