

HOUSING PARTNERSHIP

NeighborWorks®
HomeOwnership Center

Home Ownership Preservation Application

Please provide your documents by email or Drop Box to chris.brogan@hpnj.us You may call the Homeownership Preservation Department Directly at (973) 659 -1414 ext. 303 afterward to schedule your session. We do not accept originals of documents you must provide copies.

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 | | |
| Full Property Address | | |
| Mailing Address | | |
| Phone Number | | |
| Email Address | | |

| | | |
|---|--|--|
| How were you referred to Housing Partnership? | | Has your loan been approved for previous modifications? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) of modification(s): |
| What is your financial hardship? | | |
| What steps have you already taken? | | |



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INCOME AND EXPENSE WORKSHEET

| Income Source | Client A Monthly Amount | Employer Name | Client B Monthly Amount | Employer Name | Employment Start Date |
|--------------------------|-------------------------|---------------|-------------------------|---------------|-----------------------|
| Employment 1 | | | | | |
| Employment 2 | | | | | |
| Employment 3 | | | | | |
| Social Security Benefits | | | | | |
| Retirement/Pension | | | | | |
| Unemployment | | | | | |
| Child/Spousal Support | | | | | |
| Rental Income | | | | | |
| Other Income Sources | | | | | |
| Totals | | | | | |

| Expenses | Monthly Amount (please use lines to separate) | Amount Delinquent | Reduced Amount |
|---|---|-------------------|----------------|
| First Mortgage | | | |
| Second Mortgage | | | |
| Taxes (if not included in mortgage payment) | | | |
| Homeowner's Insurance (if not included in mortgage payment) | | | |
| Homeowner's Association (HOA) | | | |
| Car Loan/Lease Payments | / | | |
| Credit Card Payments | | | |
| Student Loan Totals | | | |
| Health/Life Insurance (if not deducted) | / | | |
| Heating, Electricity, Water-Sewer, Garbage | / / / | | |
| 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 _____



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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
- 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:

- Completed a signed and dated Hardship Explanation Letter
- Foreclosure summons and complaint (if applicable)
- Most recent mortgage billing statements for **all mortgages**
- Driver's license for all homeowners or other valid government issued photo 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 or 1099s and complete tax returns **signed** on page 2
- 60 days most recent complete bank statements with all pages included
- Most recent copy of utility bill that includes names and address

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



SAMPLE HARDSHIP LETTER (to be used as a template)

Date: Some month, one day, this year

Re: Hardship Explanation
Homeowners:
Loan Number:
Property Address:

We purchased our home five years ago and had never been late on our payments until the last four months. Client A lost his job six months ago but has recently been hired by another firm at a similar wage. Client B 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))



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



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 funds as a grantee through the U.S. Department of Housing and Urban Development (HUD) and a contracted sub grantee through the New Jersey Housing and Mortgage Finance Agency (NJHMFA) and, as such, is required to share some of my personal information with both HUD and NJHMFA program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for HUD and NJHMFA 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): _____

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_____

AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT

I authorize The Housing Partnership to obtain a consumer credit report on me. The Housing Partnership will use the consumer credit report to provide me with financial coaching to help avoid foreclosure. Upon my request, The Housing Partnership will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report.

*I understand that credit inquiries have the potential to affect my credit score.

| | | |
|------------------------|---------------|------|
| Print Name | Signature | Date |
| Full Address | | |
| Social Security number | Date of Birth | |
| Print Name | Signature | Date |
| Full Address | | |
| Social Security number | Date of Birth | |

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

