



30 North San Pedro Road, Suite 130  
 San Rafael, CA 94903  
 www.MarinFamilyAction.com  
 PHONE 415.444.0915 \* FAX 415.507.1778

Thank you for choosing Marin Family Action to advocate on your behalf. We look forward to assisting you. Marin Family Action is a California 501(c) 3 non-profit corporation. We are not attorneys and cannot provide legal advice. We are not responsible for decisions made outside of our non-profit status. Any fees are considered donations, are set on a sliding scale, and are to help offset operating expenses.

In order to determine the best course of action, it is essential that you provide us with accurate and complete information. Please complete this form and sign it prior to our meeting so that we know how best to assist you. All information is confidential.

Thank You.  
 Manny Fernandez, Executive Director  
 Marin Family Action

Your Name \_\_\_\_\_ Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ eMail \_\_\_\_\_

Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_ #in household \_\_\_\_\_ Ethnicity \_\_\_\_\_

Were you referred to us? \_\_\_\_\_ If yes, by whom \_\_\_\_\_

What services are you seeking (Loan modification, budgeting and credit repair, housing, bankruptcy, other)

\_\_\_\_\_

<b>MONTHLY INCOME</b>	<b>Amount</b>
Circle one or more: Employed, Unemployment, Pension, SSI, SDI, Other	\$

<b>FIXED EXPENSES</b>	<b>Monthly Payment</b>
Rent	\$
Auto: Include insurance, gas, oil, maintenance (or other transportation costs)	\$
Alimony/Child Support	
Retirement Savings (401K or IRA)	\$
All other debt: credit cards, loans	\$
<b>TOTAL</b>	\$

Your Name \_\_\_\_\_ Phone \_\_\_\_\_ eMail \_\_\_\_\_

<b>VARIABLE EXPENSES</b>	<b>Monthly Cost</b>
Food	\$
PG&E/Water/Garbage	\$
Telephone/Cell/TV/Cable/Internet	\$
Medical: Doctor, dentist, optometrist, prescriptions	\$
Child Care/Child Support	\$
Miscellaneous: Beauty shop, barber, clothing, dry cleaning, cigarettes, alcohol, lottery tickets, contributions, movies, tolls, parking, etc.	\$
<b>TOTAL</b>	\$
<b>DIFFERENCE AT END OF MONTH</b>	\$

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>IF YOU ARE SEEKING ASSISTANCE WITH YOUR HOME LOAN</b>
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**Please provide the following. This is required by all lenders considering any loan restructure or modification. (Note: We are unable to assist owners of multiple properties)**

Date Of home Purchase	Balance Due/Interest Rate
Monthly Payments	Does this include Principal, Insurance, Taxes
Condo Fees/Property Taxes	Approximate Home Value
Behind on Mortgage?	How long and Payments Due?
Other Property/Land/Timeshare/2 <sup>nd</sup> Home/Second Mortgage	

**Brief explanation of financial hardships: Health, job loss, reduced hours (attach sheet if necessary):**

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**For Help with Home Loan Modifications, please bring all documents listed at [www.marinfamilyaction.org/homeSave.html](http://www.marinfamilyaction.org/homeSave.html).**

- Income verification for the most recent 30 days. If self-employed, provide six months of verification;
- Monthly mortgage statement, Homeowners Insurance and Property Tax Bill (most recent available);
- All correspondence from your lender, including foreclosure notices, or anything to bring us up to date.
- **Note: We cannot guarantee outcomes. Please keep up with correspondence from your lender.**