

Supporting Document Checklist – Mortgage Assistance Counseling

Please provide copies (please do not bring any originals) of the following documentation to your upcoming counseling session. If it is possible please fax them to: 224-293-6110 prior to your appointment, as it will give the counselor some time to review your situation and prepare for your appointment. This is a private fax and transmits directly to our housing counseling email address.

Our agency does not charge any fees for mortgage modification and pre-foreclosure counseling.

There is a 25.00 (for single applicant - \$50.00 for joint applicants) charge for a soft pull credit report which is used to verify credit card and installment debts. **If paying credit report fee is a hardship, you will be required to provide statements for all monthly bills that are reported to the credit bureau (no exceptions) in addition to your monthly utility bills.**

Completed Intake Packet includes the following forms:

- Personal Profile Intake Form (no blank spaces, sign and date the form)
- Completed Budget form – ALL monthly expenses to be included including credit cards, installment loans, mortgages, utilities, insurance, and all household expenses such as gasoline, cell phones, internet, cable, groceries. Even if you are not paying a certain bill please include the minimum monthly payment that is required.
- Privacy Policy
- Foreclosure Mitigation Counseling Agreement
- Partners In Charity Disclosure Statement
- Client/Counselor Contract
- Partners In Charity Counseling and No Steering Agreement
- Loan Modification Scam Identification & Loan Scam Reporting Form (3 pages)
- Making Home Affordable Eligibility Determination Checklist – to be completed during your appointment

Personal Bank Statements for last 2 months

Business bank statements and P&L statement for last 6 months if self employed

Signed tax returns for last 2 years, including W-2s

If self employed, provide Business tax returns for last 2 years

Most Recent Paycheck Stubs (for last 30 days) OR proof of income covering last 30 days - from Unemployment, SSI, other sources

Provide copies of ALL most recent statements (for last month) for any debts you pay monthly including utilities: Credit Card, Installment Loan Statements, Payment Books OR bring credit report fee: \$25.00 for single applicants/\$50.00 for joint applicants in addition to your utility bills, cell phone, cable, internet, auto insurance, life insurance, homeowner's insurance

Divorce Decree (if applicable)

Bankruptcy Documentation (if applicable)

Alimony and Child Support Documentation (if applicable)

Proof of other household income (if applicable)

Most recent Mortgage Statement(s)

Current copies of ALL monthly bills you are paying (this includes utilities, phone, cable, cell phone, auto insurance, life insurance, etc.)

ALL correspondence from mortgage company, attorneys

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month?

Secondary Employer: _____

Title Hire Date

Street City State Zipcode

Phone: (____) _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month?

If employed for LESS THAN TWO years at one place, continue listing employers on a separate sheet of paper.

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month?

If employed for LESS THAN TWO years at one place, continue listing employers on a separate sheet of paper.

PERSONAL PROFILE INTAKE FORM

INCOME

<i>Type of Income</i>	<i>CUSTOMER Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>
Salary		
Alimony/Child Support		
Rental Income		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Seasonal Employment		

Can you document your child support/alimony income? Yes No
 If yes, how long will it continue?

If your child or a family member receives SSI, how many more years will the payments continue? _____

If you receive disability income, is it for a permanent disability? Yes No

Regarding seasonal employment, have you worked in this field for two years or more? Yes No

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Whose Debt? (C=Customer, A=Co-Applicant)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
<i>Have your payments been made on time?</i>	Yes	No	Yes	No
<i>Are you currently in Chapter 13 bankruptcy?</i>	Yes	No	Yes	No
<i>If yes, when did it begin? _____</i>				
<i>If yes, when will it be paid out? _____</i>				
<i>If yes, how much is the payment? _____</i>				
<i>Have you had a Chapter 7 bankruptcy?</i>	Yes	No	Yes	No
<i>If yes, when was it discharged? _____</i>				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please list the approximate value of the following:

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No
 If yes, how much? \$ _____

LIVING EXPENSES

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		

ADDITIONAL INFORMATION

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
Have you owned a home in the last three (3) years?	Yes	No	Yes	No
Are you a Veteran?	Yes	No	Yes	No
Are you currently working with a real-estate agent?	Yes	No		
Most convenient time for an individual appointment?	_____ AM		_____ PM	

