

Instructions for Mortgage Foreclosure Prevention Application:

- The Foreclosure Prevention Project can assist homeowners in Erie, Niagara, Genesee, Orleans, & Wyoming counties.
- **IF YOU HAVE A SCHEDULED COURT DATE, PLEASE CALL 716-855-0203 x 118 IN LIEU OF MAILING AN APPLICATION.**
- **IF YOU HAVE A SCHEDULED COURT DATE YOU MUST APPEAR ON YOUR OWN BEHALF.**
- **FILLING OUT AN APPLICATION DOES NOT GUARANTEE REPRESENTATION.**
- Please fill out this application as completely as you are able. Include all pertinent information in the additional notes section.
- Be sure to list all borrowers and all owners of the property, even ex-spouses or deceased borrowers (mark as deceased or ex-spouse, etc.)
- Include all income streams on your application.
- Mail completed application to:
 - The Legal Aid Bureau of Buffalo, Inc.
Attn: Mark Sebastian
290 Main Street, Suite 400
Buffalo, NY 14202
- Or email completed application to: msebastian@legalaiddbuffalo.org
- After mailing your completed application, please call 716-853-9555 x 497 with your name and number and advising that you mailed your application. Once it is received you will be contacted.

FORECLOSURE PREVENTION PROJECT INTAKE – MORTGAGE FORECLOSURE

Intake Date: _____ **Settlement Conference/Court Date:** _____

Name of Caller: _____

Property Address: _____

Mailing Address _____

	Primary Borrower	Co-Borrower	Other Occupant
Name on Mortgage:	_____	_____	_____
Preferred Name:	_____	_____	_____
SSN:	_____	_____	_____
DOB:	_____	_____	_____
Home Phone:	_____	_____	_____
Work Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____
Is it ok to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address:	_____	_____	_____
Preferred Contact Method:	_____	_____	_____

Gender: Female Male
 Non-binary Decline to Answer

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino
 Decline to Answer

Race:

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native and White	<input type="checkbox"/> Black/African American and White	<input type="checkbox"/> Asian and White
<input type="checkbox"/> American Indian/Alaskan Native and Black	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Decline to Answer

Marital Status:

<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Domestic Partner
<input type="checkbox"/> Divorced	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed

Name of Ex Spouse (if on mortgage or note): _____

Military Status:

<input type="checkbox"/> Active Military	<input type="checkbox"/> Military Reserve	<input type="checkbox"/> Veteran
<input type="checkbox"/> Unknown	<input type="checkbox"/> Living Spouse of Deceased Military	<input type="checkbox"/> N/A

Owner Occupied: Yes No

Agency: _____
Program: _____

CLIENT CHARACTERISTIC FORM - CDBG 47
Public Services - Limited Clientele Activities

Staff Reviewed Initial _____
Issue Date: 10/1/21

PARTICIPANTS MUST FILL AND COMPLETE ENTIRE FORM FOR ELIGIBILITY. THIS INFORMATION IS FOR RECORD KEEPING ONLY AND WILL NOT BE PUBLICLY SHARED.

Home Address: _____ City: _____ Zip: _____

1. Individual Age: Please check **one** from the below based on your (the participant) age.

<input type="radio"/> Under 5 years	<input type="radio"/> 10-15 years	<input type="radio"/> 21-24 years	<input type="radio"/> 45-54 years	<input type="radio"/> 62 years and older
<input type="radio"/> 5-9 years	<input type="radio"/> 16-20 years	<input type="radio"/> 25-44 years	<input type="radio"/> 55-61 years	

2. Gender: Please check **one** from the below based on your (the participant) gender

<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Other: _____
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3. Please check **one** from the below for your (the participant) ethnicity. Ethnicity and Race are different, please answer #5 as well:

<input type="radio"/> Hispanic	<input type="radio"/> Non-Hispanic
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4. Please check **one** from the below based on your (the participant) race

