

## FORECLOSURE PREVENTION PROGRAM

Dear Homeowner,

I'm so glad you took that tough first step and contacted us about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation.

To assist us in providing you with the most effective and efficient service, please complete the attached worksheet as thoroughly as possible. Please give the monthly spending plan careful attention. This information is the key element of resolving your financial situation. If there are questions or information you don't understand, that's okay. Do your best with it and we will go through the rest of it together.

You will find there is an emphasis on being truthful. We can't help with a resolution unless we have a complete and accurate picture of your situation.

### **YOU MUST BRING COPIES OF THE FOLLOWING DOCUMENTS:**

- ( ) Completed Application- Request Modification Assistance (RMA) or 710 FORM
- ( ) Credit Report Authorization Form **with check**
- ( ) **Copies** of 2 Most Recent Pay Stubs, for all borrowers (self-employed need profit and loss)
- ( ) **Copies** of last 2 months of bank statements (**ALL PAGES**) Circle rental and/or contribution income
- ( ) **Copies** of current **Mortgage Statement (shows amount owed) and taxes and insurance bills**
- ( ) **Copies** of Federal Tax returns 2013 & 2014 **SIGNED AND DATED and 4506T Form**
- ( ) **Copy** of utility bill showing residency
- ( ) **Signed** Hardship Letter (**Sample is attached**)
- ( ) **Signed** and **Completed** Financial Worksheet
- ( ) **Signed** Attached Disclosures: Privacy Policy, Third Party Authorization, Service Agreement, Disclosure Statement, and Action Plan

**Borrower Financial Worksheet**

Loan # \_\_\_\_\_

Property Address:

**Borrower Information**

Borrower's Name			Co-Borrower's Name		
Social Security #	Home Phone #	Work Phone #	Social Security #	Home Phone #	Work Phone #
Mailing Address			Mailing Address		
Do you occupy the property Yes _____ No _____			If Rental: Monthly Rental Income \$ _____		
If No: Is property a Rental property Yes _____ No _____			Last date owner occupied _____		
Have you filed Bankruptcy? Yes _____ No _____			If Yes: Chapter 7 _____ Chapter 13 _____ Filing Date: _____		
Any other liens on subject property? Yes _____ No _____			If Yes: Is it Current? Yes ___ No ___ Balance Due \$ _____		

**Monthly Income**

Borrower-Employer	Position	Years	Borrower-Employer	Position	Years
Gross Wages:	\$		Gross Wages:	\$	
Net Wages	\$		Net Wages	\$	
Child Support:	\$		Child Support:	\$	
Alimony:	\$		Alimony:	\$	
Other Income: ( )	\$		Other Income: ( )	\$	
Other Income: ( )	\$		Other Income: ( )	\$	
Other Income: ( )	\$		Other Income: ( )	\$	

**Monthly Expense**

**Assets ( Estimated Values)**

Monthly Expense			Assets ( Estimated Values)		
Food	\$	Auto Loans	\$	Home	\$
Utilities	\$	Personal Loans	\$	Other Real Estate	\$
Transportation	\$	Student Loans	\$	Checking Accounts	\$
Auto Insurance	\$	Tuition	\$	Savings/Money Market	\$
Life Insurance	\$	Other Mortgages/Rent	\$	IRA/Keogh Accounts	\$
Child Support	\$	Other expenses	\$	401K/ESOP Accounts	\$
Alimony	\$	Other expenses	\$	Stocks, Bonds, CD's	\$
Child Care	\$	Other expenses	\$	Other Investments	\$
Credit Cards	\$	Other expenses	\$	Other Investments	\$

I Agree that the financial information provided is an accurate statement of my financial status. I understand and acknowledge that any action taken by the

lender of my mortgage loan on my behalf will be made in strict reliance on the financial information provided. My signature below grants the mortgagee the

authority to confirm the information I have disclosed in this financial statement, to verify that it is accurate by ordering a credit report and to contact my

real-estate agent and / or credit counseling service representative if applicable. Discussions and negotiation of a possible foreclosure alternative will not constitute a waiver of or defense to my lender's right to commence or continue any foreclosure or other collection action and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. I may be required to provide additional information.

A property appraisal and a brokers price opinion may be required as part of the review process. The cost of these could be charged to your mortgage.

