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Date \_\_\_\_\_

HUD # \_\_\_\_\_

Applicant			Co-Applicant		
Name _____			Name _____		
Address _____			Address _____		
City _____			City _____		
State	Zip Code	County	State	Zip Code	County
Home Phone _____		Cell Phone _____	Home Phone _____		Cell Phone _____
Work Phone _____		Best time to contact you _____	Work Phone _____		Best time to contact you _____
Email _____			Email _____		
Date of Birth _____		Social Security # _____	Date of Birth _____		Social Security # _____
<b>Ethnicity:</b> Hispanic    Non-Hispanic <b>Race:</b> Asian    African American    Native American    White Pacific Islander    Unknown/Other <b>Gender:</b> Male    Female <b>Marital Status</b> Single    Married    Divorced    Separated Widowed <b>Other (Check all that apply)</b> Head of Household    First Time Homebuyer Rural Area    Y    N Disabled    US Veteran    Active Military Limited English Proficiency    Household Size _____			<b>Ethnicity:</b> Hispanic    Non-Hispanic <b>Race:</b> Asian    African American    Native American    White Pacific Islander    Unknown/Other <b>Gender:</b> Male    Female <b>Marital Status</b> Single    Married    Divorced    Separated Widowed <b>Other (Check all that apply)</b> Head of Household    First Time Homebuyer Rural Area    Y    N Disabled    US Veteran    Active Military Limited English Proficiency    Household Size _____		
<b>How did you hear about us?</b> HUD Website    Flier    Family/Friend    Agency Referral    211    Other					

**INCOME**

Applicant Monthly Income	Co-Applicant Monthly Income
Gross Monthly Income \$ _____	Gross Monthly Income \$ _____
Net Monthly Income \$ _____	Net Monthly Income \$ _____

**Other Monthly Income**

Social Security /SSI / SSDI	Social Security/SSI / SSDI
Child or Spousal support received	Child or Spousal support received
Unemployment compensation	Unemployment compensation
Workers disability compensation	Workers disability compensation
Veterans Benefits	Veterans Benefits
Monies from rental properties	Monies from rental properties
Children's wages	Children's wages
Food Stamps	Food Stamps
Child care assistance	Child care assistance
Housing assistance	Housing assistance
<b>Total Applicant Income</b>	<b>Total Co-Applicant Income</b>
<b>TOTAL HOUSEHOLD INCOME: \$</b> _____	

Applicant's signature

Date

Co-Applicant's signature

Date

## MONTHLY EXPENSES

Record your monthly expenses in the appropriate area. Enter the remaining amount owed under "Balance Due" for such items as mortgage, credit cards, and loans, etc. Total all expenses under the "Monthly Payment" column and enter in the "TOTAL" space.

CATEGORY	DESCRIPTION	MONTHLY PAYMENT	BALANCE DUE	DELINQUENT Y-Yes N-No Number of Months
<b>MONTHLY PAYMENTS</b>	Mortgage or Land Contract			
	Other Mortgage(s)			
	Alimony / Child Support			
	Home Owners Association			
<b>LOANS</b>	Automobile			
	Automobile			
	Furniture / Appliances			
	Finance Company			
<b>CREDIT CARDS</b>	Other:			
	VISA			
	MASTERCARD			
	Other:			
<b>UTILITIES</b>	Other:			
	Electricity			
	Heating			
	Telephone			
<b>INSURANCE (Not payroll deducted)</b>	Water / Sewage			
	Automobile			
	Health			
	Life			
<b>DONATIONS</b>	Dental			
	Church			
<b>DUES</b>	Charity			
	Club			
<b>MEDICAL (Not covered by Insurance)</b>	Union			
	Professional Organization			
	Doctor / Dentist			
<b>CAR</b>	Drugs			
	Hospital			
	Other:			
<b>FOOD</b>	Gasoline			
	Maintenance			
<b>CLOTHING</b>	Monthly Parking			
	Family			
	School or Work Lunches Purchased			
<b>MISC.</b>	New Clothes / Shoes			
	Dry Cleaning			
	Uniforms or Required Items			
	Spending Money			
<b>SAVINGS</b>	Cable TV			
	Clubs, Sports & Hobbies			
	Entertainment (dinners, movies, etc.)			
	Vacations			
	Gifts			
	Other:			
	Savings Bonds			
	Bank/Credit Union			
	Other:			