Customer _____

Date _____

Co-Applicant _____

Date _____

Detailed Budget: MONTHLY

Borrower:	
Property:	
Loan#	

Housing -Primary Residence	Monthly Pmt
1st Mortgage	
2nd Mortgage	
H.O. Insurance	
Property Taxes	
Home Owners Association	

included in payment? YES NO
 included in payment? YES NO

Loans/Credit Cards	Monthly Pmt
Auto Loan 1	
Auto Loan 2	
Installment Loan	
Installment Loan	
Student Loan	
Student Loan	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Credit Card 5	
Other:	
Other:	
Other:	
Other:	

Living Expenses	
Cable	
Internet	
Cell Phone	
Cell Phone	
Phone - Land Line	
Groceries	
Trash Removal	
Water/Sewer	
Electricity	
Heat	
Medical / Prescriptions	
Gasoline	
Clothing	
Daycare	
Other:	
Other:	
Other:	
Other:	

Life & Health Insurance	
Life Insurance	
Health Insurance	

TOTAL ALL EXPENSES	
---------------------------	--

Housing - 2nd property	Monthly Pmt
Address:	
Loan Servicer:	
1st Mortgage	
2nd Mortgage	
H.O. Insurance	
Property Taxes	
Home Owners Association	

Are taxes and insurance included in payment? Y N

Housing - 3rd Property	Monthly Pmt
Address:	
Loan Servicer:	
1st Mortgage	
2nd Mortgage	
H.O. Insurance	
Property Taxes	
Home Owners Association	

Are taxes and insurance included in payment? Y N

Signature: _____

Date: _____

Partners In Charity Privacy Policy

Partners In Charity 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 be provided to creditors, program monitors, and others only with 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-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 (phone number) 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 compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. 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).
4. 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.

Signature

Date

Signature

Date

Foreclosure Mitigation Counseling Agreement (Authorization Form)

- I understand that **Partners In Charity** 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.
- I understand that **Partners In Charity** 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.
- I give permission for NFMC program administrators and/or evaluators to follow-up with me between now and December 31, 2014 for the purposes of program evaluation.
- I understand that **Partners In Charity** provides information and education on numerous loan products and housing programs. I further understand that the housing counseling I receive from **Partners In Charity** in no way obligates me to choose any of these particular loan products or housing programs.
- I acknowledge that I have received a copy of the Privacy Policy.
- I acknowledge that I have received a copy of the Disclosure Statement.
- **Legal Assistance:** If I have a legal issue directly related to my foreclosure, delinquency, or short sale, I understand that my housing counselor may refer me for legal assistance with NFMC program funds. If I choose to accept that referral, I give permission for my housing counselor and attorney to share my file as permitted by state law and the Bar's applicable Rules of Professional Conduct.
- 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 about bankruptcy, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances.
- I understand that in the event I am dissatisfied, I can request a copy of Agency's Complaint Resolution Process, a copy of which is available upon request.

Client's signature _____ Date: _____

Client's signature _____ Date: _____

**PARTNERS IN CHARITY
DISCLOSURE STATEMENT**
(NFMC PROGRAM)

This disclosure statement is provided by Partners In Charity ("Grantee") to all clients seeking foreclosure intervention counseling services from Grantee.

Complete list of services provided by Partners In Charity, in addition to housing counseling:

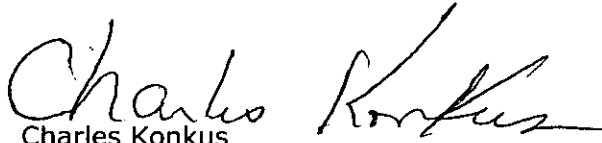
- Down Payment Assistance/Secondary Financing
- Rehabilitation and re-sale of HUD and donated properties

Description of any financial relationships between Partners In Charity and any other industry partners.

- Partners In Charity has no FINANCIAL relationships with any other industry partners.

As a client of Partners In Charity, you are not obligated to receive any other services offered by Partners In Charity or its industry partners.

Partners In Charity certifies that its staff and volunteers who will provide foreclosure intervention counseling under the Grant have no conflict(s) of interest due to any other relationships with servicers, real estate agencies, mortgage lenders, and/or other entities or industry partners (whether identified or not) that may stand to benefit from particular counseling outcomes.