If the workout is denied and an appraisal and/or BPO have been ordered, the cost of these will be billed to your account and you could be responsible for

repayment. Access will be required to the property by the appraiser and/or broker.

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Signature of Borrower

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Date

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Signature of Co- Borrower

---

Date

### Authorization and Information Request for Loan Servicer from Housing Counselor

Borrower(s):  
Address:  
Loan #:  
Last 4 SS #:

The borrower(s) hereby authorizes \_\_\_\_\_, to supply and to discuss details of the following information about the above referenced account to **Andrea Haughton, Anthony Paribello, Kara Sorrentino, or any other foreclosure counselor from Community Housing Innovations, Inc.** We are also **requesting a payoff statement and the past year payment history.** The information will be used to help the borrower propose a loss mitigation plan.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire 180 days from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

Borrower (printed) \_\_\_\_\_

Borrower (signed) \_\_\_\_\_ Date \_\_\_\_\_

Borrower (printed) \_\_\_\_\_

Borrower (signed) \_\_\_\_\_ Date \_\_\_\_\_

Counselor (signed) \_\_\_\_\_ Date \_\_\_\_\_



www.chigrants.org  
aparibello@communityhousing.org/  
ksorrentino@communityhousing.org

75 South Broadway, Suite 340, White Plains, NY 10601

Telephone 914-683-1010 Fax 914-595-0994

## **Credit Report Authorization and Privacy Disclosure Form**

I/We hereby authorize Community Housing Innovations, Inc. to obtain and review my/our credit report in relation to an application for a loan modification. I/We understand Community Housing Innovations, Inc. intends to use the credit report for the purpose of evaluating my/our financial debts and obligations to assist with the loan modification process.

I/We understand that providing false information may disqualify me/us for consideration or represent a criminal offence. If any of the information provided herein changes prior to obtaining a loan modification, it is my/our responsibility to notify Community Housing Innovations, Inc.

Any information collected will be used by Community Housing Innovations, Inc., for the sole purpose of budgeting and counseling services and will not be disclosed to any outside sources except as required or permitted by law.

### **PLEASE CHECK ONE BELOW:**

I/We understand and agree to pay a fee of \$17.44 Single, \$27.89 Couple for credit report.  
(Please enclose a check or money order made payable to Community Housing Innovations, Inc.)

I/We understand that I/we may revoke my/our consent to these disclosures by notifying Community Housing Innovations, Inc. in writing.

\_\_\_\_\_  
*Applicant Name (Print)*

\_\_\_\_\_  
*Co-Applicant's Name (Print)*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Co-Applicant's Signature*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Date*

## SERVICE AGREEMENT

**Community Housing Innovations, Inc.** and its counselors agree to provide the following services:

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

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 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 2 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 sever its service assistance to me/us.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

### Media Interest

Would you be willing to be contacted by the media to share your story?

Yes

No

## Community Housing Innovations, Inc.

### DISCLOSURE STATEMENT

This statement describes the various types of services provided by Community Housing Innovation, Inc. (CHI), and any financial relationship between CHI organization and any other industry partners. Further, it states that any client of CHI is not obligated to receive or use any other services offered by CHI, its branches and/or affiliates.

