



PLEASE READ IN ITS ENTIRETY

Dear Homeowner,

We are so glad you took that tough first step and contacted the Center for Affordable Homeownership about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation. To assist us in providing you with the most effective and efficient service, please complete the attached worksheets in its entirety. If there are questions or information you don't understand, please call: **813.251.5402**.

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. A plan based upon only part of your information is certain to fail. In order to begin the process we have created an action plan below. This action plan requires specific documents you will need to locate and provide copies of in addition to the enclosed documents:

PLEASE PROVIDE US WITH COPIES OF ALL REQUIRED DOCUMENTS LISTED BELOW, AS OUR POLICY DOES NOT ALLOW US TO MAKE COPIES FOR YOU

-
- | | |
|---|--|
| <input type="checkbox"/> Copy of your Mortgage | <input type="checkbox"/> Two forms of Identification (One with Photo) |
| <input type="checkbox"/> Copy of your Note | <input type="checkbox"/> Hardship Letter – (signed/dated) |
| <input type="checkbox"/> Copy of HUD 1 Settlement Statement | <input type="checkbox"/> Most recent bills and statements for all expenses |
| <input type="checkbox"/> Truth in Lending (TIL) | <input type="checkbox"/> Two years tax return and W2's (signed/dated)
<i>(Should taxes not be filed, please provide letter stating reason, such as; receive social security, etc.)</i> |
| <input type="checkbox"/> Loan application or Form 1003 | |
| <input type="checkbox"/> Any correspondence from the mortgage company or its attorney, even if it's unopened | |
| <input type="checkbox"/> Any documentation from the courts | |
| <input type="checkbox"/> One Month pay stubs for all employment | |
| <input type="checkbox"/> Last three months of all bank statements (E-statements are permitted. Please do not send internet printouts of transactions) | |

Please ensure that all copies are legible. Once you provide us with the above documents, a counselor will review your information and contact you. If documents are missing, assistance will be delayed and documents will be returned. Many other families are in the same position as you and the demand for our services is high. **Due to the high demand, please mail in complete packet, as our office does not accept walk-in appointments or drop-offs of applications or documents. However, packets may be brought to the Center upon registration of attendance to the Home Preservation workshop held each Friday of the month.**

You can reach us at **813-251-5402**. Please allow up to 7 days for someone to contact you after you have submitted all the needed information. Cases are triaged, assigned a level of priority; therefore we appreciate your patience and limited phone calls. For additional information and resources, please carefully review the enclosed "Foreclosure Intervention and Default Counseling Helpful Tips" and "Foreclosure Intervention and Default Counseling Expectations."

THIS PACKET IS DUE BACK WITHIN 10 DAYS OR BY _____.

***Please Note: Children are not permitted in any counseling session.**

Sincerely,

Center for Affordable Homeownership

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Revised March 2011



Loan Number: _____ Servicer: _____

HOMEOWNER	
Name: _____	
SSN: _____	Date of Birth: ___/___/___
Street Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____
Work No.: _____	Other No.: _____
Email Address: _____	
Employer 1: _____	
Title: _____	Date Hired: ___/___/___
Employer 2: _____	
Title: _____	Date Hired: ___/___/___

CO-HOMEOWNER	
Name: _____	
SSN: _____	Date of Birth: ___/___/___
Street Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____
Work No.: _____	Other No.: _____
Email Address: _____	
Employer 1: _____	
Title: _____	Date Hired: ___/___/___
Employer 2: _____	
Title: _____	Date Hired: ___/___/___

Homeowner	<input type="checkbox"/> I do not wish to furnish this information	Co-Homeowner	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen?	<input type="checkbox"/> Yes
Foreign Born?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Country? _____	Foreign Born?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Country? _____

