

Date: _____

Client ID: _____

Counselor: _____



Community Services of Arizona

Los Vecinos
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Phone: 623-435-2255 Fax: 623-435-6430
www.csainc.org

Community Services of Arizona values your trust and are committed to the responsible management, use and protection of personal information. We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling.. (A complete Privacy Policy and Practices will be provided).

About You.....

How is CSA serving you today? __ Counseling __ Education ___ Information __ Application ___ Other

Who Referred you to CSA? ___ AZ Housing Agency _____ HUD _____ AZ Hotline ___ Other

Marital Status: Single Married Divorced Separated Widowed

Your Gender: Male Female

Your Social Security Number# _____ Birthdate/Age: _____

Your Ethnicity: _____ African American _____ Asian/Pacific Islander _____ Hispanic
 _____ Native American _____ White Other _____

Education Level Completed: _____ K-8 _____ 9-12 _____ Diploma/GED

 _____ Some College _____ BS Degree _____ Grad. Degree

About Your Household....

Are You the Head of Household: _____ Yes _____ No

Number in Household: _____ Number of Dependents: _____ Ages: _____

Homeowner(s) _____

Property Address: _____

Work Phone: _____ Home Phone: _____

Other: _____ Email: _____

Purchase Date: _____ Purchase Price: _____

Current Property Value: _____

Homeowner(s) Signature

Homeowner(s) Signature



See Other Side



1st Mortgage Company/Service: _____

Loan Number: _____

Contact Name: _____ Telephone: _____

Monthly payment: (PITI) _____ HOA _____

Loan Type/Term: Fixed _____ ARM: _____

FHA _____ Reset date/ Pre-payment penalty: _____

Past due amount: _____ How many months: _____

Loan Balance: _____

2nd Mortgage Company/Service: _____

Loan Number: _____

Contact Name: _____ Telephone: _____

Monthly payment: (PITI) _____ Loan Balance _____

Loan Type/Term: Fixed _____ ARM: _____

Reset date /Pre-payment penalty: _____

Past due amount: _____ How many months: _____

Loan Balance: _____

Internal Use Only

Monthly Household Income: _____ AMI _____

Name of Originating Lender: _____ Amount Financed: _____

Original Loan Number: _____

Date of Last Refi: _____ Amount Financed: _____

Credit Score: _____ Credit Score Type: _____ Default Reason Code: _____

Loan Status at Contact: _____ Counseling Outcome Code: _____

if phone counseling is provided has caller been informed of Privacy Policy and Practices:

U S Mail _____ Email _____