- **Foreclosure Prevention Counseling:** CHI provides free counseling to families that are in danger of losing their homes because of a default or potential default on their mortgage payments. Assistance is provided with the following mitigations options: loan forbearance, loan modification, partial claim, pre-foreclosure sale, deed-in-lieu of foreclosure, and bankruptcy.
- **Homeownership Counseling:** CHI provides one-on-one home ownership counseling to first time homebuyers who are interested in knowing the facts about buying a home and about low interest rate loan programs. CHI offers free workshops for prospective homebuyers.
- **Homeownership Grants:** CHI provides grants of up to \$30,000 per home to income qualified first time homebuyers.
- **Permanent Rental Housing:** CHI owns and manages 600 units of homeless and affordable housing, including senior housing. CHI staff is dedicated to assisting tenants with housing retention.
- **Scattered Site Transitional Housing:** CHI manages transitional and emergency housing for homeless families and singles under contract with the Suffolk County Department of Social Services, Westchester County Department of Social Services and Nassau County Department of Social Services. These programs include case management that emphasizes self-reliance and teaches families the skills they need to succeed once they are living in permanent housing.
- **Rental Subsidy Program** - CHI administers the Westchester County Rental Assistance Program. This program offers a rental subsidy to the family whose head-of-household is employed, on public assistance and living in emergency housing simply as the result of an inability to pay unaffordable rents.
- **Case Management & Supportive Services** - CHI offers case management services to all residents in the properties it owns and manages. CHI's programs are supervised by Certified Social Workers. Whether emergency, transitional or permanent housing, the primary goal is to assist individuals in achieving personal and economic independence and self-sufficiency.
- **Career Services Program** - CHI's Career Services program offers free skills enhancement classes so that earnings can be increased, which are a necessity to complete in the current housing market in this region. The training is hands-on, and job oriented. Participants can become proficient in computer applications through an office administrator course or learn medical billing, a sought after skill.
- **Housing Development:** CHI purchases abandoned and foreclosed properties under the Neighborhood Stabilization Program and renovate them to market standards. Renovated properties are offered for sale to qualified buyers.
- **CHI Realty, Inc.** - CHI Realty, Inc., is a real estate brokerage licensed by the State of New York, serving low and moderate income home buyers. CHI Realty, Inc. is a wholly owned subsidiary of Community Housing Innovations, Inc.
- **Neighborhood Stabilization Program:** CHI, in conjunction with Nassau County, purchases and rehabilitates foreclosed homes in Nassau County. Rehabilitated homes are available for purchase by income eligible households.

***While affordable homes, lending products, community and professional referrals (see attached) and other forms of assistance may be made available by CHI and/or through partnerships in which CHI has entered, the undersigned is under no obligation to utilize these services.***

### Anti-Discrimination Policy

CHI is committed to providing equal opportunities to all clients and does not discriminate against individuals on the basis of race, creed, color, religion, gender, sexual orientation, nationality, marital status, age, or disability in the administration and

provision of services to the public. CHI will not tolerate acts deemed to constitute discrimination or harassment based on gender, sexual orientation, race, creed, color, religion, national origin, marital status, age, disability, or any other characteristic protected by law.

**Community Housing Innovations, Inc. is a HUD-approved counseling agency.**

\_\_\_\_\_  
Borrower

Date: \_\_\_\_\_



## **Sample Hardship Letter**

Date:

To: Whom It May Concern

Re: CLIENT'S NAME AND LOAN NUMBER

Reason for My Delinquency

At the time we bought our home I was working for Disney. I worked for this company for more than 15 years. However back in May of 2006 I was let go from Disney without cause. I disputed the case and I won and I am back at work however in a different department. During the time that I was out of work I was not paid and I could not receive unemployment this caused me to not be able to pay my mortgage. In addition to the fact that I was fired, my husband has also had medical problems.

We ***do*** want to save our home and ***do not*** want to lose it into foreclosure. We are accustomed to paying our bills. Both my wife and I realize that our delinquency is early in our contract, however the circumstances which have brought us to this juncture in our life we could not control. We are pleading for your help us.

Although we are not in a position to bring our mortgage current, things have stabilized. We are seeking your assistance under the loss mitigation program. We are requesting consideration for a loan modification or other loss mitigation options. We have gone for counseling and we are seeking counseling from \_\_\_\_\_. We have been advised by our counselor to continue to save all dollars pending your decision.

Thank you in advance for your time and consideration in this matter.

SIGNATURE

## **Community Housing Innovations, Inc.**

### **Privacy Policy**

Community Housing Innovations, 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 Service 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 (914-683-1010) 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 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.

- 4. I understand that my name and telephone number will not be shared with other parties, but that other information gathered may be used for research, program or policy development, or other legitimate purposes by the New York State Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), the City of New York, or other relevant funders of foreclosure prevention services.**

Borrower Signature \_\_\_\_\_

## **COMMUNITY RESOURCES**

### **U.S. Department of Housing and Urban Development – Federal Housing Administration**

*Services:* Provides mortgage insurance on loans made by FHA-approved lenders, offers mortgage programs, contacts for housing counseling agencies, foreclosure information, Making Home Affordable, homebuying information and resources, Fair Housing, etc.

