

These are brief descriptions of the forms that **MUST** be completed before the counseling session.

- **“Client Disclosure Form”** provides information about Community Housing Works and the services that we provide in alignment with our mission. In addition, because we are a HUD certified non-profit organization, the majority of our funding is through grants and is disclosed in this form. Lastly, this form also outlines what our role is in assisting you in the process obtaining a resolution with your lender and what your role is as the borrower(s).
- **“Authorization Form to Release Information”** gives Community Housing Works authorization to pull your credit report and to speak with lenders and others on your behalf solely in regards to the modification process.
- **“Credit Report Request”** is used for pulling credit reports, in order to pull your credit report we need the information on this form along with authorization to review your credit report. We need a tri-merged “soft pull” credit report for all individuals on the loan. A “soft pull” credit report does not affect your credit scores and is used for counseling purposes.
 - Be prepared to pay for a credit report.
 - \$13.00 for an individual credit report.
 - \$26.00 for joint credit report for legally married couples. *A credit report will be needed for both spouses for homeowners that are legally married regardless if both on the loan.*
 - Make check or money order payable to CHW.**

For over the phone counseling sessions, we must receive payment for the credit report before the counseling appointment is made. For counseling that will happen in our offices, you can either mail in your payment with your forms or you can pay the day of your appointment.
- **“Post Purchase Intake Form”** will provide us your general information. We also use this to keep track of your counseling session with us.
- **“Privacy Policy and Practices of Community Housing Works”** which discloses procedures concerning any and all personal information you provide us.
- **“Monthly Budget”** is a means to collect information on family/individual expenditures, mortgage expenses, and household income. This worksheet is used as a means for both the household and lenders to see what the spending habits are, to recognize any areas of opportunity to budget, and to identify any surpluses or deficits after all the expenditures have been accounted for.

Dear Homeowner,

Read thoroughly and initial, signaling you have read and understand what CHW is expecting from you.

1. ____ I understand that CHW provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from CHW in no way obligates me to choose any of these particular products or housing programs.
2. ____ I understand that I may be referred to other services provided by the organization, another agency or agencies as appropriate that may be able to assist with my particular concerns that have been identified. I also understand that I am not obligated to use any of the services offered to me.
3. ____ I am aware CHW provides the following additional services: Education (financial fitness & homebuyer education classes, family asset building workshops), Counseling (pre-purchase & post-purchase counseling), Lending (first-time home buyer programs, city down-payment loans and rehab loans, mortgage credit certificates), Realty (full real estate services for buyers and sellers).
4. ____ I understand that CHW Housing Counseling Program has financial relationships with outside funders. For the list of our most up to date funders go to: http://www.chworks.org/homeownership_center/
5. ____ I understand that I will FULLY PARTICIPATE in the Loan Modification reprocess with my Lender and actively communicating with the Lender's Loss Mitigation Department.
6. ____ I understand that IF I do not provide ALL requested documents in a timely manner; within 5 business days, the file will NOT be sent to the Lender as they do not accept incomplete packets.
7. ____ I understand that CHW will make reasonable efforts to conduct a verbal follow-up within 60 days of no client contact. If unsuccessful, after two attempts to conduct a verbal follow-up with client, CHW will write an email or letter to client requesting a response from the client. If CHW does not hear back from the client, CHW will close the case and no further attempt of contact will be made.
8. ____ I understand that my point of contact will NOT be my counselor, due to the fact the counselors are meeting with new clients on a daily basis. If in the process of "CLIENT TO DO" portion of this action plan I have a question or need guidance, I will then call CHW @ (619) 282-6647 x 5469 or send an email to mynextstep@chworks.org.
9. ____ I acknowledge that I have received a copy of CHWorks Privacy Policy.
10. ____ I understand that CHW 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.
11. ____ I understand that the NFMC program administrators and/or their agents may follow-up with me between now and June 30, 2013 for the purposes of program evaluation.
12. ____ I understand that CHW 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 assistance agencies or other CHW programs/services as appropriate. I also understand that I am not obligated to follow any of the recommendations or use any of the services offered to me.
13. ____ I understand that 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.
14. ____ I understand CHW reserves the right to update or change our service delivery model, and will do our best to keep you apprised of these changes.

Client Signature

Date



Authorization Form to Release Information

Borrower: _____ Last Four Digits of SS#: ____ _

Co-Borrower: _____ Last Four Digits of SS#: ____ _

Property Address: _____

_____ Zip Code _____

Telephone Number: _____ Email: _____

Lender: _____ Loan Number: _____

Servicer: _____ Conventional () FHA () VA ()

Nonprofit Agency: Community Housing Works:

Ali Tarzi
(619) 282-6647 x5704
mitigation@chworks.org

Regina Sturdivant
(619) 282-6647 x6523
mitigation@chworks.org

Sergio Quero
(619)282-6647 ext6515
mitigation@chworks.org

Tri Nguyen
(619)282-6647 x6518
mitigation@chworks.org

Karla Macias
(619) 282-6647 x5698
mitigation@chworks.org

I/we authorize that Community HousingWorks (herein after “Nonprofit Agency”) and its representatives to speak with my/our lender and with whomever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan.

