



FORECLOSURE PREVENTION

CLASS MATERIALS

... because **HOME** is where it all starts.

Follow us on:



Office use only
HCO _____ Cmax _____

Previous client? Yes No

Date of workshop _____

Foreclosure Prevention

APPLICANT

Please Print Clearly

Name: _____
First MI Last

Street Apt. City State Zip Code

Home: (____) _____ - _____ Work: (____) _____ - _____ Mobile/Cell (____) _____ - _____

Email: _____ Preferred Contact Type: _____ Home phone _____ Cell Phone _____ Work _____ E-mail

Does household live in a rural area? Yes No or Not Sure (Please circle)

D.O.B. ____/____/____ S.S. # ____ - ____ - ____ Gender: _____ Female _____ Male

Disabled? Yes No US Veteran? Yes No

Preferred Language: (If other than English): _____

Race: _____ White _____ Black or African American _____ Black/African American and White
_____ Native Hawaiian/Other Pacific Islander _____ American Indian/Alaskan Native _____ Asian
Other: _____

Multi-Race: _____ American Indian or Alaska Native and White _____ Asian/White _____ Black or African American and White
_____ American Indian or Alaska Native and Black or African American _____
Other multi-race: _____

Ethnicity: _____ Hispanic _____ Not Hispanic

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Citizenship: _____ US Citizen _____ Non-Resident Alien _____ Permanent Resident Alien

Current Housing Arrangement: _____ Rent _____ Homeowner with mortgage paid off _____ Homeless
_____ Homeowner with mortgage _____ Living with family member and not paying rent

Household Type: (please select the most accurate)
_____ Married with Dependents _____ Married without Dependents _____ Male headed single parent household
_____ Female headed single parent household _____ Single adult _____ Two or more unrelated adults _____
Other: _____

Household Information:
Numbers of adults under 60 _____ Children under 18 _____ Adults over 60 _____ = Total in Household _____

Employment Information:
Employed? Yes No Unemployed? Yes No (If yes) How much weekly? \$ _____
Employer: _____ Business Type: _____
Gross Income: \$ _____ Job Title: _____ Start Date: _____

Highest Education Level: _____ Below High School Diploma _____ High School Diploma _____ GED
_____ Some College (no degree) _____ Vo/Tech Certificate _____ Associates Degree (2-year)
_____ Bachelor's Degree (4-year) _____ Master's Degree Other: _____

Referred to by: Print Advertisement / Government / TV / Realtor / Property Owners Meeting / Radio / Friend / Staff/Board member
Walk-In / Newspaper Article / Direct Mailing/ Bank: _____ Other: _____

CO-APPLICANT (complete ONLY if property has/will have a co-owner)

Name: _____
First MI Last

Street Apt. City State Zip Code

Home: (____) _____-_____ Work: (____) _____-_____ Mobile/Cell: (____) _____-_____

Email: _____ Preferred Contact Type: ___ Home phone ___ Cell Phone ___ Work ___ E-mail

D.O.B. ____/____/____ S.S. # ____-____-____ Gender: ___ Female ___ Male

Does household live in a rural area? Yes No or Not Sure (Please circle)

Disabled? Yes No US Veteran? Yes No

Preferred Language: (If other than English): _____

Race: ___ White ___ Black or African American ___ Black/African American and White
___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native ___ Asian

Other: _____

Multi-Race: ___ American Indian or Alaska Native and White ___ Asian/White ___ Black or African American and White
___ American Indian or Alaska Native and Black or African American ___

Other multi-race: _____

Ethnicity: ___ Hispanic ___ Not Hispanic

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed

Citizenship: ___ US Citizen ___ Non-Resident Alien ___ Permanent Resident Alien

Current Housing Arrangement: ___ Rent ___ Homeowner with mortgage paid off ___ Homeless
___ Homeowner with mortgage ___ Living with family member and not paying rent

Household Type: (please select the most accurate)

___ Married with Dependents ___ Married without Dependents ___ Male headed single parent household
___ Female headed single parent household ___ Single adult ___ Two or more unrelated adults ___

Other: _____

Household Information:

Numbers of adults under 60 ___ Children under 18 ___ Adults over 60 ___ = Total in Household ___

Employment Information:

Employed? Yes No Unemployed? Yes No (If yes) How much weekly? \$ _____

Employer: _____ Business Type: _____

Gross Income: \$ _____ Job Title: _____ Start Date: _____

Highest Education Level: ___ Below High School Diploma ___ High School Diploma ___ GED
___ Some College (no degree) ___ Vo/Tech Certificate ___ Associates Degree (2-year)
___ Bachelor's Degree (4-year) ___ Master's Degree Other: _____

