



Foreclosure Intervention Counseling Application Packet

511 West University Drive, Suite #4
Tempe, AZ 85281
Office: (480) 517-1589
Fax: (480) 517-1490
www.newtowncdc.com



Intake Form

All Information Is Strictly Confidential

Counselor _____ Start Time _____ End Time _____ Date _____

Phone Face to Face Internet Other _____

Applicant

Please Print Clearly

Referred by _____

Name _____
First MI Last

Address _____
Street City State Zip Code

Home (_____) - _____ Work (_____) - _____ Fax (_____) - _____

Pager (_____) - _____ Cell (_____) - _____ E-Mail _____

Social Security Number ____ -- ____ -- ____ Birth Date ____ / ____ / ____ or Approx Age ____

Race (please circle)

- White
- Black or African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaska Native and Black
- Other

If American Indian (please circle): Navajo Other

Ethnicity (please circle for Hispanic origin) Hispanic: Yes No

Gender (please circle): Male Female

Are you a Veteran? (please circle): 1. Yes 2. No Foreign Born (please circle): 1. Yes 2. No

Current Housing Arrangement (please circle one):

- Rent
- Homeless
- Homeowner with Mortgage
- Living with a family member/friend and not paying rent
- Homeowner with mortgage paid off

Marital Status (please circle) 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Household Type (please select the most accurate)

- Female headed single parent household
- Male headed single parent household
- Single Adult
- Two or more unrelated adults
- Married with children
- Married without children
- Other

Current Monthly Rent or Mortgage \$ _____

Applicant Family/Household Size _____

How many dependents? _____ Are any of your dependents disabled?: Yes No

What are their ages? _____, _____, _____, _____, _____, _____, _____, _____, _____

Are there non-dependants who will be living in the home? Yes No If yes, list below:

Relationship Age Relationship Age

Education (please circle):

- Below High School Diploma
- High School Diploma or Equivalent
- Two-Year College
- Bachelors Degree
- Masters Degree
- Above Masters Degree

What is your primary home Language? _____

Any special Accommodations or Disabilities? Yes No

Annual Family or Household Gross Income: \$ _____

Employment

Employer's Name _____ Business Type _____
 Gross Income \$ _____ Net Income \$ _____
 Start Date _____ End Date _____

Lender

Are you currently working with a lender? Yes No
 If Yes, which lender? _____
 Loan Officer: _____ Phone Number: _____

Mortgage Information

First Mortgage Information

First Mortgage Company _____ Loan # _____
 Monthly Payment \$ _____ How many payments are you behind? _____ Type of Loan? _____
 Date of Last Payment Sent _____ Have you received a written notice from the lender? Yes _____ No _____
 Notice of Default _____ Date _____ Notice of Sale _____ Date of Sale _____ Eviction Notice _____
 Current Interest Rate _____ %

Second Mortgage Information

Second Mortgage Company _____ Loan # _____
 Monthly Payment \$ _____ How many payments are you behind? _____ Type of Loan? _____
 Date of Last Payment Sent _____ Have you received a written notice from the lender? Yes _____ No _____
 Notice of Default _____ Date _____ Notice of Sale _____ Date of Sale _____ Eviction Notice _____

Monthly Payment Information

Are property taxes and homeowners insurance included in your mortgage payment? Yes _____ No _____
 If no, are your taxes current? Yes _____ No _____ Is your insurance current? Yes _____ No _____
 Is there a Homeowners Association? Yes _____ No _____ If yes, name? _____
 Monthly Payment \$ _____ Behind? Yes _____ No _____ # of payments behind? _____
 Last payment sent on _____

Authorization

 Applicant Signature

 Date

 Co-Applicant Signature

 Date

Please Compile the List of Items Below.

We Need This Information in Order to Better Assist You.