**TOTAL**

**NET**

<b>(Please check all that apply)</b>		
You want to: Keep the property__		Sell the property__
The property is: Primary residence__		Second home__ Investment property__
The property is: Owner occupied__		Renter occupied__ Vacant__
<b>1<sup>ST</sup> MORTGAGE COMPANY</b> Name: _____		
Normal monthly payment: \$ _____		Date of last mortgage payment sent and accepted? _____
Total amount past due (arrear): \$ _____		Balance of Loan \$ _____
Type of Loan	Terms	Property taxes & Insurance escrowed?
FHA__ VA__	Fixed rate__ Adjustable__	Yes__ No__ If no, current? Yes__ No__
<b>2<sup>ND</sup> MORTGAGE COMPANY</b> Name: _____		
Normal monthly payment: \$ _____		Date of last mortgage payment sent and accepted? _____
Total amount past due (arrear): \$ _____		Balance of Loan \$ _____
<b>ASSOCIATION DUES OR 3<sup>RD</sup> MORTGAGE</b>		
Name: _____		
Normal monthly payment: \$ _____		Date of last mortgage payment sent and accepted? _____
Total amount past due (arrear): \$ _____		Balance of Loan \$ _____



## Documents Required for Foreclosure Prevention Counseling

### **COPIES ONLY:**

- 1) Copy of your most recent Mortgage statements and any information and/or documentation received from the lender, including any foreclosure action documentation.
- 2) Hardship Letter: Brief written statement describing your hardship. The letter should detail the reason for your payment delinquency and request for relief.
- 3) For each borrower: Two months of pay stubs or if self-employed, the Summary pages of the latest completed financials (P&L) from your business or latest 1040 tax return (principal 1040 pages only without schedules).
- 4) Two months of complete bank statements for all your banking and investments accounts.
- 5) Most recent Tax Return.
- 6) If your loan is Non-Escrowed, Proof of payment for recent property taxes, Homeowner's Insurance and Homeowner's Association Fees.
- 7) Proof of occupancy – Copy of recent utility bills (electricity, water, cable, etc.)
- 8) IMPORTANT: Please sign and return **via fax** the Authorization Form for Loss Mitigation. Also, read the Privacy Notice and Policy.
- 9) A copy of a valid Florida Identification for each borrower.
- 10) Copy of your unemployment benefits statement, or any documents related to your employment termination or reduction of hours.
- 11) Copy of any correspondence from your bank or Florida Courts.
- 12) A recent copy (30-60 days) of your credit report for each borrower on the note.

### **Hardship Letter:**

We suggest this standard format to assist you structure your hardship letter to the bank. Typically, a financial hardship results from an involuntary reduction in income or an unavoidable increase in expenses.

Format:

- The first paragraph should include:
  - ✓ Loan number
  - ✓ Homeowner's name(s), address and phone numbers
  - ✓ Other relevant details about the property, such as the number of months delinquent, property value, etc.
- The second paragraph should include:
  - ✓ A matter of fact description of what caused the default
  - ✓ Avoid blaming others for what occurred
- The third paragraph should include:
  - ✓ Actions you have taken to reduce expenses and increase income
  - ✓ Financial/Housing Counseling or other steps you have taken to resolve the situation
  - ✓ The amount of money the homeowner has to pay off the delinquency
- The fourth paragraph should include:
  - ✓ Synopsis of the facts of the plan
  - ✓ Reason why the homeowner(s) believe this proposal will be successful
  - ✓ Show commitment to see it through to its end
  - ✓ Preferred times and methods for contacting you and your Housing Counselor

**Fax documents to: 954-377-9661 Attn: Housing Counseling Department; or**

**Mail to: Consolidated Credit Counseling, Attn: Housing Counseling 5701 Sunrise Blvd, Fort Lauderdale, FL 33313; or**

**Drop off with our receptionist. Hours: 8:30AM - 5:00PM**

**Your Counselor Is:** \_\_\_\_\_ **Direct Phone Number:** \_\_\_\_\_

**Your Counselor's Email Address Is:** \_\_\_\_\_



## Third Party Authorization to Release Information

Applicant Name: \_\_\_\_\_

*Please Print*

Co-Applicant Name: \_\_\_\_\_

*Please Print*

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Servicer: \_\_\_\_\_

Loan Type: Conventional \_\_\_\_ VA \_\_\_\_ FHA \_\_\_\_

We further authorize you to discuss this account with the counselors of Consolidated Credit Counseling Services, Inc. They will be in contact with you to obtain the necessary information.

You may continue to release information regarding this account to Consolidated Credit Counseling Services Inc. without further authorization.

\_\_\_\_\_  
Applicant's Name (Print)

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

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## CREDIT REPORT AUTHORIZATION

I hereby authorize and instruct Consolidated Credit Counseling Services Inc., to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by Consolidated Credit Counseling Services Inc. I understand and agree that Consolidated Credit Counseling Services Inc. intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in post-purchase counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Consolidated Credit Counseling Services Inc., 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. In addition, in connection with determining my ability to obtain a loan,

I, \_\_\_\_authorize \_\_\_\_do not authorize

Consolidated Credit Counseling Services, Inc. to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying Consolidated Credit Counseling Services, Inc. in writing.