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with Nonprofit Agency, including notification of loan modification status or future default or delinquency.

Nonprofit Agency agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I/we further authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to access my/our credit report file(s) for debt/expense verification in conjunction with my/our foreclosure counseling or qualification for loan refinance or modification.

This authorization will not be valid unless signed below by all borrowers and co-borrowers named above and will only remain valid until revoked in writing by any borrower or co-borrower named above.

Borrower Date

Co-Borrower Date



Community HousingWorks
own • rent • achieve

Credit Report Request

Applicant

Last Name	First	MI
[]		

SSN	Date of Birth	Suffix
[]	[]	[]

Address

#	Street	Apt
[]		

City	State	Zip
[]		

Co-Applicant

Last Name	First	MI
[]		

SSN	Date of Birth	Suffix
[]	[]	[]

Previous Address

#	Street	Apt
[]		

City	State	Zip
[]		

Check box if Applicant and Co-Applicant are married

I authorize CHW/CHWR&L to order a consumer credit report for counseling purposes.

Applicant Signature

Date

Co-Applicant Signature

Date

CHW use only.

Payment type:

- Cash
- Check# _____
- Money Or. _____

Report run by:

Staff initials





Post Purchase Counseling Intake Form

CLIENT

Please Print Clearly

Name: _____
Last First MI

Street Name Apt

City State Zip Code

Home: (____) _____ - _____ Work: (____) _____ - _____ ext. _____ Fax: (____) _____ - _____

Mobile/Cell (____) _____ - _____ Email: _____

Social Security Number: _____ - _____ - _____

Race (please circle):

- | | | |
|--------------------|---|---|
| 1. White | 2. Black or African American | 3. American Indian/Alaskan Native and White |
| 4. Asian | 5. American Indian/Alaskan Native | 6. American Indian/Alaskan Native and Black |
| 7. Asian and White | 8. Native Hawaiian/Other Pacific Islander | 9. Black/African American and White |
| 10. Other | | |

Hispanic: No Yes **Are you a Veteran/in military:** Yes No

Date of Birth: ____/____/____ **Age:** _____

Family/Household Size: _____ **# of Dependents:** _____ Dependent ages: _____, _____, _____, _____, _____

Foreign Born: (please circle one): Yes No

Annual Family or Household Income: \$ _____

Are you the head of the household? Yes No

Education (circle the highest level you have completed):

- | | | |
|------------------------------|--------------------------|----------------------------|
| 1. Above Masters Degree | 2. Associates/Vocational | 3. Bachelors Degree |
| 4. Below High School Diploma | 5. College | 6. High School Diploma/GED |
| 7. Masters Degree | 8. None | 9. Primary |

Are you disabled? Yes No **Are there any household members with a disability?** Yes No

Marital Status: 1. Divorced 2. Married 3. Separated 4. Single 5. Widowed

Housing Arrangement: 1. Rent 2. Homeowner with mortgage

Gender: Male Female

How many co-applicants on the mortgage loan? _____

Referred to by:

Loan Modification Scam Alert	Print Ad	Newspaper	Billboard	Radio/TV	Realtor
Housing Commission	Lifeline	Craigslist	PennySaver	FaceBook	Friend/Family
CHW Website/Staff	Bank _____			Other _____	

Household Type (please select the most accurate):

- | | | |
|--|-------------------------------|-----------------|
| 1. Female headed single parent household | 2. Married with dependents | 2. Other |
| 4. Male headed single parent household | 5. Married without dependents | 6. Single adult |

Are you a Colonias* Resident? Yes No

Are you using Section 8 Voucher? Yes No

*A "Colonia" is an unincorporated community with a population of less than 10,000 people of low income.

CLIENT EMPLOYMENT

Please Print Clearly

Primary Employer: _____ Business Type _____

*Hire Date: _____ Title: _____

How long have you worked for this employer? _____

How long have you been in profession? _____

Secondary Employer: _____

*Hire Date: _____ Title: _____

How long have you worked for this employer? _____

How long have you been in profession? _____

CO-BORROWER INFORMATIONName: _____
Last First MIHome: (____) _____ - _____ 2nd Phone: (____) _____ - _____

Birth Date: ____/____/____ Social Security Number: ____-____-____

SAVINGS/INVESTMENTS

Please Print Clearly

Check if applicable and the approximate value for each of the following:

Type of asset	Bank/Company
<input type="checkbox"/> Checking account \$ _____	_____
<input type="checkbox"/> Savings account \$ _____	_____
<input type="checkbox"/> CDs, stocks, etc.* \$ _____	_____
<input type="checkbox"/> Cash \$ _____	

*Do not include value of life insurance or retirement assets (401K, pension funds, annuities, IRAs, etc.)

