



Foreclosure Prevention Counseling Intake Packet

Dear Homeowner,

First, allow me to congratulate you on taking the first step of contacting our agency. HomeStrong USA is a HUD approved counseling agency that has the ability to assist you with the current financial hardship you are facing. We understand how hard that was to do and promise to work with you to find a realistic solution to your situation.

In order to provide effective and efficient service, please complete the attached forms completely and clearly, as missing information will only hamper our ability to assist you. Please give the monthly Income and Budget form careful attention. This information is the key element of resolving these difficult situations. In addition, the checklist included outlines items that need to be collected before an appointment is scheduled. Once all of the items on the checklist are collected please contact us for further assistance. If there are questions or information you don't understand, please contact us.

There is an emphasis on being truthful. A resolution will not materialize unless a complete and accurate picture of the financial hardship is given. Also, please note our organization is attempting to assist in resolving a financial hardship. The end result lies in the hands of the lender; HomeStrong USA cannot and will not guarantee the final outcome of any situation.

Appointments usually last an hour and a half. Please arrive on time. Many other families are facing similar situations and the demand for our services is high. We often have appointments back to back. If you arrive late, we will only be able to work with you for the remaining time of your appointment.

You have taken the first step to resolving your situation. We look forward to working with you.

Sincerely,

HomeStrong USA

HomeStrong USA
8711 Monroe Court, Suite A, Rancho Cucamonga, CA 91730
Telephone (909) 758-8973
Fax: (800) 915-3480
www.HomeStrongUSA.org
Ale@HomeStrongUSA.org

Required Document Checklist

Review the list below and provide the following required documents. All documentation is required for us to open your file and begin work. Incomplete files will delay processing. Please fax your documents to (800) 915-3480, email to Ale@homestrongusa.org, mail to 8711 Monroe Court, Suite A, Rancho Cucamonga, CA or drop off in person.

I. ORIGINAL SIGNATURE FORMS

FORECLOSURE MITIGATION COUNSELING AGREEMENT
COUNSELING AGREEMENT AND DISCLOSURE FORMS
BORROWERS AUTHORIZATION FORM
PRIVACY POLICY
EXPLANATION OF FINANCIAL HARDSHIP
FINANCIAL STATEMENT
REQUEST FOR TRANSCRIPT OF TAX RETURN (FORM 4506-T)
HOMEOWNERS ASSOCIATION VERIFICATION
RMA AND DODD FRANK DOCUMENTS
COMPLETED UNIFORM BORROWER ASSISTANCE FORM

II. PROVIDE COPIES ONLY (no originals) OF THE FOLLOWING FORMS

- 4 CURRENT PAYSTUBS
 - IF SELF EMPLOYED: YTD PROFIT/LOSS STATEMENT
- 3 MONTHS BANK STATEMENTS-INCLUDES ALL PAGES, EVEN BLANK PAGES
- W-2'S & TAX RETURNS: MOST RECENT 2 YEARS - ALL PAGES/SCHEDULES
 - INCLUDES ALL PAGES, ALL SCHEDULES, EVEN BLANK PAGES
- MORTGAGE STATEMENTS
- COPIES OF YOUR MORTGAGE "NOTE" OR ANY PREVIOUS MODIFICATION DOCUMENTS
- ALL SUPPORTING DOCUMENTATION PERTINENT TO YOUR CASE
- UTILITY BILL - LATEST MONTH
- HOMEOWNERS ASSOCIATION BILL - LATEST MONTH (if applicable)
- PROPERTY TAX BILL (latest installment)
- HOMEOWNERS INSURANCE POLICY
- DRIVERS LICENSE/SOCIAL SECURITY CARD (IF FANNIE MAE/FREDDIE MAC LOAN)

Call HOMESTRONG USA when you have collected all your documents to discuss the next steps. Provide Original Signature Forms as Indicated above. Bring COPIES (copies will not be made for you) of all required documents to ensure accurate assessment. All information on file is considered confidential and will be treated as such.

Please Return Documents By:

Fax: (800) 915-3480

Email: Ale@homestrongusa.org

Mail or drop off to:

HomeStrong USA

8711 Monroe Court, Suite A, Rancho Cucamonga, CA 91730

Foreclosure Mitigation Counseling Agreement (page 1 of 2)

HomeStrong USA 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 verbally and in writing will be managed within legal and ethical considerations. Your “non-public 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 **Disclosure of Programs and Services**. We may also use anonymous aggregated case file information for the purposes of evaluating our services, gathering valuable research information for designing future programs.

