



NeighborImpact

Critical Needs. Diverse Services. Empowering Change.

*Dear Homeowner:*

*You are taking a very important step by contacting NeighborImpact. We are here to help you help yourself. As you may already know, we are experiencing heavy demand for foreclosure prevention services. **To help speed up the process, we ask all clients to:***

**A. Complete & sign the enclosed forms PRIOR to attending the Foreclosure Prevention workshop and bring them to the workshop:**

1. Budget
2. Foreclosure Prevention Intake Form
3. Privacy Policy
4. Client Contract & Credit Report Authorization
5. Authorization for Release of Information
6. Dodd-Frank Certification

**B. Gather the following documents PRIOR to your Counseling Session:**

1. Most recent mortgage statement
2. Last 2 months bank statements
3. Last two years of tax returns
4. Most recent 2 paystubs, or any income you are receiving (SS, SSI, Unemployment, etc. - one month's worth)
5. Any material that you have received in the mail from your mortgage company or a lawyer

*Our counselors cannot meet with you until you have attended our Foreclosure Workshop and have completed Steps A and B. As a reminder, you will need to sign up for the free Financial Fitness classes if you receive counseling.*

**\*\*\*BE PROACTIVE...CONTACT YOUR LENDER AND ASK TO SPEAK TO THE LOSS MITIGATION DEPARTMENT\*\*\***

## NEIGHBORIMPACT BUDGET

<b>Name:</b>		<b>Loan #:</b>	
<b>Housing</b>		<b>Donations</b>	
Rent or Mortgage #1		Charity/Tithes/Offerings	
Rent or Mortgage #2		<b>Education</b>	
Heating (gas or oil)		Student Loan payments	
Electricity		Tuition or Lessons	
Water & Sewer ( /3mos)		Books, Newspapers, Magazines	
Telephones (land line)		Other	
Cell Phone		<b>Personal</b>	
Homeowners Insurance (if seperate)		Barber or beauty shop	
Property Taxes (if separate)		Toiletries, Laundry, or Dry Cleaning	
Trash Service		Children's allowances	
Other		Tobacco products	
Other		Beer, wine or liquor	
<b>Transportation</b>		Other	
Gas		<b>Entertainment</b>	
Car payment #1		Movies, sporting events, concerts	
Car payment #2		Video rentals or purchases	
Car Insurance		Internet service	
Public transportation		Cable/satellite TV	
Parking & tolls		Gambling and lottery tickets	
Other		Memberships or dues	
<b>Food</b>		Other	
Groceries		<b>Miscellaneous</b>	
School or Work Meals		Checking account fees	
Restaurants and take-out meals		Pet care and supplies	
Other		Postage or office supplies	
<b>Insurance</b>		Other	
Health <i>(medical/dental if not payroll deducted)</i>		<b>Debts</b>	
Life Policy		Credit card #1 (monthly minimum)	
Disability		Credit card #2 (monthly minimum)	
Other		Credit card #3 (monthly minimum)	
<b>Medical</b>		Credit card #4 (monthly minimum)	
Doctor		Credit card #5 (monthly minimum)	
Dentist		Credit card #6 (monthly minimum)	
Prescriptions		Personal loans	
Medical Bills <i>(only if currently paid)</i>		Debt management program	
Other		Savings	
<b>Childcare</b>		<b>Other</b>	
Childcare or babysitters		Other	
Child support or alimony		Other	
Other		Other	
<b>INCOME</b>			
Income #1		Source:	
Income #2		Source:	
Income (other)		Source:	
<b>Total Monthly Income</b>			
<b>EXPENSES</b>			
<b>Total Monthly Expenses</b>		<i>(total from above)</i>	
<b>MONTHLY DIFFERENCE</b>			



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## FORECLOSURE PREVENTION INTAKE

### Applicant

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_  
 Street/Mailing Address \_\_\_\_\_ County \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Fax \_\_\_\_\_ Cell \_\_\_\_\_ Birth Date (MM/DD/YEAR) \_\_\_\_\_  
 Email \_\_\_\_\_

### Origin/Background

White  Hispanic/Latino  African American & White  American Indian/Alaskan Native  
 Asian  African American or Black  American Indian/Alaskan & White  
 Asian & White  African American  Native Hawaiian/Pacific Islander  Other \_\_\_\_\_  
 Gender?  Male  Female Disabled?  Yes  No US Born?  Yes  No Veteran?  Yes  No

### Education

Less than High School completion  High School Diploma or GED  1-2 years of College  
 Bachelor's Degree  Master's Degree  More than a Master's Degree

### Co-Applicant

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ County \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Fax \_\_\_\_\_ Cell \_\_\_\_\_ Birth Date (MM/DD/YEAR) \_\_\_\_\_  
 Email \_\_\_\_\_

### Origin/Background

White  Hispanic/Latino  African American & White  American Indian/Alaskan Native  
 Asian  African American or Black  American Indian/Alaskan & White  
 Asian & White  African American  Native Hawaiian/Pacific Islander  Other \_\_\_\_\_  
 Gender?  Male  Female Disabled?  Yes  No US Born?  Yes  No Veteran?  Yes  No

### Education

Less than High School completion  High School Diploma or GED  1-2 years of College  
 Bachelor's Degree  Master's Degree  More than a Master's Degree

### Relationship to Applicant

Spouse  Daughter  Sister  Son  Brother  Other \_\_\_\_\_

### Household Information

Single  Married with Children  Female single parent family  Male single parent family  
 Married no children  Two or more unrelated adults  Other \_\_\_\_\_

Annual household income \$ \_\_\_\_\_ Total number in household \_\_\_\_\_ Number/age of dependents \_\_\_\_\_

Any non-dependents in household?  Yes  No If yes, relationship/age? \_\_\_\_\_

### Sources of Income

Employment Hire date \_\_\_\_\_  Unemployment Insurance  Social Security  
 SSI  TANF  Annuities  Pension  Other \_\_\_\_\_

### Referral

Newspaper Article  TV  Realtor  Staff/Board Member  Print Advertisement  
 Word-of-mouth  Radio  Walk-in  NeighborImpact Brochure  Other \_\_\_\_\_

### Scams

Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means, such as a flyer?

