

Checklist:

Foreclosure prevention documents checklist to prepare for counseling session.

[1] Intake Forms:

- Client Intake Form
- Authorization to Release Information
- Foreclosure Mitigation Counseling Agreement
- Monthly Budget worksheet
- Credit Authorization and Privacy Disclosure
- Massachusetts Division of Banks Authorization Form.
- Media Release Form

[2] Supporting Documents.

- All Lender correspondence from the mortgage company or its attorney, even if it's unopened
- Most recent Mortgage Statement
- Complete Loan closing documents (Note, Settlement Statement, and Truth in Lending)
- Tax Returns for last 2 years. With w-2's
- Most recent one month of pay stubs for all employments
- Proof of any other household income i.e. (SSI, DSS, and child support etc)
- Most recent 2 months of statement(s) of all bank accounts including recent statement from any retirement, pension, annuities and life insurance accounts
- Utility bill- proving occupancy
- Hardship Letter:**
 1. Explaining the reasons and circumstances beyond your control that have caused the financial hardship and inability to keep up with your mortgage payments (i.e. loss or reduction of income, medical reason).
 2. Explain if the situation has been resolved and how, if not; consult your counselor to make a plan.
 3. Explain your commitment to save your home (i.e. got a new job, back to work from medical reason)

If self-employed please include above information as applicable and the following

- Most recent two years of complete tax returns with all schedules
- Most recent three months bank statements for all accounts including recent statement from any retirement, pension, annuities and life insurance accounts
- Most recent quarter **"Profit and Loss Statement**

"Recent tri-merge credit report can be generated from CBA if applicable"

CBA's Opportunity Center
Home Preservation Center (HPC)
517 Moody St, 3rd Floor, Lowell, MA 01854
Phone: 978 452 7523 Fax: 978 452 4923

The HPC is a collaboration of the Coalition for a Better Acre (CBA)

Lender: _____
Borrower(s) _____
Address: _____
Loan Number: _____ Last Four Digits of S. S. #: _____

Third Party Authorization to Release Information Form

Dear Sir or Madam:

I/We am/are currently working with a nonprofit / 501-C-(3) agency the Home Preservation Coalition of the Merrimack Valley (HPC) a Housing advocacy agency affiliated with these organizations: Coalition for a Better Acre (CBA), NeighborWorks America and The Home ownership Preservation Foundation, Hope Now Alliance, and Project HOPE. I/we hereby authorize you to release any and all information concerning my Account and financial information to the HPC and/or their designated Counselors at their request. This file has been assigned to:

Housing counselors: Ken Berard
Email address: ken.berard@cbacre.org
Direct Phone number: (978) 856 6620

I/we further authorize you to discuss any of my/our personal and/or financial information with any counselor designated, employed by, or affiliated with the HPC / CBA.

You may release any additional information regarding my/our situation without further authorization from me, unless written notice is given otherwise.

Sincerely,
Borrower

Co-Borrower

Signature: _____

Signature: _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Revised 5/1/2017

Third Party Authorization to Release Information Form approved by Fannie Mae

**CBA's Opportunity Center
Home Preservation Center (HPC)
517 Moody St, 3rd Flr, Lowell, MA 01854
Client Intake Form**

DATE: _____ Referral Source: _____

First Name: _____ Last Name: _____ Gender: Female Male

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Home-Phone: _____ Cell-Phone: _____ Work-Phone: _____

Email: _____ Primary Language: _____

Social Security: _____ Date of Birth: _____ Level of Education: _____

Race: White African - American American Indian/Alaskan Native European Russian
 Middle East Asian/Pacific Islander Hispanic/Latino Other (be specific) _____

Marital Status: Single Married with children Married with no children
 Divorced Widow Single adults living together

Number in Household: _____ Number of Dependents: _____ Household Annual Income: _____ Veteran?

