



Dear Homeowner(s):

Congratulations for taking that tough first step and contacting the Housing Partnership about your mortgage. There is no charge for this program and we advise you consider working with a housing counselor before paying for help to avoid foreclosure. If there are questions or information you do not understand, please call: **973-659-1414**. You will find there is an emphasis on being truthful. We can't help with a resolution unless we have a complete and accurate picture of your situation.

Until all the necessary documents are received we cannot explore your options or initiate any discussions with your financial institution. Please ensure that all copies are legible.

Due to the high number of homeowners in New Jersey that require assistance with their mortgage delinquency we cannot accept walk-in appointments.

When your package is **complete** please send the **entire** package by:

- A. **Mail (copies please - original documents will not be returned)** – Housing Partnership 2 East Blackwell St. Suite 12, Dover, NJ 07801
- B. **Drop off at office (copies only please)** – 2 East Blackwell St. Suite 12, Dover, NJ 07801
- C. **Fax to 973 659 9220**

Please call or email to confirm our office has received your package. At your appointment you will discuss your options to avoid foreclosure with a Homeownership Specialist.

Sincerely,

HomeOwnership Center Staff

The Housing Partnership and its employees are **NOT** attorneys. The information provided in this document is to be used as a resource and is based solely on the experiences of the agency's counselors and training. This form is to be completed only for the purpose of providing Foreclosure Intervention & Default Counseling.

Housing Partnership is a HUD
Approved Nonprofit Organization





Intake Submission and Action Plan

INTAKE SUBMISSION VERIFICATION

Please verify that you have submitted the following items by checking the box:

- Completed the Client Intake Form and demographics form
- Completed the Family Budget Form
- Completed a signed and dated Hardship Explanation Letter
- Signed and Dated Authorization Forms
- Signed the Privacy Policy Form
- Signed the Counselor/Client Agreement
- Signed credit authorization form

Please verify that you have provided one **legible copy** of all the documents below:

- Most recent mortgage billing statements for **all mortgages**
- Driver's license for all homeowners or other government issued identification
- 30 days most recent consecutive paystubs - if receiving Pension, Social Security, Unemployment, or Food Stamps an award letter is needed
- Proof of any additional income such as rental (must be accompanied by a lease agreement, cancelled checks, and deposits on bank statements)
- Last 2 year's W2s and complete tax returns **signed** on page 2
- 60 days most recent complete bank statements with all pages included
- Most recent utility bill

I/We verify that I/we have completed the items listed above, provided all necessary documents as requested and will meet with a foreclosure intervention specialist.

Client's Signature

Date

Client's Signature

Date



CLIENT/COUNSELOR AGREEMENT

The Housing Partnership and its counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

I/We, _____ (client name) agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
- I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Client Signature

Date

Client Signature

Date

Client Signature

Date

Counselor Signature

Date



BORROWERS AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____

ATTENTION: Loss Mitigation Department

RE: Loan No.: _____

Borrowers: _____

Property Address: _____

Dear Sir/Madam:

We are working with the Housing Partnership on a plan to resolve our mortgage delinquency. We hereby authorize you to release any and all information concerning our account to any counselors at the Housing Partnership at their request.

We further authorize you to discuss our case with the Housing Partnership, a HUD certified counseling agency. They are working to help us address our financial problems and to propose a loss mitigation plan which is within your guidelines.

This signed third party authorization for release of information shall remain valid for one year from the dated signature.

Thank you for taking the time to handle this request.

Very truly yours,

Client's Signature Last Four of Social Security Date

Client's Signature Last Four of Social Security Date

Counselor/ Signature Date

Counselor Contact Information

Phone: _____ Email: _____

Office Tax ID Last four Numbers 4848



AUTHORIZATION

THIRD PARTY AUTHORIZATION FORM

1. I understand that the Housing Partnership 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.
2. I understand that the Housing Partnership receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
4. I acknowledge that I have received a copy of the Housing Partnership's Privacy Policy.

THE FOLLOWING ARE OPTIONAL STATEMENTS THAT CAN BE INCLUDED IF APPLICABLE:

1. 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.
2. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
3. I understand that the Housing Partnership provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from the Housing Partnership in no way obligates me to choose any of these particular loan products or housing programs.

Client Name(s): _____

Property Address: _____ Loan Number: _____

Client's signature _____ Date _____

Client's signature _____ Date _____

Counselor signature _____ Date _____



PRIVACY POLICY

The Housing Partnership 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 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 (973) 659-1414 and 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.

