

Foreclosure Prevention Counseling

PLEASE NOTE:

- You must submit your completed Foreclosure Prevention Counseling Intake packet **seven days** prior to your scheduled appointment.
- Mail or drop off your Intake Packet. Faxes and emails are discouraged. Your file will be reviewed within two business days. We will contact you thereafter.
- Please provide all documents and correspondence outlined below with the most recent **billing/issuance** date closest to your scheduled appointment. Missing documents or delays may require you to resubmit documents with a more recent date. **Incomplete applications will be placed on hold and could result in a rescheduled appointment.**

Step 1) Complete CPAH's Foreclosure Prevention Counseling Intake Form, Foreclosure Counseling Addendum, Budget Sheet, and Mortgage Assistance Application form.

Step 2) Bring copies of all the below items in the order listed. All copies must be **one-sided**. If you need help with copies, let us know ASAP. Please address to: **Intake Coordinator**.

- Most recent mortgage statement from your lender for all mortgage loans
- Any correspondence from your lender or attorney regarding the default
- Copy of a recent credit report (no more than 30 days old prior to your scheduled appointment). *CPAH can assist you with pulling one from Credit Karma, annualcreditreport.com, or other free service that does not adversely affect your scores.*
- The **first page** of the Foreclosure Court Summons (*if applicable*)
- Federal tax returns including W-2's for the previous and current year (*If self-employed: Include last 2 years of business federal returns*). **Please make sure returns are signed by all parties.**
- Last 60 days of pay stubs for all borrowers
 - If paid weekly, provide 8-9 pay stubs; paid bi-weekly, provide 4-5 (depending on length of month); paid bi-monthly, provide the last four.
 - If unemployed, provide the most recent benefits award letter.
 - If self-employed, provide Profit & Loss statements for previous and current year.
(*Statement header should be MM-DD-YY to MM-DD-YY & list Company Name & Address*)
- Last 3 months of official bank statements for all accounts (all pages even if blank).
For business income: Include 3 months of statements. Transaction histories are not acceptable.
- ALL public assistance award letters, such as SNAP, WIC, SSI, SSDI, etc.
- The **first page** of all most recent utility bills: telephone, cable/internet, gas, electric, water/sewer, trash
- The **first page** of all most recent credit card statement(s) and all loan statements (i.e., car, installment, pay day loans, etc.)
- Bankruptcy Discharge Documents (*if applicable*)
- Quit Claim Deed (*if applicable*)
- Copy of Divorce Decree (*if alimony or child support is received*)
- Homeowners Insurance Declaration Page

If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please contact us about arranging alternative accommodations.

Office hours: 8:30am-5pm; use door slot if dropping off forms after hours.

www.cpahousing.org
phone 847.263.7478
fax 847.796.8060



Foreclosure Prevention Counseling Intake Form & Addendum

GENERAL

Borrower Name: _____

Co-Borrower Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

Telephone: _____ Cell Phone: _____

Email: _____

Email: _____

Social Security # _____ D.O.B: _____

Social Security # _____ D.O.B: _____

Judgments: Yes No Foreclosure: Yes No

Judgments: Yes No Foreclosure: Yes No

Bankruptcy: Yes No Release/Discharge Date: _____

Bankruptcy: Yes No Release/Discharge Date: _____

Number of people in current household: _____ Ages: _____

How were you referred to CPAH? _____

DEMOGRAPHIC INFORMATION

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian/Alaskan Native Asian Asian & White
 Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaskan Native & White
 American Indian or Alaskan Native & Black or African American
 Black or African American & White
 Other Multiple Race Choose not to respond

Head of Household: Single Married Separated Divorced
 Widowed Other: _____ Choose not to respond