Names on the Mortgage: Primary _____ Co-applicant: _____

Name of Current Lender: _____ Account #: _____

Year of Loan Origination: _____ Term of Loan: 15 Years 30 Years 40 Years Other _____

Mortgage Types: FHA Sub Prime Prime VA Conventional Private Other _____

How many months past due? _____ Monthly Payment: \$ _____ PITI: \$ _____ Mortgage Rate: _____

Mortgage Term: ARM under 8% ARM above 8% Hybrid Fixed under 8% Fixed above 8% Other _____

Name of 2nd Lender: _____ Account Number: _____

Year of Loan Origination _____ Term of Loan: 15 Years 30 Years 40 Years Other _____

How many months past due? _____ Monthly Payment: \$ _____ PITI: \$ _____ Mortgage Rate: _____

Mortgage Term: ARM under 8% ARM above 8% Hybrid Fixed under 8% Fixed above 8% Other _____

Do you have an attorney representing you? Attorneys Name: _____ Phone #: _____

Have you ever filed bankruptcy? Have you received a discharge? Did you save money to pay your default? \$ _____

Types of Property: Single Family Two Family Multi-family Condo Cooperative Mobile Home _____

Est. value of home: \$ _____ Outstanding principal \$ _____ Property currently for sale? Yes No

Do you occupy the property? Yes No What is the condition of the property? Excellent Good Fair Poor

Do you have a Real estate agent presenting you? Agent Name: _____ Phone #: _____

Did you attend first home buying class? Yes No Who helped you applied for the mortgage? _____

Circle all of the options that apply to your financial HARDSHIPS:
 Unemployment, Loss of Job, Reduced Income, Failed Business, Job Relocation, Death of Spouse or Co-Borrower, Death, Incarceration, Divorce, Marital Separation, Military Duty, Loss of supplemental income, Medical Bills, Damage to Property, ARM Reset- Other (Please Specify) _____

Is your hardship temporary _____ or permanent _____? Explain your situation in a hardship letter (see a counselor for detail)

All of the information that I have provided in this Client Intake Form is correct and factual. No information has been withheld. I understand the necessity for accurate and complete information and I will provide any needed information to complete this worksheet. I understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information to assist me will result in delay in process or closing of my file and no further assistance from the counselor will be provided.

Signature _____ Date _____

Signature _____ Date _____

Foreclosure Mitigation Counseling Agreement

The Lowell Branch of the Home Preservation Coalition of the Merrimack Valley (HPC)
will provide the following services as necessary:

Development of a monthly spending / budget plan
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 mortgage servicers
Development of a timely and completed action plan
Explanation of collection and foreclosure process
Identification and referral to additional resources as applicable
Confidentiality, honesty, respect and professionalism in all services
All services provided by the HPC are at no charge to the homeowner

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 including any final resolution documentation.

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 may be referred to other housing services within the organization, another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified.

I/We understand that I/We am not obligated to use any of the services offered to me/us.

I/We understand that I/We authorized the HPC to use all of my personal data for any correspondence with my mortgage company, HPC's partners, and Government / Private Funders to complete my file. The HPC will not share my personal data with any other agencies without my prior approval.

Homeowner _____ Date _____

Homeowner _____ Date _____

Counselor _____ Date _____

Monthly Budgeting Worksheet

Step 1. List all household income for the month.

Step 2. List living expenses for the month. (see reverse)
 Include money that should be set aside monthly for periodic expenses like automobile taxes, real estate taxes, homeowners insurance.

Step 3. Subtract income from expenses.

If expenses are more than income determine what expenses can be reduced.

Step 1

Monthly Take Home Income	
Salary/Wages	\$
Salary/Wages (Spouse)	\$
Social Security	\$
Pension/Retirement	\$
Interest on Accounts	\$
Alimony/Child Support	\$
Real Estate Rent (Income)	\$
Investment Dividends	\$
Unemployment/Food Stamps	\$
Other	\$
Total NET Take Home Income	\$

Step 3

Enter Totals Amount	
Income	\$
Expense	\$
Total (+) or (-)	\$

Step 2a

Personal Loans

	Amount Owed	Current Y/N	Minimum Monthly Payment
Loan # 1	\$		
Loan # 2	\$		
Loan # 3	\$		
Loan # 4	\$		
Total Loan Amount Owed	\$		

Step 2b

Credit Card Debt

Credit Card Co	Balance	Current Y/N	Minimum Monthly Payment
Card # 1	\$		
Card # 2	\$		
Card # 3	\$		
Card # 4	\$		
Total Credit Card Debt	\$		

Liquidable Assets

Type

Value

Liquidable Assets	Type	Value

Step 2

Name

Date

Instructions: Fill in your estimated monthly expenses in the column marked "estimate". For your expenses, use recent monthly bills to average your expenses. Be sure not to write in the Counselor areas.

