## IN THE CIRCUIT COURT FOR THE SIXTH JUDICIAL CIRCUIT CHAMPAIGN COUNTY, ILLINOIS

	_ )
Plaintiff,	) ) )
vs.	) NoFC ) )
Defendant.	)
FORECLOSURE PRO	GRAM INITIAL QUESTIONNAIRE
of the date, time and location of that r information you provide will be used determination if the case is suitable for with anyone else unless you agree, a lender. Borrower:	t with you to the Initial Intake Conference. Notice meeting was included with your summons. The by the mediation administrator to make an initial or mediation. This information will not be shared and then only with a representative of your
Name:	
Phone:	Email:
Date of Birth:	dUnmarried (single, divorced, widowed) Number
Co-Borrower (if applicable):	
Name:	
Address:	Cell Phone:
Date of Birth:	
Marital status: Married Separated Uni	married (single, divorced, widowed)
Borrower's Attorney or Housing Co	ounselor (if applicable):
Attorney Housing Co	ounselor
Name:	
Address:	
Phone Number:	

## **Mortgage Loan Information:** Current Servicer: Loan Number: Original Purchase Price: Estimated Current Value of the Home: Condition of the Property: Excellent Good Fair Poor Term of Mortgage: \_\_\_\_\_\_\_ Fixed or Adjustable? \_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_Number of missed payments: \_\_\_\_\_ Does the monthly payment include property taxes and insurance? Yes No If not, what is the amount of your monthly taxes and insurance? Are you current on taxes and insurance? Are there any other mortgages or liens on this property (i.e. home equity loans, tax liens, child support liens, judgments from lawsuits)?\_\_\_Yes \_\_\_\_No If yes, please list the type of loan, the lender, the amount of the loan, and whether it is past due: \_\_\_\_ What caused you to miss payments (check all that apply): \_\_\_ Injury/Illness \_\_\_\_ Adjustable Interest Rate/Balloon Payment \_\_\_ Loss of Employment \_\_\_\_ My Expenses Exceed My Income \_\_\_ Other, please explain: If you missed payments due to injury or illness, are you now well? Yes No, please explain: If you missed payments due to unemployment, do you have a job now? Yes No **Household Assets:** Checking Accounts: Savings:\_\_\_ Stocks/Bonds: Other Cash on Hand: Other Real Estate: **Monthly Household Income:** Monthly Gross Wages: Social Security: \_\_\_\_\_ Child Support/Alimony: Pensions/Annuities/Retirement Plans: Tips/Commissions/Bonuses/Self-employed Income:

Food Stamps/Welfare:	
Other (investment income, royalties, interest, dividends,	etc):
Total Monthly Income:	
<b>Monthly Household Expenses:</b>	
Monthly Mortgage Payment (including taxes and insuran	
Credit Card/Installment Loans (total minimum payment p	
Alimony/Child Support:	
Car Payments:	
Car Insurance:	
Car Gas and Maintenance:	
Utilities:	
Utilities:  Communications (telephone and internet):	
Food:	
Medical Expenses:	
Student Loans:	
Miscellaneous:	
Cable:	
Health Insurance:	
Total Monthly Expenses:	
Are you in the process of filing bankruptcy or are you thi	
Is there any other information that would be helpful in de would be suitable for mediation? If so, please describe:	etermining whether your case
I affirm, under penalty of perjury, that the foregoing state and complete reporting of all my assets and liabilities. I conformation to the plaintiff's representative.	
Homeowner's Signature	Date
Co-Owner's Signature (if applicable)	Date