Gender: Male Female

U.S. Citizen: Yes No Permanent Res. Alien: Yes No

Military Status: Active Duty Veteran N/A

Primary Language Spoken in Household: _____

Highest Education Level: High School Some College Degree
 Choose not to respond

CO-APPLICANT DEMOGRAPHIC INFORMATION

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian/Alaskan Native Asian Asian & White
 Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaskan Native & White
 American Indian or Alaskan Native & Black or African American
 Black or African American & White
 Other Multiple Race Choose not to respond

Head of Household: Single Married Separated Divorced
 Widowed Other: _____ Choose not to respond

Gender: Male Female

U.S. Citizen: Yes No Permanent Res. Alien: Yes No

Military Status: Active Duty Veteran N/A

Primary Language Spoken in Household: _____

Highest Education Level: High School Some College Degree
 Choose not to respond

EMPLOYMENT

Are you self-employed? Yes No

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Years at Current Employer: _____

Current Gross Monthly Income \$ _____ (BEFORE Taxes & Deductions)

Overtime \$ _____

Bonuses \$ _____

Commissions \$ _____

Child Support, SSI/SSDI
Unemployment, etc. \$ _____

Other \$ _____

TOTAL \$ _____

Previous Year's Income: _____

CO-Borrower EMPLOYMENT

Are you self-employed? Yes No

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Years at Current Employer: _____

Current Gross Monthly Income \$ _____ (Before Taxes & Deductions)

Overtime \$ _____

Bonuses \$ _____

Commissions \$ _____

Child Support, SSI/SSDI,
Unemployment, etc. \$ _____

Other \$ _____

TOTAL \$ _____

Previous Year's Income: _____

HOUSEHOLD ASSETS

Checking \$ _____

Savings \$ _____

401 (k), IRA, Pension \$ _____

Stocks/Mutual Funds \$ _____

Gifts \$ _____

Other \$ _____

I/We authorize Community Partners for Affordable Housing (CPAH) to obtain and/or review my/our credit report(s) to determine our eligibility for CPAH programs. I/We certify that all information contained in this application is true and correct, to the best of my/our knowledge.

I/We agree to allow CPAH to obtain and/or review my/our credit report I/We do not agree to allow CPAH to obtain and/or review my/our credit report

Borrower Signature

Date

Co-Borrower Signature

Date

Foreclosure Prevention Counseling Addendum

PROPERTY INFORMATION

Is the property in question your primary residence? _____ Length of Occupancy: _____

Do you own other residential property? Yes No

Original Purchase Price: \$_____ Year Home was Purchased: _____ Estimated Value: _____

Have you ever refinanced? Yes No How many times? _____ Number of Years refinanced: _____

Have you ever applied for a loan modification? Yes No *If yes, have you been approved or denied within the last 90 days?* Yes No

Are there additional household members who contribute to the expenses of the home? Yes No *If yes, please advise CPAH as additional information may be required.*

What are your plans for your property? Prefer to stay Prefer to move Unsure Willing to consider both

Other: _____

If you sell your home where do you envision moving? Moving in with friends Moving in with family

Rent Other: _____

Condition of Home: Excellent Good Fair Poor

List any significant repairs needed: _____

DEFAULT INFORMATION

What factors caused you to fall behind on your mortgage payment? (Check all that apply)

_____ Lost Job _____ Loss of income due to divorce _____ Earning less than when home was purchased

_____ Credit cards and or other debt _____ Loss of income due to death in the family _____ Took in family/friends

_____ Loss of income due to illness or disability _____ Other: _____

In your own words and to the best of your ability, briefly explain the reason(s) for the default situation:

Do you have a plan for making next month's mortgage payment? Yes No

If yes, please explain to the best of your ability how you will make your payment. Please include any changes in your employment or expected income.