<input type="radio"/> White	<input type="radio"/> Asian and Black or African American
<input type="radio"/> Black or African American	<input type="radio"/> American Indian or Alaskan Native and White
<input type="radio"/> Asian	<input type="radio"/> American Indian or Alaskan Native and Black or African American
<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> Native Hawaiian or other Pacific Islander and White
<input type="radio"/> Native Hawaiian or other Pacific Islander	<input type="radio"/> Native Hawaiian or other Pacific Islander and Black or African American
<input type="radio"/> Black or African American and White	<input type="radio"/> Other Multi Racial
<input type="radio"/> Asian and White	

5. Who do you (the participant) live with?

<input type="radio"/> No one/Self	<input type="radio"/> Both Parents	<input type="radio"/> Mother Only	<input type="radio"/> Father Only	<input type="radio"/> Roommate	<input type="radio"/> Other: _____
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6. Are you (the participant) severely disabled?

<input type="radio"/> Yes	<input type="radio"/> No
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7. Household Income: Please check **one** from the below based on your income and the number of members living in your household. **You may skip this section if you are over the age of 62, or severely disabled.**

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
30% median (XL)	<input type="radio"/> \$16,600 or less	<input type="radio"/> \$18,950 or less	<input type="radio"/> \$21,300 or less	<input type="radio"/> \$23,650 or less
50% median (VL)	<input type="radio"/> \$27,650 or less	<input type="radio"/> \$31,600 or less	<input type="radio"/> \$35,550 or less	<input type="radio"/> \$39,450 or less
80% median (LI)	<input type="radio"/> \$44,200 or less	<input type="radio"/> \$50,500 or less	<input type="radio"/> \$56,800 or less	<input type="radio"/> \$63,100 or less
81-100% median	<input type="radio"/> \$44,201 or more	<input type="radio"/> \$50,501 or more	<input type="radio"/> \$56,801 or more	<input type="radio"/> \$63,101 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30% median (XL)	<input type="radio"/> \$25,550 or less	<input type="radio"/> \$27,450 or less	<input type="radio"/> \$29,350 or less	<input type="radio"/> \$31,250 or less
50% median (VL)	<input type="radio"/> \$42,650 or less	<input type="radio"/> \$45,800 or less	<input type="radio"/> \$48,950 or less	<input type="radio"/> \$52,100 or less
80% median (LI)	<input type="radio"/> \$68,150 or less	<input type="radio"/> \$73,200 or less	<input type="radio"/> \$78,250 or less	<input type="radio"/> \$83,300 or less
81-100% median	<input type="radio"/> \$68,151 or more	<input type="radio"/> \$73,201 or more	<input type="radio"/> \$78,251 or more	<input type="radio"/> \$83,301 or more

Certification (If participant is under the age of 18, this form must be completed and signed by a parent or guardian): *I acknowledge that this information as submitted above has been examined by myself and is true and correct.*

Name: _____

Participant Name (if applicable): _____

Signature: _____

Date: _____



HOW ELSE CAN WE HELP YOU?

The Legal Aid Bureau of Buffalo, Inc. provides free Civil Legal Services

Financial Issues

- I am a victim of identity theft
- I want to request my credit reports
- I am unable to pay my bills
- I have a lot of debt
- I would like help with my benefits

Family

- I am married and would like a divorce
- Other family matters
- I would like to change my name/child's name
- I cannot afford my child support*
- My license has been suspended because I owe arrears (back pay)
- I think I have child support orders but am not sure

* Child support orders must be paid. An attorney can determine whether you can petition for lower payments.

Estate Planning

- I would like a healthcare proxy & living will
- I would like to know if I need a Will

Other: _____

Renters/Homeowners

- I am being evicted
- My rent is behind
- I rent and I think my apartment is unsafe and/or needs repairs
- My house is facing foreclosure
- My mortgage is behind
- I am homeless

Barriers to Employment

- I have criminal convictions that prevent me from being hired
- I would like to know if my records can be sealed
- I cannot find a job

School Aged Children

- My child's school needs are not being met
- Home schooling and remote learning rights
- My child needs an IEP

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

NOTES/DETAILS ABOUT YOUR LEGAL ISSUE (use back of this form for additional space): _____

Return this form to us and we will call you.

ATTORNEY/STAFF USE ONLY:

Applicant was called on: _____ Appointment scheduled for: _____