



Neighborhood Housing Services of Bedford Stuyvesant, Inc.
1012 Gates Avenue, 1st fl., Brooklyn, NY 11221
Tel: 718-919-2100

Foreclosure Intervention Mortgage Default Intake Form 2015



Courtney Corbin, Foreclosure Intervention Counselor
Tel: 718-732-8025 E-fax: 646-792-4110

www.nhsnyc.org

Foreclosure Intervention/Documentation Checklist

You will need all the following documents for our consultation:

- [] Completed Mortgage Default Intake Form (enclosed)
Please sign all 6 pages (where borrower signature is required)
- [] Bank Statements (two months, all pages)
- [] Pay Stubs (4 consecutive paystubs)
- [] Tax returns and W2's for the past two years (all pages)
- [] Self employed – Year to date profit and loss statement
- [] All papers received from Bank/Service or Attorney
- [] Proof of Child Support/Alimony
- [] Proof of rental income (leases) and bank statement showing deposit of rental income
- [] Proof of Social Security/Pension (award and/or pension letter)
- [] Hardship letter (a detailed letter explaining reason of hardship)
- [] Mortgage Statement(s)
- [] Homeowner's Insurance Policy
- [] Copies of all utility bills
- [] Credit report fee \$25.00 (check or money order ONLY)

Once you have all your documents together and have completely filled out this package call Mr. Corbin at 718-732-8025 to schedule an appointment to review your case.

It is strongly recommended that ALL customers bring (2) sets of documents, at interview time: One set of originals with the client and one set of clear copies for the counselor. Thank You.



Neighborhood Housing Services of New York City, Inc.
Mortgage Default Intake Form



LOCATION INFORMATION

NHS Location: Bedford Stuyvesant Canarsie East Flatbush
 Home Ownership Center North Bronx Northern Queens South Bronx

CLIENT INFORMATION

1. First Name: _____ 2. Last Name: _____

3. Street Address: _____

4. City: _____ 5. Zip Code: _____

6. Current Housing Arrangement (*choose one*): Homeowner w/mortgage Homeowner w/out mortgage
 Renter Other

7. Home Phone: _____ 8. Work Phone: _____

9. Mobile Phone: _____ 10. Email: _____

11. Gender: Male Female 12. Head of Household: Yes No

13. Ethnicity: Hispanic 14. Race: Black/African American White/Caucasian Native American
 Non Hispanic Asian Pacific Islander Other: _____

15. Birth Date (*mm/dd/yyyy*): _____ 16. Age: _____

17. Highest Level of Education Attained (*choose one*): College Vocational High School/GED
 Primary School None

18. Marital Status (*choose one*): Married Single Separated Widowed

19. Number of People in Household: _____ 20. Number of Children in Household (Age 17 and Under): _____

21. Household Annual Income: \$ _____ 22. Social Security #: _____

23. Are you Foreign Born? Yes No 24. Are you a proficient English speaker? Yes No

25. Are you Active Military? Yes No 26. Are you a Veteran? Yes No

27. Who referred you to NHS? _____



Neighborhood Housing Services of New York City, Inc.
 307 West 36th Street, 12th Floor • NY, NY 10018
 Tel: 212-519-2500 • Fax: 212-727-8171



MORTGAGE DEFAULT

APPLICANT EMPLOYMENT

Are you currently Employed? Yes No

Primary Employer: _____

Start Date: _____ End Date (if applicable): _____

Title: _____

Business Type: _____ Self Employed: Yes No

Monthly Gross Income: \$ _____ Monthly Net Income: \$ _____

PROPERTY INFORMATION

How is the Property Owned? Solely With Others

If with others, indicate names: _____

Who holds the Deed? _____

Who holds the Mortgage? _____

Is the Mortgage in the Name of a Senior? Yes No

What type of 1st mortgage do you have? (choose one)

FHA Convertible Fixed Other Adjustable

Original Mortgage: \$ _____ Balance \$ _____ Monthly Payment: \$ _____

Mortgage Term: _____ Interest: _____

of Months in Arrears: _____

Mortgage Company: _____

Loan Servicer: _____

Second Original Mortgage (if applicable)

What type of 2nd mortgage do you have? (choose one)

FHA Convertible Fixed Other Adjustable

Original Mortgage: \$ _____ Balance \$ _____ Monthly Payment: \$ _____

Mortgage Term: _____ Interest: _____

of Months in Arrears: _____

Mortgage Company: _____



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MORTGAGE DEFAULT

CUSTOMER BUDGET

Personal Budget Worksheet

Please complete the following in order for us to fully assess your situation and provide a response to your request for assistance.

