



COVID Mortgage Assistance Application

Homeowner/Borrower Information			
First Name:		Last Name:	
Property Address:		County:	
City, State, Zip:			
Is this your primary residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mailing Address (if different):		City, State, Zip:	
Email:			
Phone Number:		Date of Birth:	
Gender:		Race/Ethnicity:	
Co-Owner/Borrower Information (listed on current mortgage)			
First Name:		Last Name:	
Email:		Phone:	
Date of Birth:		Relationship to Applicant:	
Gender:		Race/Ethnicity:	
Property Information (information can be found on your recent mortgage statement)			
Mortgage Lender:			
Loan/Account Number:			
Principal Balance: \$ _____ Monthly Mortgage Payment: \$ _____			
Are you current on your mortgage payments?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, how many months behind are you? _____			
How much are your:			
<input type="checkbox"/> County Property Taxes	\$ _____		
<input type="checkbox"/> Homeowner's Insurance	\$ _____		
<input type="checkbox"/> HOA Fees	\$ _____		
Are these expenses included in your monthly mortgage payment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a second mortgage?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, on which property?		<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Other Property
Second Lien Mortgage Lender (if applicable):			
Loan/Account Number:			
Principal Balance: \$ _____ Monthly Mortgage Payment: \$ _____			
Are you current on your 2nd mortgage payments?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, how many months behind are you? _____			
Have you received a foreclosure notice?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Sure
Have you applied for a forbearance through your lender?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Sure
Have you ever been convicted of mortgage or real estate fraud?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Information		
Are there any other borrowers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please include their names:	First Name:	Last Name:
	First Name:	Last Name:
Have you received COVID related financial assistance for your mortgage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much? \$_____ and from which organization? _____		
Have you experienced a hardship due to COVID?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain in more detail, the reason for your hardship and/or loan default:		

I/We certify that all the information in this document and all information provided by me/us to HomeSource at NeighborImpact is true and accurate. I/We understand that providing false representations constitutes an act of fraud. False, misleading or incomplete information may result in denial of mortgage assistance and may violate state or federal law. I/We further understand that information and documentations supporting my/our application may be requested as part of the program requirements.

I/We understand that if my/our application is denied, I/we have the right to file a grievance. I/We also understand that the submission of the application does not guarantee approval into the program.

Homeowner/Borrower Signature: _____ Date: _____

Co-Owner/Borrower Signature: _____ Date: _____

Submit complete applications to a NeighborImpact office, attn.: HomeSource

For internal use only:

I, the HomeSource counselor, verify that the information provided by the applicants is true and accurate to the best of my knowledge:

Counselor Name: _____ Date: _____

Counselor Signature: _____ Date: _____

MONTHLY BUDGET



Name:		Date:	
Housing		Donations	
Rent or Mortgage #1		Charity/Tithes/Offerings	
Rent or Mortgage #2		Education	
Heating (gas or oil)		Student Loan Payments	
Electricity		Tuition or Lessons	
Water & Sewer (/3 mos)		Books, Newspapers, Magazines	
Telephones (land line)		Other	
Cell Phone		Personal	
Homeowners Insurance (if separate)		Barber or beauty shop	
Property Taxes (if separate)		Toiletries, Laundry, or Dry Cleaning	
Trash Service		Clothing	
Other		Tobacco products	
Other		Beer, wine or liquor	
Transportation		Other	
Gas		Entertainment	
Car payment #1		Movies, sporting events, concerts	
Car payment #2		Video rentals or purchases	
Car insurance		Internet service	
Public transportation		Cable/satellite/Streaming TV	
Repairs, Maintenance		Gambling and lottery tickets	
Other		Memberships or dues	
Food		Other	
Groceries		Miscellaneous	
School or Work Meals		Checking account fees	
Restaurants and take-out meals		Pet care and supplies	
Other		Postage or office supplies	
Insurance		Other	
Health <i>(medical/dental if not payroll deducted)</i>		Debts	
Life Policy		Credit card #1 (monthly minimum)	
Disability		Credit card #2 (monthly minimum)	
Other/Renters		Credit card #3 (monthly minimum)	
Medical		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 consolidation program	
Other		Savings	
Childcare		Other	
Childcare or babysitters		Other	
Child support or alimony		Other	
Other		Other	
INCOME			
Income #1		Source:	
Income #2		Source:	
Income (SNAP, unemployment, Child Support etc.)		Source:	
Total Monthly Income	\$0.00		
EXPENSES			
Total Monthly Expenses	\$ -	<i>(total from above)</i>	
MONTHLY DIFFERENCE		\$0.00	

SUPPORTING DOCUMENT CHECKLIST FOR COVID MORTGAGE ASSISTANCE APPLICATION

In addition to completing the application for the COVID Mortgage Assistance Program, please gather and include copies of the following support documentation. Your application will be considered incomplete and will not be processed if the additional documents are not included. Applications must be submitted either via electronic, encrypted email, or secure link (request us a link for upload) or it can be dropped off to the Bend/Redmond/Madras office, attn.: HomeSource.

IMPORTANT: If you drop off the documents, place those in an envelope addressed to HomeSource. Our office drop boxes are shared with all NeighborImpact departments. Documents not addressed to specific departments will be shredded for security purposes.

We will be in touch to schedule appointment once all documents/application have been received.

Check Off

	One Month of Most Recent Bank Statements, All accounts for all household members (Checking, Savings, CD's, etc.)
	One month of Income documentation for all household members 18+ or statement of no income. Examples of income docs include: Paystubs, benefit letter (unemployment, VA, SSI, SSDI, etc.), profit & loss statements, child support, alimony
	Most recent mortgage statement for all mortgages
	Letter of Hardship- written and signed statement of your current hardship (electronic signature is accepted)
	Documentation that demonstrates Proof of Hardship (for example income documentation pre-COVID and current income documentation or unemployment)
	Identification for primary applicant (Driver's License, State Issued ID or Passport)
	Completed Intake (note-Intake should have already been completed prior to application)
	Complete budget (use the link , request a downloadable PDF, or in paper application is page 3)
	Register for an upcoming homeowner workshop. "Quick Tips for Managing your Mortgage" is FREE https://homesource.as.me/schedule.php

Please note, that the submission of the application and additional documents does not guarantee approval into the program. Funding is limited.

After you submit the application, please contact HomeSource to let us know that you submitted it, you can email: homesource@neighborimpact.org or call 541-323-6567.