Address: 451 7th Street S.W., Washington, DC 20410

Telephone: (202) 708-1112 / TTY: (202) 708-1455

Website: <http://portal.hud.gov/portal/page/portal/HUD>

### **HUD Fair Housing Offices: New York/New Jersey Regional Office of Fair Housing and Equal Opportunity**

*Services:* Fair housing assistance for general information and claims. Brochures and handbooks available in multiple languages.

Address: 26 Federal Plaza, Room 3532, New York, NY10278-0068

Telephone: (212) 264-1290 or (800) 496-4294 / TTY: (212) 264-9829

Website: [http://portal.hud.gov/complaints\\_office\\_02@hud.gov](http://portal.hud.gov/complaints_office_02@hud.gov)

### **Westchester Residential Opportunities, HUD Approved Counseling Agency**

*Services:* Additional Down Payment and Closing Cost Assistance; Credit and Budget Counseling; First Home Club; Foreclosure & Homebuyer Counseling; Rescue Funds; Default Counseling on Home Equity Line of Credit

Address: 470 Mamaroneck Avenue, White Plains, NY 10605

Telephone: 914-428-4507 / Fax: 914-428-9455

Website: [www.wroinc.org/](http://www.wroinc.org/)

### **Housing Action Council, HUD Approved Counseling Agency**

*Services:* Additional Down Payment and Closing Cost Assistance; Foreclosure & Homebuyer Counseling; Post-closing Renovations Grants

Address: 55 South Broadway (2nd floor), Tarrytown, NY 10591

Telephone: (914) 332-4144 / Fax: (914) 332-4147

Website: [www.housingactioncouncil.org/html/contact.html](http://www.housingactioncouncil.org/html/contact.html)

### **Human Development Services of Westchester –**

*Services:* Psychiatric, rehabilitative, residential and neighborhood stabilization services.

Address: 930 Mamaroneck Ave., Mamaroneck, NY 10543  
Telephone: 914 835-8906 / Fax: 914 835-8905  
Website: [www.hdsw.org/contact.html](http://www.hdsw.org/contact.html)

**Westchester County Department of Planning –**

*Services:* Housing grants, sources of affordable housing opportunities, Section 8, social services

Address: 148 Martine Avenue, Room 432, White Plains, NY 10601-4704  
Telephone: (914) 995-4400  
Website: <http://planning.westchestergov.com/>

**Nassau County Office of Housing and Intergovernmental Affairs –**

*Services:* Housing grants, housing counseling, sources of affordable housing opportunities, Section 8, social services

Address: 40 Main Street, 3<sup>rd</sup> Floor, Hempstead, NY 11550  
Telephone: (516) 572-1915  
Website: [www.nassaucountyny.gov/Agencies/OHIA/index.html](http://www.nassaucountyny.gov/Agencies/OHIA/index.html)

**Suffolk County Department of Planning –**

*Services:* Housing grants, sources of affordable housing opportunities, Section 8, social services

Address: H. Lee Dennison Building - 4th Fl, 100 Veterans Memorial Highway, PO BOX 6100,  
Hauppauge, New York 11788-0099  
Telephone: 631-853-5191  
Website: <http://co.suffolk.ny.us/departments/planning.aspx>

**Long Island Housing Partnership, HUD Approved Counseling Agency**

*Services:* First Home Club; Default/Foreclosure Counseling; Additional Down Payment and Closing Cost Assistance

Address: 180 Oser Ave # 800 Hauppauge, NY 11788-3737  
Telephone: (631) 435-4710  
Website: [www.lihp.org/](http://www.lihp.org/)

**Community Development Corporation of Long Island, HUD Approved Counseling Agency**

*Services:* Weatherization, foreclosure counseling, homeownership center, rental housing assistance, financial fitness

Address: 54 West Merrick Road Freeport, NY 11520-3710  
Telephone: (516) 867-7727  
Website: [www.cdcli.org/](http://www.cdcli.org/)

**LifeMatters**, a confidential crisis intervention telephone help line funded by the Homeownership Preservation Foundation

*Services:* Suicide/Homicide Prevention; Domestic Violence; Mental and Emotional Support

Address: WorldWorks, Unlimited, 1275 4th Street #725, Santa Rosa, CA 95404

Telephone: 1.888.255.9757

Website: [www.lifematters.com/](http://www.lifematters.com/)

