PHFA
PENNSYLVANIA HOUSING FINANCE AGENCY

CLOSE OUT FORM

DATE FILE OPENED _____ DATE FILE CLOSED: _____

____NFMC ____PHFA ____HUD ____HEMAP ____OHCD ____EHLP ____OTHER CASE/ID NUMBER: _____

APPOINTMENT DATE_____APPOINTMENT DATE_____APPOINTMENT DATE _____

___ Level 1 ___ Level 2 ___*Level 4a ___*Level 4b

CLIENT (S) NAME: _____ SS # _____ DOB_____

CLIENT (S) NAME: _____ SS # _____ DOB_____

ADDRESS: _____

CITY: _____PA ZIP CODE: _____

PHONE NUMBERS_____

E-MAIL ADDRESS _____

**previously seen by another housing counselor? _____ If yes, reason for returning? _____

LENDER / SERVICER AND ACCOUNT # _____

LOAN TYPE CONV FHA VA OTHER

PRIMARY RESIDENCE Y N OWNER OCCUPIED Y N HOW LONG IN HOME _____

NOTICES RECEIVED _____ ACT 91 _____ COMPLAINT _____JUDGMENT _____ SALE NOTICE

CONFERENCE DATE_____ ATTORNEY INFO_____

REASON FOR DEFAULT _____

GOALS/INTENTIONS _____

REMAIN IN HOME

____ APPLIED HEMAP ___APPLIED EHLP _____ CAN RESUME _____ NEEDS TEMP HELP W/PMTS _____ NEEDS MODIFIED

___ WORKING WITH LENDER (MODIFICATION / FORBEARANCE / HELP W/ARREARAGES) _____ REFERRED LEGAL

NEEDS TO: _____ INCREASE INCOME _____ REDUCE EXPENSES _____ SAVE TOWARD ARREARAGES

NON-CURABLE

_____ APPLIED HEMAP (TO BUY TIME) ____ PENDING SALE / TO TALK TO REALTOR ____ REFERRED LEGAL ___ DEED IN LIEU

FINAL RESOLUTION_____

COUNSELOR'S NAME: _____DATE:_____

Rev. Feb. 2012