Borrower Name:	
Co-Borrower Name:	
Property Address:	
Billing Address:	

Contact Information

Borrower	Home:		Co-Borrower	Home:	
	Work:			Work:	
	Mobile:			Mobile:	

Income (List net income for all household members)	
Borrower:	\$
Co-Borrower:	\$
Other Household Members:	\$
Child Support/Alimony:	\$
Rental Income:	\$
Other Income:	\$
Please explain the reason you fell behind on your payments:	

Expenses (List minimum monthly payment)	
1st Mortgage (Include tax/ins):	\$
2nd Mortgage:	\$
Other Mortgages or Rent:	\$
Auto Loan 1:	\$
Auto Loan 2:	\$
Installment Loan(s):	\$
Credit Cards:	\$
Child Care:	\$
Child Support/Alimony:	\$
School/Tuition:	\$
Electric:	\$
Gas/Oil:	\$
Water:	\$
Auto Insurance:	\$
Life/Other Insurance:	\$
Transportation (gas, bus fare):	\$
Groceries:	\$
Dining Out:	\$
Cell Phone:	\$
Home Phone:	\$
Cable/Satellite:	\$
Internet:	\$
Misc/Other:	\$

Signature of Certification of Completion

Borrower: _____
 Co-Borrower: _____

Date: _____
 Date: _____



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MORTGAGE DEFAULT

FORECLOSURE MITIGATION COUNSELING AGREEMENT

1. I understand that **Neighborhood Housing Services of New York City, Inc. and its subsidiaries** provide foreclosure mitigation counseling. Upon completion I will receive a written action plan consisting of recommendations for handling my finances, including possible referrals to other housing agencies as appropriate.
2. I understand that **Neighborhood Housing Services of New York City, Inc. and its subsidiaries** receive Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, are 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 pull my credit report and to follow-up with me for the purposes of program evaluation.
4. I acknowledge that I have received a copy of **Neighborhood Housing Services of New York City, Inc. and its subsidiaries** Privacy Policy.
5. The EHLP client is not obligated to receive any other services offered by the Grantee or its exclusive partners.

Borrower Signature: _____

Date: _____

Co-Borrower Signature: _____

Date: _____



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MORTGAGE DEFAULT

AUTHORIZATION to RELEASE INFORMATION and REQUEST COUNSELING

I/We understand that my mortgage servicer and/or HUD may refer me to an independent counseling organization to help me with my financial obligations. For this purpose I hereby authorize the servicer to release certain financial information, related to my mortgage loan, to **Neighborhood Housing Services of New York City (NHS), 307 W 36th Street 12th Floor New York, NY 10018** and its subsidiary offices. All information released to NHS will remain strictly confidential. This information will include, but not be limited to:

- | | |
|------------------------|--------------------------------------|
| Original Loan Amount | Current Balance |
| Payment Due Date | Payment History |
| Monthly Payment Amount | Amount Past Due/Date of Last Payment |
| Credit Report(s) | Loss Mitigation Agreement |

I further hereby authorize NHS to furnish any information regarding my financial status which may assist the servicer or its affiliates in determining whether my homeownership may be preserved by restructuring my loan or by other services. I also authorize NHS to receive copies of documents pertaining to my financial information including, but not limited to: Forbearance Agreement, Modification, Partial Claim, Reinstatement Figures and Payoff Statements.

I understand that **NHS and its subsidiaries** receive Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, are required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I acknowledge that I have received a copy of **NHS and its subsidiaries** Privacy Policy.

I may be referred to other housing services of NHS 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.

I understand that **NHS and its subsidiaries** provide information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from **NHS and its subsidiaries** in no way obligates me to choose any of these particular loan products or housing programs. I, the client, understand that I am not obligated to receive any other services offered by **NHS and its subsidiaries** or its exclusive partners. NHS will provide information on alternative services, programs and products upon request.