INFORMATION NEEDED FOR COUNSELING

Is this your: Primary Residence Seasonal Home *Date the home was purchased?* _____

Original purchase price: \$ _____ *Current balance of mortgage?* \$ _____

How delinquent is the mortgage by: _____ 0-3 months _____ 4-7 months _____ 8 months plus

Amount of delinquency: \$ _____

Type of mortgage: Purchase Refinance Home Equity Other _____

Type of property: Single Family Multi-Unit Condo Other _____

Property condition: _____ Excellent _____ Good _____ Fair _____ Poor Major Repairs Needed: _____

Have you spoken to your lender? Yes No *Have you had a:* Modification Forbearance

Are you currently working with a lawyer? Yes No *Name of Lawyer:* _____

Have you filed for bankruptcy? Yes No (If yes) _____ Chapter 7 _____ Chapter 13

Filing Date: _____ *Case #:* _____ *Has your bankruptcy been discharged?* Yes No

Date hardship began? _____ *Do you want to:* _____ Keep your home _____ Sell property

How many properties do you own? _____

Do you pay for Condo or HOA fee? Yes No *If so, how much?* \$ _____ *Are they current?* Yes No

Have you received a foreclosure notice from an attorney? Yes No *Have you received a summons and compliant?* Yes No

MORTGAGE INFORMATION

Name of Primary Lender: _____

Address: _____

Phone: _____ *Fax:* _____

Contact person: _____ *Loan#:* _____

What kind of mortgage do you have? _____ CHFA Loan _____ Fixed Rate for _____ years at _____ %

_____ Adjustable Rate for _____ years now at _____ % & rate will adjust on _____

_____ Interest Only Rate for _____ years now _____

MORTGAGE PAYMENT

Principal: \$ _____

Interest: \$ _____

Escrow (Taxes and Insurance is paid by the lender): \$ _____

Taxes if lender doesn't pay them: \$ _____

Insurance if lender doesn't pay them: \$ _____

Total Monthly Payment: \$ _____

2nd MOTGAGE or HOME EQUITY LINE

Name of Second Lender: _____

Address: _____

Phone: _____ Fax: _____

Contact person: _____ Loan#: _____

Original loan amount: \$ _____ Current balance of mortgage? \$ _____

How delinquent is the mortgage by: _ 0-3 months ___ 4-7 months ___ 8 months plus

Amount of delinquency: \$ _____ Monthly payment: \$ _____

What kind of mortgage do you have? ___ CHFA Loan ___ Fixed Rate for ___ years at ___ %
 ___ Adjustable Rate for ___ years now at ___ % & rate will adjust on _____
 ___ Interest Only Rate for ___ years now _____

LIST OF DOCUMENTS NEEDED**PLEASE PROVIDE COPIES ONLY:**

- Last 2 years of tax return all pages with W2's
- Last 2 months of bank statements all pages
- Last 30 days of paystubs
- Proof of income from SS/Retirement/SSD award letter and stub
- If self-employed Profit & Loss for last 3 months (ex. 01/01/2015-03/31/2015)
- Mortgage statement
- Utility bill
- Credit report OR copies of all monthly debt (visit www.annualcreditreport.com)
- Hardship letter – See attached sample
- Contribution letter from anyone who lives in the home that is not on the mortgage signed and dated
- Last letter from lender OR lenders attorney
- Summons

PLEASE FILL OUT, SIGN AND DATE FOLLOWING DOCUMENTS:*(Some documents will be given to you at your appointment)*

- Intake
- Financial hardship affidavit
- Income and budget
- Privacy policy
- Counselor agreement
- Counselor and client contract
- Action plan
- Third party authorization
- 4506-T
- RMA OR 710

Sample Hardship Letter
Provided by NHS of Waterbury
(for illustration only; you must compose your own letter;
this is only to show you what one might look like)

June 1, 2006

ABC Mortgage Co.
Loan# 98374092

RE: John and Joan Borrower
217 Lake Street
Otis, ME 12345

To Whom It May Concern:

This letter is to support our application for a loan modification plan that will help us to keep our home. We have lived in our home for over 20 years and we want to work hard and keep it.

[Explain any special hardship circumstances. Tell your story briefly but including important dates and points, about the hardships you face.]

Our youngest child is learning disabled and attends a special program at school. If we lose the home we will probably have to move out of this school district. (There are few rental properties.) Our doctor has said that moving is likely to disrupt our boy's development.

[Explain what caused you to fall behind.]

We fell behind on our mortgage payments due to loss of income because of a lay-off. We had a very hard time dealing with our debts because we never had financial problems before. There are so many expenses and managing a home and family of 5 is hard. John has been employed in the construction business for more than 20 years as a plasterer and mason. He was laid off by his prior employer last September and his unemployment compensation was only 60% of his prior income. Joan was able to increase her hours as a school aid as of December 1 to make up part of the difference, but we were unable to make full mortgage payments for December through April. Our partial payments were returned by you.