Yes  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  No

### Housing Preservation Information

Name of 1<sup>st</sup> Lender \_\_\_\_\_

Loan Number \_\_\_\_\_ Interest Rate \_\_\_\_\_

Name of 2<sup>nd</sup> Lender \_\_\_\_\_

Loan Number \_\_\_\_\_ Interest Rate \_\_\_\_\_

Name of 3<sup>rd</sup> Lender \_\_\_\_\_

Loan Number \_\_\_\_\_ Interest Rate \_\_\_\_\_

Total PITI (Total amount you pay on all loans for your home including taxes and insurance) \_\_\_\_\_

### Loan Information

What type of loan do you currently have?  3 Yr Arm  5 Yr Arm  7 Yr Arm  30 Yr Fixed  40 Yr Fixed  
 Hybrid  Interest Only  Pay Option Arm  Other \_\_\_\_\_

If your interest rate reset, what was your starting rate? \_\_\_\_\_  N/A

If your payment changed, what was it before it changed? \_\_\_\_\_  N/A

How much do you still owe on your loan? \_\_\_\_\_

How many more months do you have to pay on your loan? \_\_\_\_\_

If you have mortgage insurance, what type do you have? \_\_\_\_\_  N/A

What is the status of your loan?  Current  30-60 days late  61-90 days late  120+ days late

How much are you behind in payments (include taxes and insurance if part of your payment)? \_\_\_\_\_

Primary reason for default?  Reduction in income  Poor budget management skills  Loss of income  Medical issues  Death  Increase in expenses  Divorce or separation  Increase in loan payment  Business venture failed

If you have talked with your mortgage company, what was discussed? \_\_\_\_\_

What is the current estimated value of your home? \_\_\_\_\_

Amount available to put towards mortgage if we cannot modify: \_\_\_\_\_

Would you be willing to discuss your experience with others if your outcome is successful?  Yes  No

## AUTHORIZATION-PRIVACY POLICY

NeighborImpact 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 the 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. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

NeighborImpact has a grievance policy and you can request a copy of it at any time from our agency or you can download it from our website.

### TYPES OF INFORMATION THE WE GATHER ABOUT YOU

1. Information we receive from you orally, on application or other forms, such as your name, address, social security number, assets, and income.
2. 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
3. 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 (541-318-7506 EXT: 309) 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 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)
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.

### I acknowledge that I received a copy of NeighborImpact's Privacy Policy.

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 NeighborImpact provides counseling and education on loss mitigation, credit/budget management, reverse mortgages, individual development accounts, loan products, homebuyer education/counseling, post-purchase and financial fitness classes. NeighborImpact currently does not have any financial relationships with industry partners. I further understand that the housing counseling I receive from NeighborImpact in no way obligates me to choose any of these particular housing programs.

### I authorize NeighborImpact –Housing Center to:

Obtain a copy of the FINAL HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Applicant

Date

Co-Applicant

Date





## CLIENT/COUNSELOR CONTRACT & CREDIT REPORT AUTHORIZATION

**NeighborImpact 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
- 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 of needed resources
- Confidentiality, honesty, respect and professionalism in all services

**I/We, \_\_\_\_\_ agree to the following terms of service:**

- ***I/We agree to enroll and attend all of the Financial Fitness classes provided by NeighborImpact, as soon as my counseling begins.***
- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I /We understand that my/our counselor will not and cannot give legal advice.
- 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.
- ***I (We) hereby give permission to pull (our) credit report for the purposes of my (our) application for assistance in regards to my home or my mortgage loan.***

\_\_\_\_\_  
**Homeowner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Homeowner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Counselor**

\_\_\_\_\_  
**Date**



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## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release/exchange of my information to and from NeighborImpact in order to assist with my case.

I understand that this information will be released only to those institutions, companies and agencies that NeighborImpact reasonably believes can provide assistance, or to agencies which support the operations and mission of NeighborImpact, including HUD, CDBG and NeighborWorks America. Examples of such entities include mortgage servicers, mortgage investors, public agencies and nonprofit organizations.

I understand that the provision of services at NeighborImpact is not contingent on my signing this authorization form.

This consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has already been taken.

I acknowledge that a copy or electronic reproduction of this form is as valid as the original.

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

## Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

Borrower	Co-Borrower
<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: <b>(a)</b> felony larceny, theft, fraud or forgery, <b>(b)</b> money laundering or <b>(c)</b> tax evasion	<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: <b>(a)</b> felony larceny, theft, fraud or forgery, <b>(b)</b> money laundering or <b>(c)</b> tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

\_\_\_\_\_  
 Borrower Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Borrower Signature

\_\_\_\_\_  
 Date

