

H.E.L.P. Community Development Corporation

Counseling Intake Form



BORROWER REQUEST FOR HARDSHIP ASSISTANCE

To complete your request for hardship assistance, your lender must consider your circumstances to determine possible options while working with your counseling agency. Please provide the following information to the best of your knowledge:

Date

PRIMARY BORROWER INFORMATION

Borrower First Name

Borrower Last Name

Social Security # (no dashes)

Gender

Marital Status

Race

Are you Hispanic?

Yes

No

Property Address

City

State

Zip Code

County

Referral Source

Mailing Address (if different)

City

State

Zip Code

County

Primary Phone Number

Phone Type

E-Mail Address

Highest Level of Education

Secondary Phone Number

Phone Type

Number of People in Household

Is the home occupied by borrower?

Yes

No

Purchase Date

Purchase Price

Current Property Value

Is the property for sale?

Yes

No

Realtor Name

Realtor Phone Number

Listing Date

List Price

CO-BORROWER INFORMATION

Co-Borrower First Name

Co-Borrower Last Name

Social Security # (no dashes)

Mailing Address

City

State

Zip Code

County

Relationship to Borrower

Gender

Primary Phone Number

Phone Type

E-Mail Address

Race

Are you Hispanic?

Yes

No



MORTGAGE - LOAN INFORMATION

FIRST Mortgage Lender Loan Number Current on your mortgage?
Yes No

Loan Term (30-Year, 15-Year, 2/28, etc.) Unpaid Principal Balance Interest Rate

Mortgage Payment Amount Date of Last Payment Past Due Amount Type of Loan

If you answered Adjustable Rate Mortgage (ARM), what is the Reset Date? New Rate New Mortgage Payment Amount

Are BOTH your Taxes and Insurance included in your mortgage payment (Escrowed)?

Yes No

If you answered No, which do you pay out-of-pocket?

Taxes & Insurance Taxes Only Insurance Only

Annual Tax Payment Mortgage Insurance Company Name Mortgage Insurance Premium Amount

Is the loan in BANKRUPTCY?

If Yes, please provide names, location of court, case number, and attorney below:

SECOND MORTGAGE - LOAN INFORMATION (if applicable)

SECOND Mortgage Lender Loan Number Loan Origination Date

Loan Term (30-Year, 15-Year, 2/28, etc.) Unpaid Principal Balance Interest Rate

Mortgage Payment Amount Date of Last Payment Past Due Amount Type of Loan

If you answered Adjustable Rate Mortgage (ARM), what is the Reset Date? New Rate New Payment Amount

DEFAULT INFORMATION

Primary Reason For Default



EMPLOYMENT INFORMATION

EMPLOYMENT #1

Borrower's Employer

Co-Borrower's Employer

Position Title

Position Title

Date Started

Date Started

EMPLOYMENT #2

Borrower's Employer

Co-Borrower's Employer

Position Title

Position Title

Date Started

Date Started

EMPLOYMENT #3

Borrower's Employer

Co-Borrower's Employer

Position Title

Position Title

Date Started

Date Started

In an effort to evaluate all of the workout options available to you, a counselor will work with your lender(s) and servicing company to determine eligibility.

Counseling Agency:

**H.E.L.P. COMMUNITY DEVELOPMENT CORPORATION
63 E. KENNEDY BLVD., SUITE 100B
EATONVILLE, FL 32751
OFFICE: (407) 628-4832
FAX: (321) 710-0470**

Counselor: _____

E-Mail: _____



BUDGET WORKSHEET:

INCOME & EXPENSES FOR HOUSEHOLD

NUMBER OF PEOPLE IN THE HOUSEHOLD

MONTHLY HOUSEHOLD INCOME:	MONTHLY HOUSEHOLD EXPENSES/DEBT:	HOUSEHOLD ASSETS:
Monthly Gross Wages	First Mortgage Payment	Checking Account(s)
Overtime	Second Mortgage Payment	Checking Account(s)
Child Support/Alimony & Separation	Insurance	Savings/Money Market
Social Security/SSDI	Property Taxes	CDs
Other monthly income from pensions, annuities, or retirement plans	Credit Cards, Installments, Loan(s) {Enter the total of ALL Minimum Payments per month}	Stocks/Bonds
Tips, Commission, Bonus, & Self-Employed Income	Alimony/Child Support Payments	Other Cash On Hand
Rents Received	Net Rental Expenses	Other Real Estate (Estimated Value)
Unemployment Benefits	HOA/Condo Fees/Property Maintenance	Other
Food Stamps/Welfare	Car Payments	Other
Other (Investment income, royalties, interest, dividends, etc.)	Other	Do not include the value of retirement or life insurance plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)
Total (Gross Income)	Total Debt	Total Assets

- 1.) Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of the form (when printed) if necessary.
- 2.) You are not required to disclose Child Support, Alimony, or Separation Maintenance income unless you choose to have it considered by your lender or servicing company.

AUTHORIZATION

I/We, _____, authorize the above named agency to use/refer this information to my lender/servicing company for the sole purpose of evaluating my financial situation for possible mortgage options.

