

Items required for Foreclosure Mitigation Counseling

These items are needed for every adult living in the home and spouse, if applicable.

- ___ Verification of court ordered child support
- ___ Most recent benefit award statement from: Social Security Income (SSI), Temporary Disability Insurance (TDI), and/or Social Security Disability Income (SSDI).
- ___ Two most recent pay stubs for all household members
- ___ Master copy of unemployment benefits from the unemployment office.
- ___ Most recent water and electric bills.
- ___ Most recent cable or satellite, internet, and phone bills.
- ___ Most recent statements from all monthly debts, including monthly credit card statements.
- ___ Most recent copies of any other statements or bills on any monthly, recurring payment.
- ___ Separation notice from previous employer
- ___ Most recent tax return, signed, dated and completed with all schedules and W2s. If hardship occurred previous to last year, please provide this information for each year prior and since the hardship.
- ___ If self-employed, monthly profit & loss statement for the current year, signed.
- ___ Most recent two months bank statements from all accounts, with institutional information, your name and your address; with all pages included.
- ___ Copy of most recent mortgage statement, all pages, including servicer information, your name and your address for **all mortgages**.

Please review this list carefully. Your appointment cannot be scheduled until we have all of this documentation. Once you have signed and completed ALL paperwork sent to you with this list, return all documentation to:

**Eastern Eight CDC
214 E. Watauga Ave.
Johnson City, TN 37601**

OR

Fax #: 423-926-0034

If you have any questions, you can contact Josh McKinney at 423-232-2051 or jmckinney@e8cdc.org. You can also email your paperwork to him.



Disclosure – Foreclosure Counseling

The undersigned understands Eastern Eight Community Development Corporation, an affordable housing agency, provides the following various services:

- Monthly Homebuyer Education Classes and Counseling
- Affordable Mortgage Financing
- New Home Construction
- Affordable Rental Housing

Eastern Eight also maintains partnerships with the following organizations:

- Tennessee Housing Development Agency
- USDA Rural Development
- First Tennessee Development District
- NeighborWorks
- Upper East Tennessee Human Development Agency
- Appalachian Community Federal Credit Union
- YouthBuild

The undersigned further understands Eastern Eight Community Development Corporation provides Foreclosure Counseling as a service free of charge, and participants of Eastern Eight Foreclosure Counseling are not obligated to receive any services offered by Eastern Eight or by Eastern Eight partners.

This the _____ day of _____ in the year _____.

Client

Foreclosure Counselor

Foreclosure Intervention & Default Counseling:

HOME OWNER INFORMATION WORKSHEET

Homeowner (A) _____

Homeowner (B) _____

Property Address _____

City _____ State _____ Zip Code _____

Race _____ # of dependents _____

Total in Household _____

Home Phone (A) _____ Home Phone (B) _____

Work Phone (A) _____ Work Phone (B) _____

Cell Phone (A) _____ Cell Phone (B) _____

Email Address (A) _____

Email Address (B) _____

Homeowner (A) SSN _____ Homeowner (B) SSN _____

Homeowner (A) DOB _____ Homeowner (B) DOB _____

Homeowner (A) Employer 1 _____

Title _____ How Long? _____

Homeowner (A) Employer 2 _____

Title _____ How Long? _____

Homeowner (B) Employer 1 _____

Title _____ How Long? _____

Homeowner (B) Employer 2 _____

Title _____ How Long? _____

Name of Lender _____

Mortgage Account # _____

Monthly Income _____

Foreclosure Intervention & Default Counseling:

PROPERTY INFORMATION

Type of Property

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single Family detached | <input type="checkbox"/> 2-4 Unit | <input type="checkbox"/> Townhouse |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Other | | |

Condition of Home

- Excellent Good Fair Poor

Age of Home

Date Purchased

Tax Assessed Value

\$ _____

Currently for Sale?

- Yes No

List Price

\$ _____

Real estate agent

Phone number

Length of time on market

HOUSEHOLD INFORMATION

Number of Adults Over 18 _____

Number of Children _____ Ages _____

Household Monthly Income	Gross	Net	Verification
Homeowner (A) Monthly Income Employer (1)	\$	\$	
Homeowner (A) Monthly Income Employer (2)	\$	\$	
Homeowner (B) Monthly Income Employer (1)	\$	\$	
Homeowner (B) Monthly Income Employer (2)	\$	\$	
Other Employment Income	\$	\$	
Other Employment Income	\$	\$	
Social Security /SSI / SSDI	\$	\$	
Child or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Monies From Rental properties	\$	\$	
Household Members Over Age 18 Wages	\$	\$	
Food Stamps	\$	\$	
MFIP	\$	\$	
Child care assistance	\$	\$	
Housing assistance	\$	\$	
Other	\$	\$	
Other	\$	\$	

Foreclosure Intervention & Default Counseling:

Describe what caused you to call our office.

What caused your situation? Please briefly describe what has taken place, including dates.

How have you tried to fix your financial situation?