Monthly Living Expenses		ESTIMATE			
Fixed Expenses					
Rent or Mortgage Payment	\$	\$	\$	\$	\$
Second Mortgage	\$	\$	\$	\$	\$
Real Estate Taxes Date: _____	Due <small>only fill in if not included in mtg payment</small>	\$	\$	\$	\$
CONDO FEE	\$	\$	\$	\$	\$
Renter / Homeowner Insurance	\$	\$	\$	\$	\$
Car Payment #1	\$	\$	\$	\$	\$
Car Payment #2	\$	\$	\$	\$	\$
Childcare	\$	\$	\$	\$	\$
Tax Installments	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$
Savings	\$	\$	\$	\$	\$
Total Fixed Expenses	\$	\$	\$	\$	\$
Flexible Expenses					
Groceries / Toiletries	\$	\$	\$	\$	\$
Meals Out	\$	\$	\$	\$	\$
School Lunches	\$	\$	\$	\$	\$
Electricity / Oil / Gas	\$	\$	\$	\$	\$
Water / Sewage / Garbage	\$	\$	\$	\$	\$
Telephone / Mobile Phone / Beeper	\$	\$	\$	\$	\$
Family Clothing	\$	\$	\$	\$	\$
Occupational Expenses	\$	\$	\$	\$	\$
Dry Cleaning / Laundry	\$	\$	\$	\$	\$
Gasoline	\$	\$	\$	\$	\$
Bus Fare / Ride Shares / Parking	\$	\$	\$	\$	\$
School - Tuition / Supplies	\$	\$	\$	\$	\$
Barber / Beauty Shop	\$	\$	\$	\$	\$
Books / Newspaper / Magazine	\$	\$	\$	\$	\$
Movies / Sporting Events / Entertainment	\$	\$	\$	\$	\$
Gifts / Parties / Holidays	\$	\$	\$	\$	\$
Cigarettes / Tobacco / Alcohol	\$	\$	\$	\$	\$
Baby Sitter	\$	\$	\$	\$	\$
Hobbies / Club Dues	\$	\$	\$	\$	\$
Medical / Dental / Optical / Medication	\$	\$	\$	\$	\$
Church / Charities	\$	\$	\$	\$	\$
Pet Care	\$	\$	\$	\$	\$
Home Maintenance	\$	\$	\$	\$	\$
Lawn / Pool Maintenance / Home Security	\$	\$	\$	\$	\$
Cable TV	\$	\$	\$	\$	\$
Vacations / Travel	\$	\$	\$	\$	\$
MISC. EXPENSES	\$	\$	\$	\$	\$
Total Flexible Expenses	\$	\$	\$	\$	\$
Periodic Expenses					
Property Taxes	\$	\$	\$	\$	\$
Life Insurance	\$	\$	\$	\$	\$
Health & Accident Insurance	\$	\$	\$	\$	\$
Auto Insurance	\$	\$	\$	\$	\$
Car Maintenance / Oil / Lube / Tires	\$	\$	\$	\$	\$
Total Periodic Expenses	\$	\$	\$	\$	\$

COMMENTS

- Married Divorced
- Single Widow
- Renting Buying
- Own Other

Mortgage Paid to

2nd Mortgage Paid to

Is Rent or Mortgage Delinquent?
 Yes No

VEHICLE INFORMATION

Vehicle #1
 Make _____ Year _____
 Model _____
 Payment Due Date _____ Balance _____
 Condition: Good Fair Poor