Foreclosure Counseling

- Written explanation detailing the reason for your mortgage delinquency. Be specific and include details, dates, etc. (Use Hardship Letter Form provided in this packet)
- Current paycheck stubs from all household member covering the last 30 days.
- Most recent bank statements for the last 60 days
- A copy of your Note, including Riders and Addendums from the original documents you received when you closed your home.
- All correspondence from all mortgage lenders
- A copy of your most recent mortgage statement. (very important)
- A copy of your Homeowner's Insurance Policy
- A copy of your current property tax statement from the County
- A copy of your Notice of Trustee Sale (if applicable)

Please call the number below to schedule your appointment after you complete this packet and have gathered all requested items listed on this page:

Newtown Community Development Corporation
Attn: Foreclosure Intervention Counselor
511 West University, Suite 4
Tempe, AZ 85281

Office: 480-517-1589

Fax: 480-517-1490

Authorization to Release Information

I (We) herby authorize **Newtown Community Development Corporation (Newtown)**, a HUD Certified Counseling Agency, to verify my employment, and outstanding debt, including my present or previous mortgages, and to make any other inquiries pertaining to the Counseling Services they are providing me, at their request. **Initial** _____

Mortgage Lenders/Servicers:

I (We) herby authorize **Newtown Community Development Corporation (Newtown)**, to obtain any and all information about my account. I understand that information released to **Newtown**, may include, but is not limited to, information relating to my loan amount and payment transactions and/or the provision of copies of my loan documents. **Initial** _____

I (We) acknowledge that this authorization will remain in effect for the duration of the time necessary to help me address my financial problems. **Newtown** will also assist in proposing a loss mitigation plan that is within your guidelines. I also acknowledge that should I wish to terminate this authorization, I will notify you in writing.

1st Mortgage _____ **Account Number** _____

Authorized Third Party: **Newtown Community Development Corporation**

511 West University Drive, Suite 4
Tempe, AZ 85281
(480) 517-1589 Office
(480) 517-1490 Fax

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant (Signature) Date

Co-Applicant (Signature) Date

Social Security Number

Social Security Number

Credit Report Authorization

I hereby authorize and instruct **Newtown Community Development Corporation** to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by **Newtown Community Development Corporation**. I understand and agree that **Newtown Community Development Corporation** intends to use the credit report for the purpose of evaluating my financials to assist me in the best possible work our plan that will best fit me.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to **Newtown Community Development Corporation** in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

National Foreclosure Mitigation Counseling Program

I give permission for NFMC program administrators and/or their agents to pull my credit report for purposes of Data Collection System. I give permission to NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2010 for the purpose of program evaluation. In connection with evaluating my financials, I (initial your choice)

_____ Authorize

_____ Do **Not** Authorize

Newtown Community Development Corporation to do the following:

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law. *Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.*

We do not share personal information with any unaffiliated third parties for the purpose of making sales calls or marketing product and services to you.

I understand that I may revoke my consent to do these disclosures by notifying **Newtown Community Development Corporation** in writing.

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant (Signature) Date

Co-Applicant (Signature) Date

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Newtown Community Development Corporation

Privacy Policy and Practices

We at Newtown CDC value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect:

We collect personal information to support our counseling operations. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose:

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom Do We Disclose:

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for a program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Privacy Policy and Practices of Newtown Community Development Corporation

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may write to **Newtown Community Development Corporation, 511 West University Drive, Suite 4, Tempe, AZ 85281**
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may write to **Newtown Community Development Corporation, 511 West University Drive, Suite 4, Tempe AZ 85281**

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous instructions will remain in effect until you request a change.

Acknowledgement

I have read and received a copy of the Privacy Policy and Practices of Newtown CDC

Signature

Date

Signature

Date

Please mail to:
Newtown Community Development Corporation
511 West University, Suite 4
Tempe, AZ 85281

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

Housing Counselor / Client Agreement

Purpose of Housing Counseling. I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers fix those problems that prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

I/We understand that **Newtown Community Development Corporation** provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possible including referrals to other housing agencies as appropriate.