**Nassau/Suffolk Law Services**

*Services:* Legal Consultation; Legal representation in Foreclosure Litigation

Address: 1757 Veterans Hwy # 50, Islandia, NY 11749-1562

Telephone: (631) 232-2400

Website: <http://nslawservices.org/>

**Legal Services of the Hudson Valley**

*Services:* Legal Consultation; Legal representation in Foreclosure Litigation

Address: 90 Maple Avenue, White Plains, NY

Telephone: (914) 949-1305

Website: [www.lshv.org/](http://www.lshv.org/)

**Westchester County Human Rights Commission**

*Services:* Fair housing assistance

Address: 112 East Post Road, 3rd Floor, White Plains, NY 10601

Telephone: (914) 995-7710

Website: <http://humanrights.westchestergov.com>

**Nassau County Human Rights Commission**

*Services:* Fair housing assistance

Address: 240 Old Country Road, 6th floor, Suite 606, Mineola, NY 11501

Telephone: (516) 571-3662

Website: [www.nassaucountyny.gov/agencies/HRC/index.html](http://www.nassaucountyny.gov/agencies/HRC/index.html)

**Loan Modification Scam Alert**

*Services:* Assistance with identification of scams and actions to be taken.

Telephone: (888) 995-4673

Website: [www.loanscamalert.org/](http://www.loanscamalert.org/)

**Westchester Homeseeker**

*Services:* Provides links to affordable housing opportunities in Westchester County.

Website: <http://homes.westchestergov.com/homeseeker-housing>

**Long Island Housing Services**

*Services:* Fair Housing Assistance

Address: 640 Johnson Avenue, Bohemia, NY 11716

Telephone: (631) 567-5111

Website: <http://www.lifairhousing.org/>

**Accessible Housing for Persons with Disabilities**

*Services:* Provides database of accessible homes

Website: <http://homes.westchestergov.com/resources/accessibility>

**Westchester Independent Living Center**

*Services:* Provides community-based advocacy and resource center that serves people with all types of disabilities.

Address: 200 Hamilton Ave White Plains, NY 10601

Telephone: (914) 682-3926

Website: <http://www.wilc.org/>

**Westchester Disabled on the Move**

*Services:* Promotes independence and equal rights for individuals with disabilities.

Address: 984 N Broadway Yonkers, NY 10701

Telephone: (914) 968-4717

Website: <http://www.wdom.org/>

**Access to Home (Long Island & Westchester)**

*Services:* Provides low-income financial assistance to make houses and apartments more wheelchair accessible.

See: Westchester Residential Opportunities, above  
Community Development Corporation of Long Island,

# Client Action Plan

Name(s): \_\_\_\_\_ File #: \_\_\_\_\_ Date: \_\_\_\_\_

**Housing Need:** To get homeowner approved for a Trial Plan with an affordable modified mortgage payment.

**Housing Goal:** To bring mortgage delinquency and other debt current.

**Type of Service:**

- Budgeting or Money Management
- Credit Review
- Mortgage Delinquency

- Pre-purchase Counseling
- Debt Repayment
- Foreclosure Prevention

**Budget Assessment Summary:**

Total Gross Monthly Income	\$ _____
Monthly Mortgage/Rent	\$ _____
Housing Ratio	% _____
Net Monthly Income	\$ _____
Total Monthly Living Expense	\$ _____
Monthly Debt Obligations	\$ _____
Discretionary Income Left Over	\$ _____
DTI	% _____

**Client Obstacles:**

- 1.
- 2.
- 3.

**Counselor Strategies**

1. To review the homeowner's situation including finances and documentation for a loan modification.
2. To submit a loan modification application to the bank.
3. To negotiate with the bank for a loan modification.

**Client Tasks with timelines:**

1. Homeowner to contact the bank and housing counselor every two-three weeks.



2. Homeowner will forward all bank correspondence immediately to housing counselor.
3. Homeowner will provide updated information required from the bank in timeframe requested.

**Timeline to achieve a positive outcome:** 3-6 months

**Next appointment, if any:** After we receive response from the bank we will determine if another appointment is necessary.

**Notes:** \_\_\_\_\_  
\_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_