

HECM (Reverse Mortgage) INTAKE FORM

Date: _____ **Time: Start** _____ **End** _____ **Staff Initials:** _____

Referred by: P/P, F/F, Web, Other _____

Client Name: _____

DOB: _____ **Age:** _____ **Marital Status:** _____

Address: _____

City: _____ **Zip Code:** _____ **County:** _____

Phone: _____ **Email Address:** _____

Race: _____ **Ethnicity:** Hispanic Non-Hispanic

Gender: Male Female **Household Annual Income:** _____

Household Size: _____ **Disability Status:** _____

Home's Purchase Price: _____ **Years in Home:** _____

Education: High School/GED College Other None

Estimated Value of Home: _____ **HV based on:** _____

Total Debt on the Home: _____ (appraisal, tax value, zillow, etc)

Liens on Property: _____ **Other Homeowner on Deed:** _____

Have you already found a lender? : _____

Mode of Counseling (face to face OR phone): _____

Do you have any federal delinquent debt? : _____

Do you have any outstanding medical bills? : _____

Do you have an active power of attorney? : _____

Main reason(s) for investigating a reverse mortgage?