Client’s signature _____ Date_____

Client’s signature _____ Date_____



Loan Prospector® Outreach
CREDIT AUTHORIZATION FORM
Mortgage Loan Assessment Client Consent and Agreement

I, and each of the persons signing below, agree that my request for a mortgage loan assessment (“Request for Assessment”), including all personal information furnished to my housing counselor and one or more credit reports obtained in connection with my request (“Request Information”), may be received and reviewed by an automated underwriting service and the Housing Partnership. I also consent that my mortgage counselor may request and obtain one or more credit reports, as necessary, in connection with my Request for Assessment and that each Lender that I designate may receive and review the results of my Request for Assessment.

Applicant – print name

Social Security Number

Signature

Date of Birth

Today’s Date

Address

Email Address

Best Contact Phone number

Co-Applicant – print name

Social Security Number

Signature

Date of Birth

Today’s Date

Address

Email Address

Best Contact Phone number



INTAKE APPLICATION

All of the information that I/We provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file.

Client (A) Signature *Date*

Client (B) Signature *Date*

HOMEOWNER INFORMATION

Information	Client A	Client B
Name		
Birth Date		
Social Security Number		
Property Address		
Mailing Address		
Phone Number		
Email Address		

What caused you to contact us		Have you had previous workouts? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates and types of workouts:
What caused your situation?		
What steps have you already taken?		



NeighborWorks[®]
HomeOwnership Center

HUD DEMOGRAPHICS FORM

As a HUD certified counseling agency we are required to capture the following information:

Client Name _____ DOB: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Single Foreign Born? <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Does not wish to respond Education: <input type="checkbox"/> No High School <input type="checkbox"/> High School <input type="checkbox"/> GED Diploma <input type="checkbox"/> Vocational Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree	Client Name _____ DOB: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Single Foreign Born? <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Does not wish to respond Education: <input type="checkbox"/> No High School <input type="checkbox"/> High School <input type="checkbox"/> GED Diploma <input type="checkbox"/> Vocational Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree
Current Monthly Income \$ _____ _____ Number of People in Household	Current Monthly Income \$ _____

When did your mortgage start? _____ What is your interest rate? _____%

How many months are you behind? _____

What type of mortgage do you have? Conventional VA FHA ARM Balloon
 Interest Only Option Payment Negative Amortization

If ARM, when will rate reset? _____

Has your mortgage ever been modified? Yes No

Was it modified under HAMP? Yes No

EMAIL ADDRESS: _____

Client(s) Signature(s): _____ Date: _____

INCOME AND EXPENSE WORKSHEET

Income Source	Client A Monthly Amount	Full Time?	Client B Monthly Amount	Full Time?	Employment Start Date (required)
Employment 1					
Employment 2					
Employment 3					
Social Security Benefits					
Retirement					
Unemployment					
Child/Spousal Support					
Rental Income					
Other Income Sources					
Totals					

Total

Expenses	Monthly Amount	Amount Delinquent	Willing to reduce? Y/N
Mortgage Payment Totals			
Second Mortgage			
Taxes (if not included in mortgage payment)			
Homeowner's Insurance (if not included in mortgage payment)			
Homeowner's Association (HOA)			
Car Payment Totals			
Credit Card Payment Totals			
Student Loan Totals			
Health/Life Insurance (if not deducted)			
Utilities Totals (heating, electric, etc.)			
Child Care/Child Support			
Food			
Transportation (gas, auto insurance)			
Medical (out of pocket)			
Home Maintenance			
Cable, Internet, Cell/Landline Phone			
Education			
Personal (hair, clothes, entertainment)			
Donation Costs (including tithes)			
Other Costs			
Total Costs			

Client(s) name/signature: _____

Date _____



SAMPLE HARDSHIP LETTER

Date: Some month, one day, this year

Re:

Hardship Explanation

Borrowers: Annette and Ronald Moore
Loan Number: 684592729333
Property Address: 145 Glee Club Lane, Happyville, USA

We purchased our home five years ago and had never been late on our payments until the last four months. Ronald lost his job six months ago but has recently been hired by another firm at a similar wage. Annette has a health issue that prevents her from working at this time.

We are accustomed to paying our bills and it has been tough for us to accept that we were unable to meet our obligations. However, things have stabilized for us. We have been working with a local non-profit counselor to review our financial situation. We have reduced our expenses and made other adjustments. This lets us to be in a situation to return to making our payments, although we do not have the money to pay our overdue payments.

Our loan is a fixed rate loan and while the value on our property has decreased in the last two years, it is still above our loan amount. Given the significant drop in income the last six months we have been unable to save any money to put toward our delinquency. We are asking only for a modification that would allow us to add our delinquent payments to our loan balance so that we can begin to make our mortgage payments again.

Thank you in advance for your time and consideration in this matter.

Sincerely,

(homeowner's signature(s))