

Designing and Implementing a Foreclosure Program

HOME OWNER INFORMATION WORKSHEET

Homeowner (A) _____

Homeowner (B) _____

Homeowner (A) Street Address _____

City _____ State _____ Zip Code _____

Homeowner (B) Street Address _____

City _____ State _____ Zip Code _____

Property Address (if different) _____

City _____ State _____ Zip Code _____

Home Phone (A) _____ Home Phone (B) _____

Work Phone (A) _____ Work Phone (B) _____

Cell Phone (A) _____ Cell Phone (B) _____

Email Address (A) _____

Email Address (B) _____

Homeowner (A) Employer 1 _____

Title _____ How Long? _____

Homeowner (A) Employer 2 _____

Title _____ How Long? _____

Homeowner (B) Employer 1 _____

Title _____ How Long? _____

Homeowner (B) Employer 2 _____

Title _____ How Long? _____

Type of Property: Single-family _____ Condo _____
 Townhome _____ Mobile Home _____

Age of Home _____ Date Purchased _____

Are payments delinquent? (yes/no) _____

30 days _____ 60 days _____

90 days _____

_____ I (We) give permission for St. Johns County Homeownership Programs to provide my (our) contact and affordability information to non-profit agencies, lenders, or Realtors that may have programs or products which may assist, or benefit me in the retaining ownership of my home.

Signed: _____