Types of Information that we gather about you

- Information we receive from you verbally, 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 usages.
- Information we receive from credit reporting agencies, such as your credit history.

Release of your Information to third parties

1. So long as you have not opted-out per the **Disclosure of Programs and Services** form, 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 non-public 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 non-public 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 non-public personal information.

HomeStrong USA and its counselors agree to provide the following services:

- Assess current financial situation
- Analysis of mortgage default, including the amount and cause of default
- Development of an action plan
- Presentation and explanation of reasonable options available to the homeowner
- Presentation and negotiation of possible remedies with mortgage servicers
- Assistance in communication with the mortgage servicer and other creditors
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Confidentiality, honesty, respect and professionalism in all services
- As the final outcome lies with the servicer, our counselors are not able to guarantee any solution.

Foreclosure Mitigation Counseling Agreement (page 2 of 2)

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

1. I/We understand that **HomeStrong USA** provides foreclosure mitigation counseling after which I/We will receive a written action plan consisting of recommendations for handling my/our finances, possibly including referrals to other housing agencies as appropriate.
 2. I/We understand that **HomeStrong USA** receives Congressional funds and, as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
 3. I/We acknowledge that I/We have received a copy of **HomeStrong USA: Disclosure of Programs and Services**, included in this Foreclosure Prevention Intake Packet.
 4. I/We may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to help with particular concerns that have been identified. I/We understand that I/We am not obligated to use any of the services offered.
 5. A Counselor may answer questions and provide information, but not give legal advice. If I/We want legal advice, I/We will be referred for appropriate assistance.
 6. I/We understand that **HomeStrong USA** provides information and education on numerous loan products and housing programs and I/We further understand that the housing counseling I/We receive from **HomeStrong USA** is no way obligated me/us to choose any of these particular loan products or housing programs.
- 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 timeframes 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 understand that repeated no-shows or excessive cancellations may result in cancellation of services.
 - I/We understand that I/We **must** have an appointment to meet with counselor and that should I/We walk-in I/We will be given an appointment for a later date and time.
 - I/We understand that once I/We are an established client I/We may drop off documentation and that counselor availability is **not** guaranteed without an appointment.
 - 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.

Primary Client Name

Primary Client Signature

Date

Co-Client Name

Co-Client Signature

Date

Counselor Name

Counselor Signature

Date

PROGRAM DISCLOSURE FORM AND STATEMENT

Note: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: Hometown Community Development Corporation, DBA HomeStrong USA (“HomeStrong”) is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including, without limitation, pre-purchase and foreclosure prevention counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

Counselor’s Roles and Responsibilities	Client’s Roles and Responsibilities
<ul style="list-style-type: none">• Reviewing your housing goals and your finances; which include your income, debts, assets and credit history.• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.• Preparing a household budget that will help you manage your debt, expenses and savings.• Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.• Neither you counselor nor HomeStrong employees, agents, officers, or members may provide legal advice.	<ul style="list-style-type: none">• Completing the steps assigned to you in your Client Action Plan.• Providing accurate information about your income, debts, expenses, credit and employment.• Attending meetings, returning calls, providing requested paperwork in a timely manner.• Notifying HomeStrong or your counselor when changing housing goal.• Attending educational workshop(s) (i.e. pre-purchase counseling workshop) is recommended.• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Termination of Services: Failure to work cooperatively with your housing counselor and/or HomeStrong will result in the discontinuation of counseling services.

Initials: _____ / _____

Agency Conduct: No HomeStrong employee, officer, member, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency’s compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: HomeStrong has professional affiliation with HUD; HomeStrong Realty, a HomeStrong wholly-owned subsidiary; HomeStrong USA Fund 1, a HomeStrong wholly-owned subsidiary, HomeStrong USA Fund 2, a HomeStrong wholly-owned subsidiary, HomeStrong USA Capital, a HomeStrong wholly-owned subsidiary, and HomeStrong USA Transitional Housing, a HomeStrong wholly-owned subsidiary, HSRAA, a HomeStrong wholly-owned subsidiary, Bank of America, Wells Fargo, Chase, Citi, Freddie Mac, and Housing Opportunities Collaborative. As a housing counseling program participant. Our industry partners include lenders, real estate agents, landlords, and other individuals or entities in connection with the modification of your loan, sale or purchase of your real property, refinance transactions or in connection with your relocation from your residence. Some of our industry partners are affiliated with former employees of HomeStrong. You are never obligated to use the products or services of HomeStrong, its affiliates or our industry partners.