We thank you in advance.

Sincerely,

Signature

John Borrower

Financial Hardship Affidavit

Borrower Name(s): _____
 Property Street Address: _____
 Property City, ST, Zip: _____
 Lender: _____
 Loan Number: _____

In order to qualify for _____'s offer of a conditional Loan Workout and Modification Agreement, I am submitting this form to the Lender and indicating by my checkmarks ("✓") the one or more events that contributed to my inability to remain current on my mortgage loan.

Borrower Co-Borrower

- My income has been reduced or lost. For example: unemployment, reduced job hours, reduced pay, a decline in business earnings. **Explain below.**
- My household financial circumstances have changed. For example: permanent or short-term disability, death in the family, divorce or separation, increased family responsibilities (birth or adoption of a child, taking care of elderly relatives or other family members). **Explain below.**
- My expenses have increased. For example: my monthly mortgage payment will rise or has risen, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills. **Explain below.**
- My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund. **Explain below.**
- My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. **Explain below.**
- Other. **Explain below.**

Explanation: _____

SIGNATURE _____ **DATE** _____

Borrower/Co-Borrower Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.

Borrower Signature	Date	Co-Borrower Signature	Date
E-mail Address: _____		E-mail Address: _____	
Phone # _____		Phone # _____	
Social Security # _____		Social Security # _____	

Please answer the following questions:

1. Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means, such as a flyer? no yes, if so please explain below

2. Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payments? no yes, if so please explain below

Neighborhood Housing Services of Waterbury

Income and Expenses

Please prepare these numbers as closely as possible and have this sheet with you at the time of your counseling session. We will need to ask for these numbers as part of the counseling. IF YOU DO NOT HAVE THIS FORM COMPLETED, WE WILL NEED TO RESCHEDULE YOUR COUNSELING SESSION.

Income and Expense Calculations

Yourself		Your Spouse/Partner	
GROSS PAY before taxes		GROSS PAY before taxes	
NET PAY after taxes	\$	NET PAY after taxes	\$
Regular Overtime	\$	Regular Overtime	\$
Second Job	\$	Second Job	\$
Child Support	\$	Child Support	\$
Alimony Received	\$	Alimony Received	\$
Pension Received	\$	Pension Received	\$
Social Security	\$	Social Security	\$
VA Benefits	\$	VA Benefits	\$
Unemployment	\$	Unemployment	\$
Public Assistance	\$	Public Assistance	\$
Rental Income	\$	Rental Income	\$
Bonuses/Tips	\$	Bonuses/Tips	\$
Other Income	\$	Other Income	\$
EXPENSES			
(ENTER FOR BOTH YOURSELF AND YOUR SPOUSE/PARTNER AS ONE NUMBER)			
Mortgage or Rent	\$	Utilities (gas, elec, oil)	\$
Groceries	\$	Clothing, dry cleaning	\$
Daycare tuition	\$	School (lunch, trips)	\$
Car Loan (___m left)	\$	Car Repair/Service	\$
Vehicle Fuel	\$	Installment Loans	\$
Credit Card Payments	\$	Cable, Internet, etc.	\$
Alimony/ Support	\$	Entertainment	\$
Taxes (car, house)	\$	Telephone (home/cell)	\$
Insurance (medical/life)	\$	Cig/liquor, lotto, etc.	\$
Health (med, copay)	\$	Homeowners Ins.	\$
Tithes, charity, etc.	\$	OTHER:	\$
Water/Sewer	\$	Other:	\$

Signature: _____ Date: _____

Signature: _____ Date: _____

Neighborhood Housing Services of Waterbury Privacy Policy

We at Neighborhood Housing Services of Waterbury are 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 Foreclosure Mitigation 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 that we gather about you

- Information we receive from you orally, on applications 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; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. 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.
2. 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”, you may call us at **(203) 753-1896** and do so.

Release of your information to third parties

1. 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.
2. We will not disclose nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. 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.