Borrower Signature

Date

Co-Borrower Signature

Date

Authorization and Consent for Release of Information

Expires: 1/1/2017



DATE

MORTGAGE COMPANY NAME

MORTGAGE COMPANY PHONE NO.

LOAN NUMBER

BORROWER NAME

CO-BORROWER NAME

PROPERTY ADDRESS

1. I hereby authorize H.E.L.P. CDC to obtain any or all information and to represent me/us for the purpose of discussing and/or negotiating all matters relating to my/our mortgage.
2. I authorize H.E.L.P. CDC to help me/us with all matters regarding the Housing Affordability and Stabilization plan.
3. I authorize H.E.L.P. CDC to provide all figures and financial information on my/our behalf, to make any changes to our account on my/our behalf and to any document pertaining to my/our loan.
4. I authorize H.E.L.P. CDC to request any document pertaining to my/our loan.
5. I hereby authorize H.E.L.P. CDC to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to provide a mortgage estimate and/or process my mortgage modification application.
6. I understand that H.E.L.P. CDC provides foreclosure mitigation counseling after which I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
7. I understand that H.E.L.P. CDC receives Congressional funds through HomeFree-USA for the National Foreclosure Mitigation Counseling (NFMC) program and Florida Foreclosure Counseling Program (FCP), and, as such, is required to (a) submit client-level information to the DCS for this grant, (b) allow HomeFree-USA, NFMC, and FCP to open files to be reviewed for program monitoring and compliance purposes, and (c) allow HomeFree-USA, NFMC, and FCP to conduct follow-up with the client related to program evaluation.
8. I give permission for HomeFree-USA, NFMC, and FCP program administrators and/or their agent to follow-up with me within 3 years for the purposes of program evaluation.

H.E.L.P. CDC Representative

Title

Date

Borrower Signature

Social Security Number

Date

Co-Borrower Signature

Social Security Number

Date

A HUD-Approved Affiliate of



"Helping Everyone Live Prosperously"



CREDIT REPORT AUTHORIZATION FORM

Authorization is hereby granted to H.E.L.P. Community Development Corporation, (hereinafter "H.E.L.P. CDC") to obtain a consumer credit report through a credit reporting agency chosen by H.E.L.P. CDC.

My signature below authorizes the release to the credit reporting agency of financial information which I have supplied to H.E.L.P. CDC in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a Photostat reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

CLIENT #1

(Please Type or Print)

CLIENT #2

(Please Type or Print)

Client's Name

Client's Name

Client's Signature

Client's Signature

Street Address

Street Address

City/State/Zip Code

City/State/Zip Code

Social Security Number (no dashes)

Social Security Number (no dashes)

Date of Birth (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)

Today's Date (MM/DD/YYYY)

Today's Date (MM/DD/YYYY)

Primary Telephone Number

Primary Telephone Number

E-Mail Address

E-Mail Address



PRIVACY STATEMENT

H.E.L.P. CDC is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances will be provided to creditors, program monitors and others only with your authorization and signature on the Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information we gather about you:

- Information we receive from you orally, on application or other forms, such as your name, address, social security number, assets and income.
- Information about your transactions with us, your creditors, or others such as your account balance, payment history, parties to transactions and credit card usage.
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- If you choose to opt-out, we will not be able to answer questions from your creditors. If at any time you wish to change your decision with regard to your opt-out status, you may contact us to do so.

Release of your information to third parties:

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g. if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you: We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

By signing below you acknowledge that you have read and received a copy of our privacy disclosure.

Borrower Signature

Date

Co-Borrower Signature

Date



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HomeFree USA



LEGAL DISCLOSURE NOTICE

Date: _____

Dear Borrower,

Please accept this as formal notice that **H.E.L.P. CDC does not provide any legal services**. Our HUD-approved Foreclosure Counseling Program is designed to assist you in communicating with your Lender or Servicer.

If your loan is under the threat of Foreclosure, H.E.L.P. CDC is unable to assist you in responding to any Legal Notices posted or received from the court system or your Lender. H.E.L.P. CDC does not have the adequate resources to respond to legal matters; furthermore, responding to legal issues is out of the scope of services our office can provide.

Our office recommends that you work with a Licensed Attorney experienced in foreclosure defense to protect your rights and assist you in responding to any legal notices that you may receive. While many Lenders will abate the foreclosure process when the Borrower is receiving foreclosure counseling from a HUD-approved counseling agency and/or preparing an application for modification, this is done as a courtesy and not a matter of law. Entering into Foreclosure Counseling or submitting a request to your lender for a **loan modification will NOT prevent your Lender from advancing foreclosure proceedings**.

You are at risk of losing your home if you do not take appropriate action.

If your Lender has given you notice that they intend to commence or proceed with the foreclosure process we will work in collaboration with your attorney to submit a comprehensive loan modification request to your Lender. Please have your attorney of choice contact our office as soon as possible.

_____ (Please Initial) **I have chosen not to consult with or retain the services of an attorney** at this time and understand that H.E.L.P. CDC will not be providing me with any legal services or protections. I understand that their efforts to negotiate with my Lender and/or submit a loan modification may not stop or prevent my Lender from moving forward with the process.