PROPERTY INFORMATION			
Type of Property:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Condominium	<input type="checkbox"/> 2-4 Unit
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
Condition of Home:	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Mobile Home	
Age of Home: _____	Date Purchased: ___/___/___	Tax Assessed Value: \$ _____	
Property Address (If same as above, write "same"):			
I want to:	<input type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property	
The Property is my:	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Second Home	<input type="checkbox"/> Investment
The Property is:	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied	<input type="checkbox"/> Vacant
Is this property listed for sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property taxes current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received offer on property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	HOA Fees Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Listing Price: \$ _____	Realtor's Name: _____	Insurance on Property current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Realtor's Phone Number: _____			



Loan Number: _____

Servicer: _____

HOUSEHOLD INFORMATION

Number of Adults over 18? _____ Number of Children? _____ Ages: _____

Monthly Income	PRIMARY HOMEOWNER		CO-HOMEOWNER	
	CURRENT		CURRENT	
	Gross	Net-after deductions	Gross	Net-after deductions
Employment Income	\$	\$	\$	\$
Disability - SSI/SSD	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Retirement Benefits	\$	\$	\$	\$
Veteran's Benefits	\$	\$	\$	\$
Food Stamps/Welfare	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
INCOME	\$	\$	\$	\$

MORTGAGE INFORMATION

LOAN INFO	FIRST MORTGAGE	SECOND MORTGAGE
Mortgage Paid to:		
Monthly payment:		
Date of last payment:		
LOAN TYPE	<input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Sub-Prime <input type="checkbox"/> Other	<input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Sub-Prime <input type="checkbox"/> Other
LOAN TERMS	Fixed Rate _____% Hybrid ARM _____% Interest Only _____% Option ARM _____%	Adjustable Rate _____% 40/30 Balloon _____% 80/20 _____% Deferred _____%
Taxes Escrowed? _____ Yes _____ No		Name of HOA _____
If No, Tax Amount? \$ _____		Monthly Amount \$ _____
Insurance Escrowed? _____ Yes _____ No		Delinquent? \$ _____
If No, Insurance Amount? \$ _____		

HOUSEHOLD ASSETS

Description	Value/amnt	Amnt owed
Auto #1	\$	\$
Auto #2	\$	\$
Auto #3	\$	\$
Checking	\$	
Savings	\$	
Cash on hand	\$	
Money Market	\$	\$
Tax Refund	\$	\$
IRAs/Keogh	\$	\$
Computer/TV	\$	\$
Furniture	\$	\$
Boats/Jet Ski	\$	\$
Motorcycle	\$	\$

HOUSEHOLD ASSETS: (Please read below carefully.)

As Head of Houshold, I declare that members of my household haven't any ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.

Homeowner Signature: _____ Date: _____

Co-Homeowner Signature: _____ Date: _____



Loan Number: _____

Servicer: _____

MONTHLY SPENDING PLAN			
HOUSEHOLD EXPENSES		HOUSEHOLD EXPENSES - FLEXIBLE	
First Mortgage	\$	Groceries	\$
Second Mortgage	\$	School Lunches	\$
HOA Fees	\$	Lunch - Work	\$
Electricity	\$	Lawn Care	\$
Gas	\$	Home Repairs	\$
Water, Sewer, Trash	\$	Dentist	\$
Telephone	\$	Medical Doctor	\$
Cell Phone	\$	Prescriptions	\$
Car Payment 1	\$	Clothing	\$
Car Payment 2	\$	Laundry	\$
Auto - Gas	\$	Dry Cleaning	\$
Parking/Bus/Taxi	\$	School Tuition	\$
Auto Insurance	\$	Books/Supplies	\$
Childcare/Daycare	\$	LESSONS-music, dance	\$
Child Support	\$	Donations/church	\$
Alimony	\$	Barber/Beauty	\$
Other: _____	\$	Tobacco	\$
Other: _____	\$	Beer, wine, liquor	\$
Total	\$	Total	\$

HOUSEHOLD EXPENSES - FLEXIBLE Cont'd	
Movies/Theater	\$
Cable/TV	\$
Internet	\$
Postage	\$
Pet Care/Supplies	\$
Restaurants/Take out	\$
Gambling/Lottery	\$
Fitness/Social Clubs	\$
Vacations/Trips	\$
Hobbies/Crafts	\$
Checking Fees	\$
Auto Repairs	\$
License/registration	\$
Other: _____	\$
Other: _____	\$
Total	\$