Alternative Services, Programs and Products & Client Freedom of Choice: HomeStrong may refer you to lenders, real estate agents, landlords, or other third parties in connection with the sale or refinance of your real property or in connection with your relocation from your residence. However, you are not obligated to participate in this or other HomeStrong programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products or services from entities including the Federal Housing Authority (“FHA”) for first-time homebuyer loan programs, and the California Housing Finance Agency or the National Homebuyers Fund for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by HomeStrong and its exclusive partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of HomeStrong’s Privacy Policy, attached as Exhibit “A.”

Errors and Omissions and Disclaimer of Liability: I/we agree HomeStrong, its employees, agents and members are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in HomeStrong counseling; and I hereby release and waive all claims and causes of action against HomeStrong and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, HomeStrong, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with HomeStrong grantors such as HUD.

I/we acknowledge that I/we received, reviewed and agree to HomeStrong’s Program Disclosures.

_____	_____	_____
<i>Borrower 1 (Printed)</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Borrower 2 (Printed)</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Counselor (Printed)</i>	<i>Signature</i>	<i>Date</i>

PRIVACY POLICY

Exhibit A

Note: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

HomeStrong USA, LLC (“HomeStrong”) 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number and demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does HomeStrong collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information, but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to HomeStrong employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information, and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct HomeStrong to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from our partners, which may limit HomeStrong’s ability to provide services such as foreclosure prevention counseling. If you choose to opt out, please sign below under the “Opt-Out” clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the “Release” clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that HomeStrong make no disclosure of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that HomeStrong will NOT be able to answer any questions from its partners. I understand that I may change my decision any time by contacting HomeStrong.

Borrower 1 (Signature): _____ *Date*

Borrower 2 (Signature): _____ *Date*

RELEASE: I hereby authorize HomeStrong to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I request. I acknowledge that I have read and understand the above privacy practices and disclosures.

Borrower 1 (Signature): _____ *Date*

Borrower 2 (Signature): _____ *Date*

Client Authorization and Counseling Disclosure

Client Name: _____ Co-Client _____

HUD Approved Non-Profit Counseling Agency: HomeStrong USA

Agency Counselor: _____

I would like to participate in your counseling sessions to help me improve my financial and housing situation. I understand that my counselor may discuss information about my credit history, financial situation, employment, and other information with me, and with other representatives of financial institutions or agencies as necessary to assist me in improving my financial and housing situation. I understand that information about my personal circumstances will be treated as confidential. I further understand that I am free to choose a lender, lending product and home regardless of the recommendations made by my counselor. If I choose to seek financial assistance, I understand that I may be referred to a separate agency. I understand that there may be additional eligibility requirements to qualify for such assistance.

I hereby authorize my counselor to discuss any information related to my personal circumstances that may be necessary in our attempts to improve my financial and housing situation and to release and/or obtain credit, financial, employment and other information to and/or from other agencies or financial institutions when disclosing this information will help my counselor and I work out and assess improvements to my financial and housing situation.

It is further understood that in consideration of the counseling agency's assistance with my financial and housing situation, I agree to hold harmless the counseling agency and its agent and/or its employees and the agencies and financial institutions with which the counseling agency works and shares information from any and all claims or causes of actions arising, or which may arise, from mistakes, errors, or omissions in regards to said counseling.

I/we hereby authorize HOMESTRONG USA to verify my/our past and present employment earnings, records, bank accounts, stock holdings and any other asset balances that are needed to process a mortgage loan application. I/we further authorize HOMESTRONG USA to order a consumer credit report to verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will serve as authorization.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Current Address _____

Borrower's Authorization to Negotiate With and Release Information
Autorizacion del Cliente Para Negociar y Revelar Infomacion

English

To Whom It May Concern:

I/We have requested Foreclosure Prevention Counseling from HomeStrong USA, a HUD approved homeownership counseling agency. As part of the counseling process, I/We authorize any and all mortgagers, servicers and creditors to negotiate with and provide the Housing Counselors of HOMESTRONG USA with any and all information pertaining to the resolution of my/our financial hardship.

I/We further hereby authorize HOMESTRONG USA to make a recommendation about appropriate action to take with regard to my/our mortgage loan, which may assist the loan servicer in determining whether to restructure my/our loan or to offer other extraordinary services that could preserve my/our long-term homeownership.

A Photographic or facsimile copy of the signature(s) of the undersigned may be deemed to be the equivalent of the original and may be used as a duplicate original.