Budget Sheet

MONTHLY EXPENSES AND DEBTS			
Name:	Date:	Household Size:	
Expense Category	Expense Description	Monthly Amount	Total Amount Owed
Housing	Rent/Mortgage		
	Rental Insurance		
	Maintenance/Supplies		
	Improvements		
Utilities	Phone (Land Line)		
	Cell Phone		
	Gas		
	Electric		
	Cable/Internet		
	Water/Garbage/Sewer		
Transportation	Gasoline		
	Car Insurance		
	Repairs & Maintenance		
	IPASS / Tolls / Parking		
	Public Transportation		
Household Expenses	Groceries		
	Non-Food Supplies		
	Personal Care		
	Clothing		
Education	Education		
Insurance	Life		
	Medical		
	Dental		
	Disability		
Medical	Doctor Visits		
	Medication		
	Other		
Child Care	Child Care		
Child Support	(if not garnished from check)		
Cash / Entertainment	Spending Money		
	Entertainment		
	Vacation		
	Gifts		
Dues / Donations	Church / Charity		
	Dues		
Miscellaneous / Other	Savings		
	Other		
Loans / Credit			
	Car Loan/1		
	Car Loan/2		
	Credit Card /1		
	Credit Card /2		
	Student Loan/1		
	Student Loan/2		
Total Expenses		\$ -	\$ -
Total Income (Net)		\$	
Difference + (-)		\$ -	

Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact [servicer name] at [phone #].

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

Borrower Information

Borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ Cell Home Work Other

Alternate phone number: _____ Cell Home Work Other

Co-borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ Cell Home Work Other

Alternate phone number: _____ Cell Home Work Other

Preferred contact method (choose all that apply): Cell phone Home phone Work phone Email Text—checking this box indicates your consent for text messaging

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? Yes No

Property Information

Property Address: _____

Mailing address (if different from property address): _____

- The property is currently: A primary residence A second home An investment property
- The property is (select all that apply): Owner occupied Renter occupied Vacant
- I want to: Keep the property Sell the property Transfer ownership of the property to my servicer Undecided

Is the property listed for sale? Yes No – If yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: _____

Is the property subject to condominium or homeowners' association (HOA) fees? Yes No – If yes, indicate monthly dues: \$ _____

Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months)
- Resolved as of (date) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> ▪ Written statement from the borrower, or other documentation verifying disability or illness ▪ Note: Detailed medical information is not required, and information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> ▪ Final divorce decree or final separation agreement OR ▪ Recorded quitclaim deed
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> ▪ Recorded quitclaim deed OR ▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> ▪ Death certificate OR ▪ Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> ▪ For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. ▪ For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND ▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Other – hardship that is not covered above: _____ _____ _____ _____ _____	<ul style="list-style-type: none"> ▪ Written explanation describing the details of the hardship and any relevant documentation

Borrower Income

Please enter all borrower income amounts in middle column.

MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<ul style="list-style-type: none"> Most recent pay stub and documentation of year-to-date earnings if not on pay stub OR Two most recent bank statements showing income deposit amounts
Self-employment income	\$	<ul style="list-style-type: none"> Two most recent bank statements showing self-employed income deposit amounts OR Most recent signed and dated quarterly or year-to-date profit/loss statement OR Most recent complete and signed business tax return OR Most recent complete and signed individual federal income tax return
Unemployment benefit income	\$	<ul style="list-style-type: none"> No documentation required
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> Two most recent bank statements showing deposit amounts OR Award letters or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	\$	<ul style="list-style-type: none"> Two most recent bank statements showing deposit amounts OR Award letters or other documentation showing the amount and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> Two most recent bank statements demonstrating receipt of rent OR Two most recent deposited rent checks
Investment or insurance income	\$	<ul style="list-style-type: none"> Two most recent investment statements OR Two most recent bank statements supporting receipt of the income
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<ul style="list-style-type: none"> Two most recent bank statements showing receipt of income OR Other documentation showing the amount and frequency of the income

Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$

Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.*

* An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature: _____ Date: _____

Co-Borrower signature: _____ Date: _____

Please submit your completed application, together with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provided to help us identify the assistance you may be eligible to receive.