MONTHLY DEBTS	
Credit Card	\$
Student Loan	\$
Medical Bills	\$
Rent to Own	\$
Personal Loan	\$
Other: _____	\$
Other: _____	\$
Debt Total	\$

Important Information, Please complete the following
Have you filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing date: _____
Have you contacted a counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Agency Name: _____ Agency Phone No.: _____
Have you received workout plan? _____ If yes, type of workout _____ Date: _____
Has anyone offered to help modify your mortgage, either directly, through advertisement or by any other means such as a flyer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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? Yes <input type="checkbox"/> No <input type="checkbox"/>
Visit the Loan Modification Scam Prevention Network at www.preventloanscams.org to report any suspected cases of a Loan Modification Scam.

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Homeowner Signature: _____ Date: _____

Co-Homeowner Signature: _____ Date: _____



Reason for Default

Describe what caused you to call our office.

What caused your situation? Please be honest – we can't help if you aren't truthful.

How have you tried to fix your financial situation?

All of the information that I/We have 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 and no further assistance from the counselor will be provided.

Borrower Signature

Date

Co-Borrower Signature

Date



Third Party Authorization and Agreement to Release Personal and Financial Information

LENDER'S INFORMATION:

Lender's Name: _____

Account Number: _____

BORROWER'S INFORMATION

Borrower's Name: _____

Borrower's Address: _____

City, State, Zip: _____

Borrower's SS# _____

To Whom It May Concern:

With receipt of this written authorization, I (we) hereby authorize you to release personal or financial information, which may be contained in your files regarding the above named persons or accounts. Release of information may be verbal, written or by FAX transmission and released to all counselors, Detra Smith, Elsa Suarez, Natalia Alcantara and representatives of:

Center for Affordable Homeownership
1803 N. Howard Ave, Suite 100
Tampa, FL 33607
Phone: (813) 251-5402
Fax: (813) 251-9526

I further authorize Center for Affordable Homeownership (CFAH) to obtain all information necessary, including a credit report, to assist me/us in an evaluation of our present situation. I understand that the information may be shared with CFAH counselors and/or lenders/mortgage servicers for the purpose of assisting in pursuing and determining a loss mitigation alternative.

CFAH is a HUD certified counseling agency that provides services in Florida. I am requesting their assistance in resolving a current or threatened mortgage deficiency problem. Your cooperation with them in this matter will be greatly appreciated.

I do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/mortgage servicer which I and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning my loan account to the above named requestor or person identifying themselves to be that requestor.

Borrower Signature

Date

Co-Borrower Signature

Date

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Revised March 2011



Privacy Policy

The Center for Affordable Homeownership is committed to assuring the privacy of individuals and/or families who have contracted 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 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, tax statements, bank statements.
- 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 directed to us not to disclose.
2. If you chose 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” decision, you may contact us in writing at The Center for Affordable Homeownership at **1803 N. Howard Avenue, Suite 100, Tampa, FL. 33607.**

Release of 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 may also disclose any nonpublic personal information about you or former clients 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 the 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 of Acknowledgement

(In addition to the above, you further acknowledge you have received a copy of this Privacy Policy)

Borrower Signature

Date

Co-Borrower Signature

Date

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5. We may also disclose any nonpublic personal information about you or former clients to anyone as permitted by law (e.g., if we are compelled by legal process).
6. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know the information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Please retain this disclosure for your records. Do not return this form with your Packet.