Espanol

A Quien Corresponda:

Yo he contratado a HomeStrong USA una Agencia de Consejeria de Viviendas del departamento de HUD, que suministra consejeria sobre la prevencion de embargo. Como parte del proceso de consejera, yo autorizo a todos mis acreedores, companias hipotecarias, y sus administradores a negociar y proveer informacion de mi caso a los consejeros de HomeStrong USA. Esto incluye toda la informacion perteneciendo a la resolucion de mi situacion financiera.

Tambien autorizo a HomeStrong USA a suministrar recomendaciones para accion apropiada en relacion a mi prestamo hipotecario que puede asistir la compania hipotecaria y sus administradores en determinado el resultado de reestructurar mi prestamo o ofrecer otros tipos de servicios que puedan preservar mi habilidad de retener mi casa para un futuro largo.

Una Copia exacta por fax o por correo electronico de las firmas de los clientes indicados es el equivalente del original y puede ser duplicado.

Borrower/Solicitante _____ SS# _____

Signature/Firma _____ Date/Fecha _____

Borrower/Solicitante _____ SS# _____

Signature/Firma _____ Date/Fecha _____

Address/Domicilio: _____

Lender/Administrador Hipotecario(s): _____

Account Number/Numero de Cuenta(s): _____

HomeStrong USA Counselor/Consejero signature: _____ Fax: (800) 915-3480

HOMEOWNER INFORMATION

Date/Fecha: _____

Office use only:

Name/ Nombre: _____
First/Primero Middle/Segundo Last/Apellido

Fannie Mae Loan:
Freddie Mac Loan:

Address/ Dirección: _____
Street/Calle City/Ciudad State/ Estado Zip Code/ código postal

Home Phone/Numero de telefono: () - Cell/ Móvil: -

Social Security Number/ Numero de Seguro Social: Birth date/ Fecha de nacimiento: _____

Race/Raza (Circle one/ Marque con un circulo):

1. White/ Blanco 2. Native Hawaiian/ Nativo de Hawai 3. American Indian/Alaskan / Indeo Americano / Nativo de Alaska
4. Asian/ Asiático 5. Other/ Otro 6. Black or African American/ Afro Americano

Hispanic/ Hispano: Yes/ Si No Place of Birth/ Lugar nacimiento: _____

Marital Status/ Estado civil: Single/Soltero Married/ Casado Divorce/ Divorciado Separated/Separado Widow/ Viudo

Gender/ Genero: Male/ Masculino Female/Femenino

Disabled/Incapacitado? Yes/ Si No

Head of Household type/ Tipo de Hogar?

1. Female headed single parent household/ Madre soltera cabeza de familia 2. Single adult/ Adulto soltero
3. Male headed single parent household/ Padre soltero cabeza de familia 4. Married with children/ Matrimonio con hijos
5. Two or more unrelated adult/ dos o más adultos sin relación 6. Married without children/ Matrimonio sin hijos 7. Other/ Otro tipo

Family Size/ tamaño de la familia: How many dependents/cuántos dependientes? _____

What ages are they/Cuáles son las edades? _____

Total annual household income / Ingreso anual del hogar? _____

Highest Education Completed/ de educación más alto completado

1. Below High School Diploma/ Menos que titulo de preparatoria 2. Two Year College/ dos años la universidad
3. High School Diploma or Equivalent/diploma de escuela secundaria o su equivalente
4. Bachelors Degree/ Licenciatura 5. Masters degree/ Maestria 6. Above Masters Degree/ maestros abover grado

Referred to by/ se refiere el: Print Ad/ Imprimir Publicida Bank/ Banco Government/ Gobierno Radio/Radiofonía

Realtor/ Vendedor Staff/Board member / Miembro de dirección Walk-In/ Por si solo Friend/ Amigo TV / Tele

Newspaper Article/ Artículo de prensa Other referral please list / Referencia, puede ponerse en lista de _____

CO-APPLICANT / SECUNDO SOLICITANTE

Name/ Nombre: _____
First/Primero Middle/Segundo Last/Apellido

Social Security Number/ Numero de Seguro Social: Birth date/ Fecha de nacimiento: _____

Race/Raza (Circle one/ Marque con un circulo):

1. White/ Blanco 2. Native Hawaiian/ Other Pacific Islander/ Nativo de Hawai/otra isla del Pacífico 3. Asian/ Asiático
4. American Indian/Alaskan / Indeo Americano / Nativo de Alaska 5. Other/ Otro 6. Black or African American/ Afro Americano

Hispanic/ Hispano: Yes/ Si No Place of Birth/ Lugar nacimiento: _____

Marital Status/ Estado civil: Single/Soltero Married/ Casado Divorce/ Divorciado Separated/Separado Widow/ Viudo