All of the information that I/We have provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file and no further assistance from the counselor will be provided.

Signature

Date

Signature

Date

Foreclosure Intervention & Default Counseling:

CREDIT REPORT AUTHORIZATION

NAME: _____
FIRST MIDDLE LAST

SPOUSE: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY STATE ZIP

SOCIAL SECURITY # _____ / _____ / _____

DATE OF BIRTH _____ / _____ / _____

SPOIUSE DATE OF BIRTH _____ / _____ / _____

I (we) hereby give permission to pull my (our) credit report for the purposes of my (our) application for assistance in regards to my home or my loan through Eastern Eight Community Development Corporation.

All information will be kept confidential between my Counselor and me. I further understand that Eastern Eight Community Development Corporation will be held harmless for information received in this credit report.

Both Signatures are required if joint report is requested.

Signature **Date**

Signature **Date**

Foreclosure Intervention & Default Counseling:

Authorization for Release of Information

I hereby authorize **Eastern Eight Community Development Corp.** to release/exchange information from my records in order to assist me in resolving a mortgage default.

This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in resolving a mortgage default. Examples of such entities include mortgage servicers, mortgage investors, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

The doctrine of informed consent has been explained to me, and I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

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 90 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 _____

Foreclosure Intervention & Default Counseling:

National Foreclosure Mitigation Counseling Agreement

Authorization

1. I understand that Eastern Eight CDC 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.
2. I understand that Eastern Eight CDC 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.
3. I give permission for NFMC program administrators and/or their agents to follow up with me within the next three years for the purposes of program evaluation.
4. I acknowledge that I have received a copy of the Eastern Eight CDC Privacy Policy.
5. 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.
6. 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.
7. I understand that Eastern Eight CDC provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Eastern Eight CDC in no way obligates me to choose any of these particular loan products or housing programs.

Client's Signature: _____ Date: _____

Client's Signature: _____ Date: _____

Foreclosure Intervention & Default Counseling:

Client/Counselor Contract

Eastern Eight Community Development Corp 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
- Assistance communicating with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

We provide an “80/20” service – this is your situation, so you must do 80% of the work to help resolve it. We commit our organization to faithfully complete the remaining 20% in order to help you find resolution.

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

I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.

I/We will provide all necessary documentation and follow-up information within the timeframe requested.

I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.

I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.

I/We will contact the counselor about any changes in our situation immediately.

I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Homeowner

Date

Homeowner

Date

Homeowner

Date

Counselor

Date

Counselor

Date

PRIVACY POLICY

Eastern Eight CDC is committed to assuring the privacy of the 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 Foreclosure Mitigation Counseling 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 transaction 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 be unable to answer questions from your creditors. If you wish to change your decision regarding your “opt-out,” you may call us at 423-232-2055.

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.

By signing below, you acknowledge that you have received, reviewed, and comprehended the Privacy Policy, and all of the information therein.

Signature: _____

Date: _____

Signature: _____

Date: _____

Monthly Budget

12/4/2013
11:24 AM

Client Name

	<u>Monthly</u>
<u>Household Expenses</u>	
House payment/ Rent	
Electricity	
Natural gas	
Coal / firewood	
Water & Sewer	
Telephone: Land Line	
Cell Phone	
Internet	
Cable / Satellite dish	
Other	
Total	

	<u>Monthly</u>
<u>Clothing</u>	
Laundry / Dry Cleaning	
Clothes (including uniforms)	
Clothing Total	

	<u>Monthly Pym</u>
<u>Debt</u>	
Credit cards, loan payments, car payments	
Total	

	<u>Monthly</u>
<u>Food / Grocery</u>	
Food	
Meals out	
School lunches	
Lunches out (adults)	
Tobacco products	
Household products	
Pet supplies	
Other	
Other	
Total	

	<u>Monthly</u>
<u>Education Expenses</u>	
School Supplies	
Extra curricular activities	
Books	
Tuition	
Education Total	

<u>Insurance</u>	
Life	
Health Insurance	
Insurance Total	

Monthly Budget

12/4/2013
11:24 AM

<u>Professional Services</u>	<u>Monthly</u>		<u>Monthly</u>
Attorney		<u>Transportation</u>	
Accountant / Tax Preparation		Auto Maintenance	
Vet		Gasoline	
Optician / glasses / contacts / hearing aid		Car Insurance	
Doctor		License plates	
Office visits		Transportation Total	
ER visits			
Dentist		<u>Other Expenses</u>	
Precriptions		Bank fees	
Professional Total		Child Support / Alimony that you PAY	
		Allowances	
<u>Entertainment</u>		Postage	
Lottery / BINGO		Storage	
Photo processing		Donations / Tithes	
CDs / tapes / records / DVDs / video games		Babysitting / Child Care	
Alcohol products		Other	
Memberships (gym, union, civic, clubs, etc.)		Other	
Recreation			
Reading material (newspaper/ magazine/ book)			
Entertainment Total		Total	
		<u>Total Monthly Expenses</u>	