Signature: _____ *Date:* _____

Signature: _____ *Date:* _____

Neighborhood Housing Services of Waterbury Disclosure Form

- I understand that Neighborhood Housing Services of Waterbury (NHSW) provides pre purchase counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing and non-profit agencies as appropriate.
- I understand that NHSW is required to fully disclose potential and actual conflicts of interest so that I am in a position to make fully informed decisions.
- NHSW certifies that the staff who will provide pre purchase counseling under the Homeownership Education Program have no conflicts of interest due to relationships with servicers, real estate agencies, mortgage lenders and/or other entities who may stand to benefit from particular counseling outcomes.
- The types of services provided by NHSW are: foreclosure prevention counseling, mortgage delinquency / loss mitigation counseling, pre-purchase counseling, mortgage finance assistance, budget counseling, credit report evaluation, debt management, financial literacy, post purchase counseling.
- NHSW will ensure and monitor that the agency, its staff, or any member of their immediate family must not take any action that may result in, or create the appearance of: administering the housing counseling program for personal or private gain; providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency’s ability to ensure compliance with HUD program requirements, or to serve the best interests of its clients.
- Individuals, directors, employees, or family members of the NHSW may not accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, real estate sales agents, or brokers.
- I understand that in the instance where Neighborhood Housing Services of Waterbury (NHSW) is the owner of a property and rehabilitates it for sale, NHSW certifies that any client being served by the Housing Counseling Department or any NHSW staff are under no obligation to purchase the property from NHSW. In addition if NHSW owns rental properties as well and as such NHSW certifies that any client seeking Housing Counseling services related to the rental of housing being served by NHSW shall be under no obligation to rent any of the properties owned by NHSW.

I may be referred to other housing services of the organization or another agency or 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 have read and received a copy of the Disclosure Form.

Signature: _____ *Date:* _____

Signature: _____ *Date:* _____

Counselor: _____ *Date:* _____

Neighborhood Housing Services of Waterbury Disclosure Form

- A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, you will be referred for appropriate assistance.
- By signing this application, I certify that the information given to NHSW - household income, net family assets and all allowances and deductions are accurate and complete to the best of my knowledge or belief. The information solicited on the application by NHSW in order to ensure that Federal Laws prohibiting discrimination against clients and applications on the basis of race, color, national origin, religion, sex, family status, age, and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used to discriminate against you in any way.
- I understand that NHSW provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from NHSW in no way obligates me to choose any of these particular loan products or housing programs.
- I understand that all documents copied during the screening process by the Housing Counselor to identify the housing need or problem shall become the property of the NHSW. Such documents shall include but not be limited to the following: pay stubs, bank statements, tax returns and W2's, correspondence, social security cards, driver's license, property tax statements, warranty deed, financial documentation, social security documentation, etc.
- I understand that phone calls will be return within two business days except in the case of extreme emergencies or counseling staff is out of the office for an extended period of time.

I have read and received a copy of the Disclosure Form

Signature: _____ Date: _____

Signature: _____ Date: _____

Counselor: _____ Date: _____



Directions to Neighborhood Housing Services of Waterbury

161 North Main Street, Waterbury, CT 06702

We are in the same building as the Greater Waterbury Board of Realtors

Main entrance to NHSW is at top of steps on rounded porch.

I-84 West – Take 84 West toward Waterbury. Take Exit 22 - Union Street toward Downtown Waterbury. Make a left on Union St at the end of ramp. Turn right at 3rd light onto South Main Street (Citgo Gas Station). Go through three (3) traffic lights (road name changes to Exchange Place and then North Main Street). Neighborhood Housing Services of Waterbury is located on your left in the brick building with the rounded front porch.

I-84 East – Take 84 East toward Waterbury. Take Exit 22 – toward Baldwin Street/ Downtown Waterbury. At second traffic light, turn left onto South Main Street. Go through four (4) traffic lights (road name changes to Exchange Place and then North Main Street). Neighborhood Housing Services of Waterbury is located on your left in the brick building with the rounded front porch.

Route 8 South – Take Route 8 South toward Waterbury. Take Exit 31- Merge onto I-84 East on the left toward Hartford. Take Exit 22 – toward Baldwin Street/ Downtown Waterbury. At second traffic light, turn left onto South Main Street. Go through four (4) traffic lights (road name changes to Exchange Place and then North Main Street). Neighborhood Housing Services of Waterbury is located on your left in the brick building with the rounded front porch.

Route 8 North – Take on Route 8 North toward Waterbury. Take Exit 31 – I-84 East toward Hartford. Take Exit 22 – Market Square toward Baldwin Street/ Downtown Waterbury. At second light, turn left onto South Main Street. Go through four (4) traffic lights (road name changes to Exchange Place and then North Main Street). Neighborhood Housing Services of Waterbury is located on your left in the brick building with the rounded front porch. We are in the same building as the Greater Waterbury Board of Realtors. Main entrance to NHS is at top of steps on rounded porch.

Parking

Parking is located on the side and rear of the building.

Entrances:

Financial Fitness and Foreclosure Clinic are held in our office. Please use main entrance to NHSW at the top of steps on rounded porch.

8 Hour and 3 Hour Homebuyer Class are held in our classroom located in the basement level of the building. Enter through the back entrance located at the rear of the building, and proceed downstairs through the door on your left.