\_\_\_\_\_  
Applicant's Name (Print)

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

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

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

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

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

\_\_\_\_\_  
Applicant Date of Birth

\_\_\_\_\_  
Co-Applicant Date of Birth

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code



## Disclosure for Housing Counseling Clients

I, \_\_\_\_\_, and \_\_\_\_\_ agree to participate in Consolidated Credit Solutions, Inc.'s (Consolidated Credit) housing counseling and education program, to help me improve my housing situation and/or become a homeowner. Consolidated Credit Counseling Services Inc. offers financial counseling. I understand that:

- I understand that Consolidated Credit provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
- I understand that Consolidated Credit, provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Consolidated Credit Counseling Services Inc., in no way obligates me to choose any of these particular loan products or housing programs.
- The housing counselor and I will discuss my credit history, financial situation, employment, and family. I further understand that it may be necessary for the counselor to discuss this information with representatives of other firms or agencies, to assist me in meeting my housing and homeownership goals.
- I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me whether by Consolidated Credit, or by another agency or agencies.
- I understand that Consolidated Credit receives funds from various grants and government programs, and as such Consolidated Credit may share some of my personal information with program administrators and/or their agents for purposes of program monitoring, compliance and evaluation.
- My personal information will be treated confidentially and will not be divulged to any party that is not directly concerned and specifically authorized by me.

## ACKNOWLEDGEMENT OF COUNSELING PLAN

I, \_\_\_\_\_ and \_\_\_\_\_, accept and agree to comply with the counseling Action Plan implemented to assist me in the resolution of my housing problem or meeting my housing need. Failure to comply with the counseling Action Plan could result in termination of counseling. Termination may occur under any of these conditions:

1. Failure to submit requested documentation no more than 10 working days after initial appointment.
2. Failure to appear at counseling appointment.
3. Failure to follow the agreed upon counseling Action Plan.
4. Failure to respond to phone calls or correspondence received by Consolidated Credit.

### Disclosure

Consolidated Credit Solutions, Inc. (Consolidated Credit) is a HUD approved non-profit 501(c)(3) Housing Counseling Agency. Consolidated Credit offers a Debt Management Program (DMP), however, you are not obligated to enroll in a DMP. Consolidated Credit is not affiliated with and does not endorse any mortgage product, lender, real estate, title agency, insurance company, attorney or any other person or entity related to the purchase of a home or any other type of loan product. You are under no obligation to receive any other service from Consolidated Credit, its exclusive partners or any other industry partner. There is no charge for foreclosure prevention counseling, first time homebuyer education and counseling, and financial education seminars. There is a charge of \$125 for Reverse Mortgage Counseling. You may qualify for a fee waiver if based on your financial assesment your household income falls underthe poverty level.

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## NFMC Disclosure and Authorization

I, \_\_\_\_\_, and \_\_\_\_\_ agree to participate in Consolidated Credit Solutions, Inc.'s (Consolidated Credit) housing counseling and education program, to help me improve my housing situation and/or become a homeowner. Consolidated Credit offers financial counseling. I hereby acknowledge and understand that:

- Consolidated Credit 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, intermediaries and/or their agents for purposes of program, monitoring, compliance and evaluation.
- I am authorizing Consolidated Credit to submit my client-level data to the NFMC Data Collection System for the purpose of obtaining funds through their NFMC grant.
- I am authorizing Consolidated Credit to allow NFMC to open my client file so it may be reviewed for program monitoring and compliance purposes.
- I am authorizing NFMC program administrators and/or their agents to conduct follow-up with me within the next three years for the purposes of program evaluation.
- I may be referred to other 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 whether by Consolidated Credit, its exclusive partners, any other industry partner or by another agency or agencies.
- Consolidated Credit, provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Consolidated Credit, in no way obligates me to choose any of these particular loan products or housing programs. Consolidated Credit is not affiliated with and does not endorse any mortgage product, lender, real estate, title agency, insurance company, attorney or any other person or entity related to the purchase of a home or any other type of loan product.
- My personal information will be treated confidentially and will not be divulged to any party that is not directly concerned and specifically authorized by me.

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





## PRIVACY POLICY

Consolidated Credit Counseling Services 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 Counseling Agreement.

*Types of information that we gather about you:*

- Information we receive from you orally, on application or other form, such as your name, address, social security number, assets, and income;
- Information about your transaction with us, your creditors, or other, 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:*

- 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.
- 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 866-435-1876 and do so.

*Release of your information to third parties*

- 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.
- 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).
- 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

### THIRD PARTY AUTHORIZATION FORM

- I understand that Consolidated Credit Counseling Services Inc. provides foreclosure mitigation counseling after which I may receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
- I understand that Consolidated Credit Counseling Services Inc. receives funds to support its operations from various sources and may be required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
- I acknowledge that I have received a copy of Consolidated Credit Counseling services Inc.'s Privacy Policy.

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Applicant's Signature

Date

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Co-Applicant's Signature

Date