

Marin Family Action
Marin Justice Center
30 North San Pedro Road
San Rafael, CA 94903
415.444.0915
FAX 415.507.1778



Please print out this form, fill it out as completely as possible, call for an appointment, and FAX this to us once we have you on our schedule. Also, bring your copy with you to the meeting along with other documents as indicated on the Web Site at marinfamilyaction.com/homeSave.html.

Thank you.

Marin Family Action
Appointment: 415.444.0915
FAX: 415.507-1778

Summary

Your Name _____

Address of Property _____

Contact Phone Number _____

Contact eMail _____

Property Information

When did your purchase your home? _____

Lender? _____

Approximate value of your home? _____

Are you behind on your mortgage? _____ If yes, how many months? _____

Balance of loan and interest rate? _____

Do you have a second mortgage? _____

If yes, balance of loan and interest rate? _____

Does your payment include: Insurance? _____ Taxes? _____ Condo fees? _____

On the following sheets, absolutely everything you spend needs to be recorded. One of the items often missed is automobile maintenance; if you own a car, it will need work. If you are not sure what you spend each month, record every expense every day in a little notebook; you will be amazed at what slips through the cracks.

Your Name _____ Phone _____ eMail _____

Step 1: Your Monthly Income

Income Source/Employer	\$
Retirement/Pension	\$
Child Support/Alimony	\$
Social Security/Disability	\$
Food Stamps	\$
Unemployment Insurance	\$
Support from Family/Friends	\$
Other	\$
TOTAL	\$

Step 2: Your Assets and Liabilities

	Total Amount Due	Monthly Payment
Home Mortgage (Total Loan Amount)	\$	\$
Second Mortgage	\$	\$
Condo Fees	\$	\$
Property Taxes	\$	\$
Other Property/Land/Timeshare/2 nd Home	\$	\$
Retirement Savings (401K or IRA)	\$	\$
Other (i.e. Federal/State Taxes)	\$	\$
TOTAL	\$	\$

Step 3: Monthly Expenses - Transportation

	Total Amount Due	Monthly Payment
Auto Payment (#1)	\$	\$
Auto Payment (#2)	\$	\$
Auto Insurance/DMV Registration	\$	\$
Gasoline/Oil/Maintenance	\$	\$
Public Transportation/Tools/Parking	\$	\$
TOTAL	\$	\$

Your Name _____ Phone _____ eMail _____

Step 4: Your Monthly Necessary Expenses

	Monthly Payment
Gas/Electric: Average	\$
Water	\$
Garbage/Trash	\$
Telephone/Cell Phones	\$
Food	\$
Medical: Doctor	\$
Medical: Dentist	\$
Medical: Optometrist	\$
Medical: Prescriptions	\$
Medical: Insurance Costs	\$
Child Care/Child Support	\$
TOTAL	\$

Step 5: Your Monthly Variable Expenses

	Monthly Payment
Beauty Shop/Barber	\$
Clothing/Jewelry	\$
Cosmetics/Manicure	\$
Laundry/Dry Cleaning	\$
Cable/Satellite TV/Internet	\$
Books/Magazines/CD/Tapes/Video	\$
Dining Out/Movies	\$
Sports/Hobbies/Vacation/Travel	\$
Tuition/Fees/Lessons	\$
Cigarettes/Alcohol	\$
Contributions to Church/Charity	\$
Gifts (Holidays, Birthdays)	\$
Other (coffee, lottery tickets, etc.)	\$
TOTAL	\$

Your Name _____ Phone _____ eMail _____

Step 6: Other (Unsecured Debt)

	Total Amount Due	Monthly Payment
Credit Card (#1)	\$	\$
Credit Card (#2)	\$	\$
Credit Card (#3)	\$	\$
Student Loans	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
TOTAL	\$	\$

Please let us know your current circumstances (Write below or attach a sheet):

Please bring the following with you to our first meeting:

- Income verification for the most recent available 30 days. For self-employed individuals, we need six months of income verification;
- Monthly mortgage statement (most recent available);
- Property Tax Bill (most recent available);
- Homeowners Insurance Bill (most recent available);
- Correspondence from your lender, including foreclosure notices, if you have them, or any other information that will help determine your needs.