Vehicle #2
 Make _____ Year _____
 Model _____
 Payment Due Date _____ Balance _____
 Condition: Good Fair Poor

DEPENDENTS

Yes No
 # _____

No. of federal Tax Exemptions Claimed: _____

Total Expenses

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE

I/we hereby authorize and instruct the Coalition for a Better Acre (CBA's Opportunity Center) / Home Preservation Coalition of the Merrimack Valley (HPC) to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by the CBA / HPC. I/we acknowledge that I/we am/are granted full access to the Privacy Policies of the HPC. The information the HPC collects is in compliant with U.S. regulatory guidelines and includes, but is not limited to your name, physical address, telephone number, Social Security number and, employment and financial information. The HPC will retain a copy of your file for quality control, auditing, and reporting purposes.

I/we understand and agree that CBA / HPC intends to use the credit report for the purpose of evaluating my financial readiness to purchase and/or to refinance a home and engage in pre and post-purchase or foreclosure prevention counseling activities.

My/our signature(s) below also authorizes the release to credit reporting agencies of financial or other institutions information that I have supplied to CBA / HPC in connection with such counseling and evaluation activities.

Authorization is further granted to the credit reporting agency or other financial institutions to use a copy of this form to obtain and discuss any information the credit reporting agency or other financial institutions deems necessary to complete my credit report.

I/We fully understand the following:

(Please Initial)

_____ This will appear on my/our credit report as an inquiry.

_____ The Credit Bureau Repositories will NOT allow a copy of this report to be given to me/us Personally, but I/we may request a copy from the repositories.

_____ The CBA / HPC does not guarantee the accuracy of the information reported on the credit report nor the analysis done by the counselor.

_____ I/We agree that any disputes regarding the accuracy or completeness if said information will be directed to the source Repository (Transunion, Experian, & Equifax).

In addition; in connection with evaluating my financial readiness to purchase or refinance a home, I

Authorize **Do Not Authorize**

The CBA / HPC to share and discuss with counseling agencies or other financial institutions my credit report and any information that I have provided, including but not limited to any accounts, computations and assessments that have been produced based upon such information.
These counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying CBA / HPC in writing.

Client Name (Print) _____

Client Name (Print) _____

Signature: _____

Signature: _____

Social Security Number: _____

Social Security Number _____

Date of Birth: _____

Date of Birth: _____

Date: _____

Date: _____

Full Current Address: _____

Home Preservation Coalition of the Merrimack Valley

In efforts to provide foreclosure prevention services to preserve homeownership,
a collaboration between

*Lawrence CommunityWorks, Inc. (LCW), Coalition for a Better Acre, Inc. (CBA),
Arlington Community Trabajando, Inc. (ACT), Community Teamwork, Inc. (CTI),
Homeowner Options for Mass Elders, Inc. (HOME), and Neighborhood Legal Services (NLS).*



This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sírvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.

本通知很重要。请将其译成中文。

នេះគឺជាជំពាក់សំខាន់ សូមមេត្តាបកប្រែជូនផង

Этот очень важное сообщение обязательно переведите

Massachusetts Division of Banks – Authorization Form

Pursuant to state law, Chapter 206 of the Acts of 2007, “An Act Protecting and Preserving Home Ownership”, the Division of Banks (DOB) has created a pilot program providing grant funding for foreclosure and home buyer counseling. The *Home Preservation Coalition of the Merrimack Valley* is a grant recipient of the pilot program of which the agency, *Lawrence CommunityWorks, Inc.* is the lead fiscal agent of which the following agencies are serving as sub-grantees: *Coalition for a Better Acre, Inc., Arlington Community Trabajando, Inc., Community Teamwork, Inc. Homeowner Options for Mass Elders, Inc., and Neighborhood Legal Services.* DOB is also required by Chapter 206 to report to the State Legislature on its pilot program efforts.