OTHER INCOME

Please Print Clearly

Type	BORROWER Monthly Gross	CO-BORROWER Monthly Gross
Alimony/Child Support		
Social Security		
Pension Income		
Public Assistance		
Dependent SSI Income		
Disability Income		
Rental Income		

ADDITIONAL INFORMATION

Borrower

Co-Borrower

Have filed for bankruptcy? Yes No Yes No

Has it been discharged? Yes No Yes No

Are you in default?: Yes No

If so, how many months?: _____

Do you intend to occupy the property as your primary residence? Yes No Yes No

AUTHORIZATION & PRIVACY POLICY

1. I understand that CommunityHousing Works, Inc. 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 CommunityHousing Works, Inc. 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 give permission for NFMC program administrators and/or their agents to follow-up with me between now and December 31, 2011 for the purposes of program evaluation.
4. I understand that client files, electronic and paper are kept confidential. Our agency ensures the confidentiality of each client's personal and financial information including credit reports, whether the information is received from client or from another source. Hard copies of client files are kept in a locked filing cabinet and electronic client files are kept secure, and only accessible by authorized employees.
5. I acknowledge that I have received a copy of CommunityHousing Works's Privacy Policy.

Please Note:

- 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.
- 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.
- I understand that CommunityHousing Works, Inc. provides information and education on numerous loan products and housing programs and I further understand
- I understand that the housing counseling I receive from CommunityHousing Works in no way obligates me to choose any of these particular loan products or housing programs.

Privacy Policy

CommunityHousing Works, Inc. 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 not be provided to creditors, program monitors, and others without 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-in" of certain disclosures

1. You have the opportunity to “opt-in” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, allow us to make those disclosures.

If you choose to “opt-in”, we will be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-in”, you may call us at 619-282-6647 x5468 and do so. However, if you do not “opt-in”, this may affect our ability to provide homeownership services to you. To “opt-in”, e-mail: stopforeclosure@chworks.org

Non-affiliated third parties are entities that are not owned nor controlled, in whole or in part, nor are they a subsidiary of, CommunityHousing Works, Inc. However, these third party entities are essential to our ability to provide homeownership services to you.

Release of your information to third parties

1. If you “opt-in”, 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.

Borrower's signature_____

Date_____

Co-Borrower's signature_____ (if applicable)

Date_____

MONTHLY BUDGET

Client Name _____

Date _____

Necessities Home **Current**

Groceries/Home Care _____
 Clothing/Dry Cleaning _____

Necessities Personal

Medical/ Dental Co-Pays _____
 Medical/Dental/Life Insurance _____
 Membership Fees _____
 Haircuts/Nails _____
 Entertainment/Food Away _____
 Charities _____

Utilities

Gas & Electric _____
 Phone/Cable/Internet _____
 Cell Phone _____
 Water _____
 Trash/Sewage _____

Transportation

Car Payment _____
 Car Insurance _____
 Car Miantenance/Registration _____
 Gas _____
 Public Transportation/Tolls _____

Dependants

Child Care/Babysitter _____
 Child Support/ Alimony _____
 Kid's Activities _____

Education

Tuition _____
 School Lunches _____

Monthly Debt

Credit Cards _____
 Student Loans _____
 Secured Debt _____
 Liens/Judgements _____
 Bank Fees _____

Miscellaneous _____

A) TOTAL LIVING EXPENSES _____

Comparable Value: _____
Months Late: _____

House Payment **Current** **Proposed**

1st Mortgage _____ _____
 2nd Mortgage _____ _____
 Other Mortgage(s) _____ _____
 Property Taxes _____ _____
 Property Insurance _____ _____
 HOA _____ _____

B) TOTAL HOUSING _____ _____

Income **Gross** **Net**

Net Income 1 _____ _____
 Net Income 2 _____ _____
 Pension _____ _____
 Social Security _____ _____
 Alimony/Child Support _____ _____
 Rental/Boarder Income _____ _____
 Other Benefits _____ _____

C) TOTAL INCOME _____ _____

TOTAL DEBT _____

TOTAL LEFT OVER _____

Front End Ratio _____

Back End Ratio _____

Housing Ratio _____

Mortgage Statistics

Purchase Date: _____
 Purchase Amount: _____
 Refinance Date: _____

Lender (1st):

Loan Type: P&I I/O NegAm
 Loan Amount: _____ Escrow
 Loan Number: _____
 Initial Interest Rate: _____ Fixed
 Current Interest Rate: _____ ADJ

Lender (2nd):

Loan Type: P&I I/O NegAm
 Loan Amount: _____ HELOC
 Loan Number: _____
 Initial Interest Rate: _____ Fixed
 Current Interest Rate: _____ ADJ

Mortgage Investor Type

FNA FMC FHA VA CONV