Borrower Signature

Date

Co-Borrower Signature

Date



A HUD-Approved Affiliate of HomeFree USA



COUNSELING AGREEMENT AND DISCLOSURE

I/We, _____, understand that H.E.L.P. CDC provides Homeownership Counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other Housing Agencies and programs as deemed appropriate. Those services may include, but are not limited to mortgage default, home buyer, financial literacy, and/or reverse mortgage counseling.

I understand that H.E.L.P. CDC may have a financial relationship with certain industry partners, and as such may share my progress with those partners. Should I not want certain information disclosed, I must advise my Counselor in writing to that fact.

I give permission for H.E.L.P. CDC program administrators and/or their agent to follow-up with me for the purposes of program evaluation and will provide them with honest and truthful information.

I understand that I may be referred to other housing agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

I understand that it is vitally important that I honor my commitment to appointment dates and times, and further understand that if I am more than 15 minutes late I may not be able to be seen by a Counselor. Should I need to cancel or reschedule I will do so at least 24 hours ahead of time and may be asked to supply all requested documents prior to my new appointment date or time. Continual cancelations are prohibited.

A Housing Counselor may answer questions and provide information, but not give legal advice, if I want legal advice, I will be referred for appropriate assistance. I further understand that violations of this agreement are grounds for file closure.

Borrower Signature

Date

Borrower Printed Name

Co-Borrower Signature

Date

Co-Borrower Printed Name



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H.E.L.P. Community Development Corporation

DISCLOSURE

H.E.L.P. Community Development Corporation (H.E.L.P. CDC) provides the following services:

- **PRE-PURCHASE HOMEBUYER COUNSELING** is a membership program that provides homeownership counseling to potential homebuyers to address issues that may prevent, or delay mortgage financing, while offering specific steps to help the client achieve their goal of homeownership.
- **FAIR HOUSING PRE-PURCHASE EDUCATION WORKSHOPS** which is designed to empower participants through education of Fair Housing Laws and protected classes covered within them.
- **PRE-PURCHASE HOMEBUYER EDUCATION WORKSHOPS** which is designed to determine if homeownership meets the participants lifestyle, help determine mortgage affordability, how to read credit reports and ideas on how to overcome obstacles to achieve homeownership goals.
- **MORTGAGE DELINQUENCY & DEFAULT RESOLUTION COUNSELING** which is designed to help participants resolve mortgage delinquency and/or prevent foreclosure. Counselors will help provide hope to homeowners who are struggling with mortgage payments by presenting options and actions needed to be taken by the homeowner to assist the resolution process.
- **RESOLVING/PREVENTING MORTGAGE DELINQUENCY** which is designed to assist homeowners in a group setting by providing education for those in imminent default, or delinquent. This education seeks to provide general information on foreclosure, what to expect when missing mortgage payments and programs to help avoid foreclosure.
- **FINANCIAL MANAGEMENT/BUDGET COUNSELING** to assist individuals and/or groups with data and tools to increase self-sufficiency. This counseling is a goal-oriented coaching approach that develops a realistic budget, examines spending habits, reduces existing debt and guides the creation of savings strategies to increase sustainability and the longevity of financial health for participants.
- **SERVICES FOR HOMELESS COUNSELING** works in partnership with local homeless organizations to provide comprehensive financial coaching and group education to aid the rebuilding process for individuals who are experiencing homelessness. The goal of this program is renewed financial stability for participants, as well as behavior change.

~continued on next page~

- **REVERSE MORTGAGE COUNSELING** is designed to provide elderly clients with the education required to obtain a Home Equity Conversion Mortgage. This education provides clients with the knowledge needed to make an informed assessment in determining if a HECM is right for them as well as answer any questions they may have as it relates to this loan type. Non-refundable fee of \$125.00.

H.E.L.P. CDC Homebuyers Club charges a non-refundable membership fee of \$60.00 per individual and \$75.00 per couple for the first year and \$40.00 renewal fee for subsequent years.

The H.E.L.P. CDC offers referrals to licensed agents and lending institutions with which we have formed a partnership. These professionals have been thoroughly screened by H.E.L.P. CDC.

YOU ARE UNDER NO OBLIGATION TO RECEIVE, PURCHASE, OR UTILIZE ANY OTHER SERVICES OFFERED BY H.E.L.P. CDC, OR IT'S PARTNERS, IN ORDER TO RECEIVE HOUSING COUNSELING SERVICES.

As a member of H.E.L.P. CDC Homebuyers Club, you are free to choose other agents lending institutions to provide these services to you.

Acknowledgement

I have read this disclosure and understand that H.E.L.P. Community Development Corporation Homebuyers Program may in the future refer me to licensed professionals with which the program has developed a partnership.

I understand that I am under no obligation to accept the referral(s).

I also understand that H.E.L.P. Community Development Corporation Homebuyers Club charges a non-refundable membership fee as stated above.

MEMBER SIGNATURE

DATE

MEMBER SIGNATURE

DATE

COUNSELOR SIGNATURE

DATE