Counseling and No Steering Agreement

1. I understand the Center for Affordable Homeownership provides foreclosure mitigation counseling, of 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 Center for Affordable Homeownership 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 understand the Center for Affordable Homeownership will close my case file after three attempts to communicate with me via email, telephone, and/or U.S. postal mail. I also understand that my file will remain the property of the Center for Affordable Homeownership and that requests for a copy of my file will not be granted.
4. I understand I am not obligated to utilize any of the services offered me and may be referred to other housing services offered by the agency, or to an outside agency, to assist with concerns that may have been identified.
5. I understand that counselors may answer questions and provide information, but will not give legal advice. If I want legal advice, recommendation will be that I seek legal assistance from the appropriate entities.
6. I understand the Center for Affordable Homeownership provides information and education on numerous loan products and housing programs. I further understand that the housing counseling I receive from the Center for Affordable Homeownership does not obligate me to choose any of these particular loan products or housing programs.
7. I understand the Center for Affordable Homeownership will not make referrals to specific agencies, but will provide me a list of agencies, and I will make my own decision.
8. I, _____ **agree to the following terms of service:**
 - a. I will always provide honest and complete information to my/our counselor, whether verbally or in writing.
 - b. I will provide all necessary documentation and follow-up information within the timeframe requested.
 - c. I 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.
 - d. I will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
 - e. I will contact the counselor about any changes in our situation immediately.
 - f. I understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us. **THIS INCLUDES NOT PROVIDING THE REQUESTED INFORMATION IN A TIMELY MANNER.**
 - g. **I will understand that I must call to schedule an appointment, if I need further assistance, and that I understand Center for Affordable Homeownership does not allow walk-ins.**

Hold Harmless Agreement

I give the Tampa Housing Authority's Center for Affordable Homeownership permission to use my name in any current and future publications or reporting. Furthermore, in view of the fact that the Center for Affordable Homeownership is a non-profit organization, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against the Tampa Housing Authority, the Center for Affordable Homeownership and its employees.

Borrower Signature

Date

Co-Borrower Signature

Date

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FORECLOSURE INTERVENTION AND DEFAULT COUNSELING

HELPFUL TIPS

- If you are less than three months past due on your mortgage payment it is likely that you are speaking with the Collections Department. Their goal is to collect the payment not to provide modification or foreclosure intervention assistance.
- Most lenders will move all mortgage loans with three or more missed mortgage payments to the Loss Mitigation Department. This department will collect financial information from the customer to determine what alternative they may offer to the customer.
- Things you should consider if you are seeking assistance in reducing your interest rate in order to reduce your mortgage payment.
 - The servicer wants a good faith payment upfront. It becomes more difficult to approve a loan modification or any other type of retention assistance if you have no money to pay upfront. “If the reason you stop making your mortgage payments is because your mortgage payments increase by \$400.00 monthly you should have at least the previous mortgage payment saved before the increase.”
- Your budget is the “make or break” deal. You must be willing to create a crisis budget and reduce spending if you truly want to keep your house. The servicer/lender will usually provide assistance to customers that are no more than 10-15% over their net monthly income.
- Foreclosure Intervention Counseling works best when you:
 - Provide copies of all the needed documents AS SOON AS POSSIBLE
 - Limit the number of telephone calls made to the Counselor
 - Are able to take ownership of the situation and be realistic about the available options
 - Ask questions and ensure you understand the process and available options
- Our agency makes an assessment of each case and determines its urgency.
 - **Level 1** – Customer has a scheduled sale date for the courts to sale the house
 - **Counseling appointments* typically are schedule within 7 days if the client provides all documents prior to the appointment.**
 - **Level 2** – Customer has been served a Lis Pendens
 - The client has 20 days from the date served to file a response to the Lis Pendens (complaint). Our agency DOES NOT write response letters. Your response is to the courts in regards to what the lender is filing a complaint. It may delay the scheduling of the court date but it usually will not stop the foreclosure process.
 - **Counseling appointments* are scheduled after all requested documents are provided and typically within 10-20 days depending on the counselor’s schedule.**
 - **Level 3** – 3 -6 months of missed payments without being served a Lis Pendens
 - **Counseling appointments* are schedule after all requested documents are provided and typically within one month depending on the counselor’s schedule.**
 - **Level 4**- Less than three months of missed payments
 - **Counseling appointments* are scheduled after all requested documents are provided and typically within one month depending on the counselor’s schedule.**

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