To comply with the reporting requirements of Chapter 206, DOB and the Department of Housing & Community Development (DHCD) are requiring agencies that receive grant funding through the pilot program for foreclosure counseling to collect and report certain client data that is governed by privacy laws. DOB and DHCD will also evaluate the data to make recommendations on best practices and potential statutory and/or regulatory changes. DOB and DHCD may also share such information with other state and quasi-public agencies and provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, relevance, or type of information held about you.

By signing this document you will be authorizing members of the *Home Preservation Coalition of the Merrimack Valley* to share with *Lawrence CommunityWorks, Inc.*, as

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the lead grant recipient, and DOB, DHCD or their designee, as the grantee, your personal client data, including income level, credit record, and the information listed below, with the exception of information protected by attorney-client privilege. Further you will be authorizing DOB, DHCD or their designee, to contact you in connection with the evaluation of the counseling program.

For the purpose of comprehensively reporting to the Legislature as required by Chapter 206, the DOB, DHCD or their designee, may request the following information from the counseling agency about you as a foreclosure counseling client, and about the counseling you received, including, but not limited to the following:

- Name of Town and County of Client residence
- Income of Client
- Credit rating of Client
- Race of Client
- Client residence type?
 - Single family
 - Two family
 - Three family
 - Four family
 - Other
- Client household type?
 - Single/non-Elderly
 - Elderly
 - Related/Single Parent (a single parent household with a dependent child or children)
 - Related/Two parent (a two-parent household with a dependent child or children)
 - Other (any household not included in the above four definitions, including two or more unrelated individuals)
- Type of counseling received
- Amount of counseling received measured in hours
- Results of counseling
- If foreclosure counseling:
 - What type of mortgage loan did client have, e.g. subprime ARM?
 - Was Client in foreclosure proceedings prior to counseling?
 - Was Client able to avoid foreclosure?
 - Did Client maintain ownership of residence?
 - Did Client sell residence?
 - Did Client continue to reside in property as a tenant?

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It is also possible that your information may be shared with the following agencies as identified by your counselor below, for purposes of providing you with additional specific counseling and educational services in connection with your pursuit of obtaining better mortgage terms or preventing a home foreclosure. These services may include but not be limited to *post-purchase education, reverse mortgage counseling, legal assistance, possible rescue loan or grant programs, financial management and credit counseling.*

- Arlington Community Trabajando, Inc. (ACT)
- Coalition for a Better Acre, Inc. (CBA)
- Community Teamwork, Inc. (CTI)
- Homeowner Options for Mass. Elders (HOME)
- Lawrence Community Works, Inc. (LCW)
- Neighborhood Legal Services
- Merrimack Valley-North Shore Legal Services

In signing this consent form, you acknowledge that after reading this form you voluntarily authorize the sharing of your personal information governed by privacy laws, with the exception of information protected by attorney-client privilege, and that you understand that there are no penalties if you do not wish to provide the information. Further that you authorize DOB, DHCD or their designee to contact you if necessary and that you have received a copy of this form for future reference.

Counseling Applicant Signature

Date

Counseling Co-Applicant Signature

Date

**CBA's Opportunity Center
Home Preservation Center (HPC)
517 Moody St, 3rd Flr, Lowell, MA 01854
Telephone: 978 452 7523; Fax: 978 452 4923**

Authorization to Release Information Form

I am currently working with a nonprofit / 501-C-(3) agency Coalition for a Better Acre (CBA) in its Home Preservation Center (HPC) a Housing advocacy program also affiliated with NeighborWorks America.

I, _____ hereby give authorization to the HPC to release any and all information concerning my case and financial information to the HPC and/or their designated Foreclosure Prevention counselors at their request.

- I authorize the HPC staffs to release to the media information regarding my **loan modification or favorable outcome** for the purposes of advocacy, reporting, promotional purposes, and education to assure compliance standards set by their funders.
- **I will still be given notice prior to my information being given to the media.**
- I understand that the HPC 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, auditing, compliance and evaluation.
- I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.

I further authorize you to discuss any of my/our personal and/or financial information with any counselor designated, employed by, or affiliated with the HPC.

Client Contact:

Print First Name: _____ Last: _____

Address: _____

Signature: _____ Date: _____