First Loan Number:	_____	Second Loan Number:	_____
Borrower Signature:	_____	Date:	_____
Borrower Social Security Number:	_____		
Co-Borrower Signature:	_____	Date:	_____
Co-Borrower Social Security Number:	_____		
Counselor Signature:	_____	Date:	_____



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MORTGAGE DEFAULT

CLIENT/COUNSELOR CONTACT

Neighborhood Housing Services of New York City, Inc. and its counselors agree to provide the following services:

1. Development of an action plan
2. Analysis of any mortgage default, including the amount and cause of default
3. Presentation and explanation of reasonable options available to the homeowner
4. Assistance communicating with the mortgage servicer and other creditors
5. Timely completion of promised action
6. Explanation of collection and foreclosure process
7. Identification of assistance resources
8. Referrals to needed resources
9. Confidentiality, honesty, respect and professionalism in all services

I/We, _____, agree to the following terms of service:

1. I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
2. I/We will provide all necessary documentation and follow-up information within the timeframe requested.
3. I/We will be on time for appointments which are between 45 to 60 minutes and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
4. I/We will call within 24 hours of a scheduled appointment if I/we will be unable to attend an appointment.
5. I/We will contact the counselor about any changes in our situation immediately.
6. I/We understand that breaking this agreement may cause the counseling organization to cease to provide its service assistance to me/us.

Borrower Signature: _____

Date: _____

Co-Borrower Signature: _____

Date: _____

Counselor Signature: _____

Date: _____



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MORTGAGE DEFAULT

PRIVACY POLICY and PRACTICES

Neighborhood Housing Services of New York City, Inc. and its subsidiaries are 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 be provided to creditors, program managers, 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.

Types of information that we gather about you:

1. Information we receive from you orally, on applications 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 any of our Neighborhood offices at anytime.

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 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 have received a copy of Neighborhood Housing Services of New York City, Inc. and its subsidiaries Fee Schedule.

Client Signature: _____

Date: _____



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Disclosure Statement to Clients

Neighborhood Housing Services of New York City Provides the following programs and Services:

- Housing Counseling including Homebuyers Education and Counseling, Post — Purchase Education and Counseling, Foreclosure Prevention Education and Counseling, Reverse Mortgage Counseling, and Financial Capability
- Down payment Assistance Programs
- Emergency Home loans

Funding Disclosure

NHS and its affiliates are funded through a variety of sources to support its mission. These funding sources include US Department of Housing and Urban Development (HUD), National Foreclosure Mitigation Counseling Program (NFMC), and other Foundations, Private organizations, and financial institutions. A copy of our funding partners is attached

These programs/ services may also be offered by other providers, and clients are under no obligation to choose any of these particular loan products or housing programs that are provided through NHS and its affiliates. I, the client understand that I am not obligated to receive any other services offered by NHS and its affiliates or its exclusive partners. NHS will provide information on alternative services, programs and products upon request.

Client Signature: _____

Date: _____

Second Client (if applicable) Signature _____

Date: _____

Counselor Signature: _____

Date: _____

Date

Bank/Service

Attn: Home Retention Department

RE: Names

Loan #

Address

City, State, Zip Code

HARDSHIP LETTER

I am writing this letter to explain the unfortunate set of circumstances that have caused me to become delinquent on my mortgage. I am requesting that you review my current financial situation in order to see if I qualify to work out a modification of my current mortgage.

I am having trouble making the monthly payments under the previously agreed upon terms because of financial difficulties created by a change in my living situation. When I originally bought my home _____

_____. As a result, my household income has dropped significantly.

I have been working with Neighborhood Housing Services of Bedford Stuyvesant and have made serious cutback in my family's budget. I am still not able to meet my monthly obligations at my current mortgage payment. My home value has dropped considerably and it is now worth less than I owe on it. I can not see it and I don't want to. I am committed to maintaining ownership of my house. I believe that this is evident in the sacrifices that I have made in order to come this far. I am willing to work with you in any way necessary to reach a payment that is affordable at my current income.

I would like to be considered under the Making Home Affordable Mortgage Program. Under this program, I would be able to sustain my mortgage payment and meet my other obligations as shown in my budget. I am currently more than ___ month(s) delinquent which is very distressing to me as I believe strongly in meeting my financial obligations. I am serious about rectifying this situation and hope that you will be able to help me.

Thank you for your kind consideration of my situation.

Sincerely,

Signature of homeowner(s)