Charles Konkus
Executive Director

Signature

Date

Signature

Date

Client/Counselor Contract

Partners In Charity and its counselors agree to provide the following services:

- Development of an action plan based on the client's goal
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of the foreclosure process
- Identification of assistance resources & Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

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

I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.

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.

THIS INCLUDES NOT PROVIDING THE REQUESTED INFORMATION IN A TIMELY MANNER.

I/We will understand that I must call to schedule an appointment if I need further assistance and that I understand Partners In Charity does not allow walk-ins.

Name Date

Name Date

Counselor Date

Partners In Charity

Counseling and No Steering Agreement

1. I understand Partners In Charity provides housing counseling, financial and mortgage readiness counseling, which I will receive a written action plan consisting of recommendations for handling my finances and/or my current situation, possibly including referrals to other housing agencies as appropriate.

2. I acknowledge I have received a copy of the Partners In Charity Privacy Policy.

3. I understand Partners In Charity will close my case file after three attempts to communicate with me via email, telephone, and/or U.S. postal mail. I also understand that I have the option to request a copy of my file.

4. I understand I am not obligated to utilize any of the services offered me and may be referred to other housing services offered by the agency or to an outside agency to assist with concerns that may have been identified.

5. Counselors may answer questions and provide information, but will not give legal advice. If I want legal advice, recommendation will be that I seek legal assistance from the appropriate entities.

6. I understand that Partners In Charity provides information and education on numerous loan products and housing programs. I further understand that the housing counseling I receive from Partners In Charity does not obligate me to choose any of these particular loan products or housing programs.

7. I understand that Partners In Charity will not make referrals to specific agencies, but will provide me a list of agencies and I will make my own decision.

Signature _____ Date _____

Signature _____ Date _____

LOAN MODIFICATION SCAM IDENTIFICATION

As part of Partners In Charity's foreclosure prevention counseling program, we inform and educate consumers about loan scams and how to avoid these practices.

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

YES NO

If Yes, please provide:

Agency or Name of Company: _____

Address: _____

Phone: _____

Name of Representative: _____

2.) 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

HOW TO REPORT LOAN SCAMS:

➤ To report a scam by telephone call: 1-888-995-HOPE

➤ To report a scam online access the website: <http://www.preventloanscams.org/>

➤ Use the attached 2 page form to report a loan scam by mail

Client signature

Date

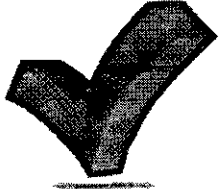
Loan Modification Scam Prevention Network



www.PreventLoanScams.org



1 Before you fill out this form:



- 1) Did anyone offer to help modify your mortgage, either directly, through advertising, or by other means such as a flyer? YES NO
- 2) Were you guaranteed a loan modification or asked to do to any of the following:
 pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payments? (check all that apply)

If the answer to both questions is no, you do not need to submit this form.

NOTE: This form is designed to provide a way to submit a complaint regarding companies or individuals that may be fraudulently or illegally claiming they can help you obtain a loan modification or avoid foreclosure. With the homeowner's permission, the complaint will be forwarded to law enforcement agencies for their review and any action they deem appropriate. While you may receive a follow-up call or information from legal volunteers for the Network, it does not provide direct legal representation to complainants.

2 Information about Person Who Offered Help

If you paid money check here: Total paid \$ _____

If any of the money was paid before services were provided, check here:

If you were *guaranteed* a loan modification, check here:

What services did the company or individual offer?
(check all that apply)

<input type="checkbox"/> Loan Modification assistance/consulting	<input type="checkbox"/> Foreclosure relief/consulting
<input type="checkbox"/> Legal Representation	<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Reverse Mortgage	<input type="checkbox"/> Refinancing
	<input type="checkbox"/> Offer to purchase homeowner's property

If you signed a contract, did the person perform the services agreed to in the contract? YES NO

When was your last contact with the person? _____

3 Contact Information for Person Who Offered Help

Company/Individual Name: _____

Main Contact (if different than company/individual): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Website: _____

4 Homeowner Information

First Name*: _____ * Required

Last Name*: _____

Email: _____

Phone*: _____

Address of Property: _____

City: _____ State*: _____ Zip*: _____

Senior? If Yes, please circle the appropriate age range: 51-65 66 or older

Homeowner race/ethnicity (not required):