I/We understand that **Newtown Community Development Corporation** 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/We 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, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

Newtown Community Development Corporation and its Counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Timely completion of counseling services
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Confidentiality, honesty, respect and professionalism in all services

Customer's Responsibility: I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing two consecutive appointments.

I (We) _____ agree to the following terms of service:

- Will always provide honest and complete information to my/our counselor, verbally or in writing
- Will provide all necessary documentation and follow-up information within the timeframe requested
- Will be on time for appointments and understand that if we are late, we will only be seen for the remainder scheduled time or be asked to reschedule
- We will call within 24 hours if unable to attend to an appointment
- 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.

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant (Signature) Date

Co-Applicant (Signature) Date

Counselor Name (Print)

Counselor (Signature) Date

Crisis Budget Worksheet

Today's Date:

Income

Gross Monthly: \$

Net Monthly: \$

Housing Expenses	Current	Plan
Housing Payment (Mortgage or Rent)		
Second Mortgage Payment		
Property Tax		
Property Insurance		
Home Owners Association		
Electricity		
Heating (Gas/Oil) 12 Month Average		
Water/Sewer		
Subtotal (A)		
Debt/Liabilities	Current	Plan
Credit Cards		
Personal Loans		
Auto Loans		
Other		
Subtotal (B)		
Home Maintenance	Current	Plan
Needed Repair or Maintenance		
Cleaning Supplies		
Lawn Care/Pool Service		
Pest Control		
Other		
Subtotal (C)		
Food	Current	Plan
Groceries		
Food at Work		
School Lunches		
Other		
Subtotal (D)		
Savings Accounts	Current	Plan
Savings Accounts		
Investments (Monthly Contribution)		
Other		
Subtotal (E)		
Transportation/Auto	Current	Plan
Gasoline		
Parking Fees		
Auto Repairs/Maintenance (Annual/12)		
License Tags/Registration (Annual/12)		

Bus Fares		
Other		
Subtotal (F)		
Personal	Current	Plan
Personal Items/Toiletries		
Barber/Beauty Shop		
Tobacco		
Alcoholic Beverages		
Other		
Subtotal (G)		
Insurance	Current	Plan
Auto Insurance (Annual/12)		
Life Insurance		
Renter's Insurance		
Health Insurance (If paid separately)		
Other		
Subtotal (H)		
Medical	Current	Plan
Doctor Visits		
Dentist		
Prescriptions		
Eye Exams		
Other		
Subtotal (I)		
Dependent Care	Current	Plan
Allowances for Children		
Child Care		
Child Support		
Other		
Subtotal (J)		
Clothing	Current	Plan
Clothing (Cost of Previous Year/12)		
Laundry/Dry Cleaning		
Other		
Subtotal (K)		
Gifts & Donations	Current	Plan
Birthday Gifts (Annual/12)		
Holiday Gifts		
Church Donations		
Other		
Subtotal (L)		

Education	Current	Plan
School Fees (Books, Tuition, Supplies)		
Other		
Subtotal (M)		
Entertainment	Current	Plan
Movie Rental/Theaters		
Cable TV		
Sports/Hobbies		
Eating Out		
Gym Memberships		
Other		
Subtotal (N)		
Misc/Other	Current	Plan
"Mad Money"		
Pet Supplies/Care		
Postage		
Checking Account Fees		
Home Phone/Cell Phone Costs		
Other		
Subtotal (O)		

Monthly Budget Summary:

Total Gross Income: \$ _____

Total Net Income \$ _____

Total Expenses (A-O): \$ _____

Net Income Minus (-) Total Expenses \$ _____

Total Surplus or Shortfall \$ _____

2 nd Job	\$
Child Support	\$
Help from Friends/Family	\$
Rent Received	\$
Public Benefits	\$
Dividends/Interest	\$
Other Income	\$
Savings	\$
Assets that can be sold	\$
Retirement/401k	\$
Other Assets	\$

Signature

Date

Signature

Date