Gender/ Genero: Male/ Masculino Female/Femenino

Disabled/Incapacitado? Yes/ Si No

Relationship to Customer/ Relación con el cliente Spouse/ Esposo/a Daughter/ Hija Son/Hijo Sister/ Hermana

Brother/ Hermano Girlfriend/ Novia Boyfriend/ Novio Mother/ Madre Father/ Padre

CUSTOMER EMPLOYMENT / EMPLEO de Cliente PLEASE PRINT CLEARLY/ POR FAVOR ESCRIBA CLARAMENTE

Primary Employer/ Empleador primario: Position/ Titulo: _____

Hire date/ Fecha de comienzo Phone / Teléfono Net Income per month/ Salario neto por mes _____

Is this amount paid/Pago es? Weekly/Semanal, Every two weeks /cada dos semana, Twice a month/ dos veces por mes, Monthly/Mensual:

Co-Applicant Employment / Empleo de Sedundo Solicitante

Primary Employer / Empleador primario: Position /Titulo: _____

Hire date/ Fecha de comienzo Phone / Teléfono Net Income per month/ Salario neto por mes _____

Is this amount paid/Pago es: Weekly/Seman Every two weeks /cada dos semana, Twice a month/ dos veces por m Monthly/Mensual:

PROPERTY INFORMATION

First Mortgage Lender: _____

Loan Number: _____

Interest Rate _____% Fixed/ Adjustable/Interest Only/ Option Arm (circle one)

Principal Balance \$ _____

Monthly Payment \$ _____

Second Mortgage Lender: _____

Loan Number: _____

Interest Rate _____% Fixed/ Adjustable/Interest Only/ Option Arm (circle one)

Principal Balance \$ _____

Monthly Payment \$ _____

EXPLANATION OF FINANCIAL HARDSHIP

I'm having problems making my monthly payment due to financial difficulties.

I believe my situation is: _____ Temporary _____ Permanent

My financial difficulties are the result of:

Explain:

Signature: _____

Date: _____

Financial Statement/Estado Financiero

Household Income/Ingreso de los hogares

Net monthly income/ Ingreso neto por mes

Summary/Resumen

Borrower/Prestatario	\$
Co-Borrower/ Prestatario Secundario	\$
Other Household members/ Otro Miembro del hogar	\$
Rental Income/Ingresos por Alquiler	\$
Child Support/Alimony/Manutención de Niños/Aliment	\$
Disability/Social Security/Disabilidad/ Numero de Segu	\$
Other Income/Otros Ingresos	\$
Total	\$

Total Income	
Total Expenses:	
Surplus/Deficit:	

NOTES/NOTAS

Assets

Estimated Value/Valor Estimado

Checking Account/ Cuenta de Cheques	\$
Savings accounts/ Cuenta de Ahorros	\$
IRA/Retirement Accounts/Keogh/401K	\$
Other/Otro	\$
Total	\$

Expenses

Min. Payment/ Pago Minimo Delinquent

1st Mortgage/1st Hipoteca	\$	
2nd Mortgage/2nd Hipoteca	\$	
Other Mortgage/Liens/Rent/Otras Hipotecas	\$	
Home Owners Insurance/Aseguransa de Vivienda	\$	
Home owners Assoc. Dues/ Asociacion de Vivienda	\$	
Property Taxes/ Impuestos de Propiedad	\$	
Other Insurance/Life/Health/Aseguransa Medica	\$	
Transportation (gas/insurance)/ Transportacion (gas/a	\$	
Auto Loans/ Prestamo de Automovil	\$	
Installment Loans/ Prestamo Personal	\$	
Credit Card/ Targeta de Credito	\$	
Credit Card/ Targeta de Credito	\$	
Credit Card/ Targeta de Credito	\$	
Credit Card/ Targeta de Credito	\$	
Child Care/ Cuidado de niños	\$	
Child Support/ Pension Para Hijos	\$	
Electric bill/ Electricidad	\$	
Gas heating/Gas natural	\$	
Water/Agua	\$	
Trash/Basura	\$	
Home phone/Cable/Internet/Telefono/Cable/Internet	\$	
Cell Phone/ Telefono Movil	\$	
Groceries/ Comida	\$	
Other/ Otro gasto	\$	
Total	\$	

By signing below, I/We certify that the information and documenttation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf.

Firmando esta carta, nosotros verificamos que la infomacion y documentacion en esta forma es correca. He incluido autorisacion escrita en caso de que un tercer partido sea designado a asistirme.

Signature/Firma

Date

Signature/Firma

Date