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black/African-American | | <input type="checkbox"/> Prefer not to say |

Loan Modification Scam Prevention Network

5 Other Relevant Information

[Empty space for providing other relevant information]

6 Contact Information—for this form to be processed, you must fill out (a), (b), or (c) below.

(a) I am the homeowner and my contact information is listed in section 4 on the previous page—check here:

(b) I completed this form on behalf of a family member or friend. My contact information is:

First Name*: _____

Last Name*: _____

Email: _____

Phone: _____

(c) I am a counselor, lawyer, or volunteer, and I filled out this form on behalf of a homeowner.

My company/organization's contact information is:

Group/Organization Name*: _____

Email: _____

City*: _____ State*: _____ Zip*: _____

Phone: _____

7 TO SUBMIT THIS COMPLAINT YOU MUST READ AND RESPOND TO BOTH:

ARE YOU willing to be contacted by the Loan Modification Scam Prevention Network, including the Lawyers' Committee for Civil Rights Under Law and their legal volunteers, for a follow up interview concerning information provided in this form about the potential mortgage rescue scam?

(Please note: Selecting yes does not guarantee that homeowner will be contacted for follow-up.)

YES NO

ARE YOU willing to have this information shared with state and federal agencies and our coalition partners involved in the enforcement of laws banning mortgage rescue scams?

(Please note: If homeowner agrees to such sharing, the information in this complaint form will be entered into the Federal Trade Commission's Consumer Sentinel Network, a secure online database that is used by thousands of civil and criminal law enforcement authorities worldwide. The FTC does not resolve individual consumer complaints but this information can be valuable to law enforcement in efforts to stop mortgage rescue scams.)

YES NO

To Return Completed Form:

Mail to:

Loan Modification Scam Prevention Network—Intake
Lawyers' Committee for Civil Rights Under Law
1401 New York Ave NW, Suite 400
Washington, DC 20005

Scan and email to: info@preventloanscams.org

Fax to: 202-783-0857 (ATTN: LMSPN Intake)

Fill out this form online at:

<http://intake.preventloanscams.org>

National Foreclosure Mitigation Counseling Program
Making Home Affordable Eligibility Determination Checklist

Modification (Home Affordable Modification Program (HAMP)): NFMC Program Grantee must screen for eligibility by determining and documenting the following:

	Yes	No
Was the mortgage loan a first lien mortgage loan originated on or before January 1, 2009?		
Has the mortgage been previously modified under HAMP?		
Is the mortgage loan delinquent or is default reasonably foreseeable?		
Is the property securing the mortgage loan vacant or condemned?		
Is the mortgage loan secured by a one- to four-unit property, one unit of which is the borrower's principal residence?		
Is the client's current monthly housing payment ratio greater than 31%?		
Is the current unpaid principal balance of the mortgage less than \$729,750 for a one-unit property, \$934,200 for a two-unit property; \$1,129,250 for a three-unit property; and \$1,403,400 for a four-unit property?		

Refinance (Home Affordable Refinance Program (HARP)): NFMC Program Grantee must screen for eligibility by determining and documenting the following:

	Yes	No
Is client the owner of a one- to four-unit home? (required by NFMC, not HARP)		
Is the loan a first lien, conventional mortgage owned or guaranteed by Fannie Mae or Freddie Mac?		
Is client current on their mortgage (hasn't been more than 30 days late on mortgage payment in last 12 months, or if the mortgage is less than 12 months old, the client has no 30 day delinquencies)?		
Does the client owe 125% or less of the house's current value on the first mortgage?		
Does the client have income sufficient to support the new mortgage payments?		
Does the refinance improve the long-term affordability or stability of the loan?		

FHA Loans For clients with FHA loans, NFMC Program Grantee must screen for eligibility by determining and documenting the following:

	Yes	No
Is client the owner of a one- to four-unit home?		
Is client less than 12 payments behind on their mortgage?		
Does the client have income sufficient to support the new mortgage payments?		
With the modification, will the client's front end DTI be more than 31% and their back end DTI be less than 55%?		
Is the client eligible for the FHA Special Forbearance, or the FHA Loan Modification and Partial Claim?		