



Neighborhood Housing Services of New Haven
Positioning New Haven's Neighborhoods to Succeed

**Please submit all documents listed below
with the application packet**

**PLEASE REMEMBER TO PROVIDE US WITH COPIES ONLY!!!
(WE WILL NOT MAKE COPIES FOR YOU IN THE OFFICE)**

- Completed and signed NHS intake application (**attached**)
- Complete Authorization and Waiver of Confidentiality (**attached**)
- Completed Income & Expenses sheet (**contact your utility company and ask them "What was my average monthly bill during the past 12 months?" We do not need a printout of your annual usage and/or billing statement.**) (**attached**)
- Copy of foreclosure complaint (**if applicable**)
- Copy of any written correspondence with lender or lender's attorney (**if applicable**)
- Income tax returns & W-2 statements for 2008 and 2009 (If self-employed, also bring in **profit & loss statements for 2008 and 2009**) (*Bring copies only*)
- One month of income verification (**paystubs, SSI statement, etc.**) (*Bring copies only*)
- Detailed Hardship Letter (**please WRITE a letter explaining the cause for delinquency; for example - Loss of job, significant increase in expenses, etc.**)
- \$15.00 fee for tri-merged credit report (*Money orders only*) **Please make your money order payable to NHS – 333 Sherman Avenue, New Haven, CT 06511**
- Current Mortgage Statement(s)
- Copy of valid driver's license or state-issued I.D.

Staff Initial _____ Date Returned _____ Orientation Date _____



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Initial Mortgage Intervention Set-up Form

Date: _____ Client #: _____

Name of Borrower: _____ Name of Co-Borrower: _____

Complete Address: _____

Best phone number to contact you: _____ Best time to call: _____

How did you hear about us? (Circle all that apply)

1. Word of mouth 2. Television 3. Newspaper (please specify _____) 4. 211 (Info-Line) 5. Agency Referral

6. Internet 7. Lender 8. Realtor 9. R.O.O.F. 10. 1 (800) HOPE Line 11. Bus ad 12. Other _____

Are you currently in foreclosure? Yes / No Current delinquency status? (Circle one below)

1 month / 2 months / 3 months / 4 months / 5 months / 6 months or more

Delinquency amount? \$ _____ In what year did you purchase your property? _____

Have you refinanced? Yes / No If so, when? _____ Do you have any savings? \$ _____

What is the amount of your monthly mortgage payment(s)? 1st \$ _____ 2nd \$ _____

Type of property: (Circle one)

1. Single family 2. Multi-family / #of units _____ 3. Cooperative 4. Condominium

Current balance on 1st mortgage: \$ _____ 2nd Mortgage: \$ _____

Lender(s) Name: 1st Mortgage: _____ 2nd Mortgage: _____

What type of mortgage do you have: (Circle one) 1. Fixed 2. Adjustable 3. Option-ARM

What is your interest rate? (List for all if more than one) _____

Are taxes and insurance included in your mortgage payment? Yes / No

If they are not, are you delinquent on your taxes? Yes / No If so, by how much? \$ _____

Reason for Delinquency? (Circle all that apply)

1. Loss of employment 2. Working fewer hours 3. Increase in general expenses 4. Not delinquent yet

5. Illness / Medical expenses 6. Divorce / Separation 7. Other: _____

What is your goal? _____

Staff Initials & Date: _____ Assigned Counselor: _____





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Authorization and Waiver of Confidentiality

This authorizes Neighborhood Housing Services of New Haven, Inc. and the Greater New Haven Community Loan Fund to speak on my behalf to the following creditor or servicer concerning my account(s):

Name of Creditor/Loan Servicer: _____

Account Number(s): _____

I further grant permission for counselors at Neighborhood Housing Services of New Haven, Inc. and The Greater New Haven Loan Fund, to obtain records and/or other materials pertinent to my financial situation, including confidential information.

The counselors may also discuss and disclose this information when and where this disclosure or discussion is essential in resolving my debt and/or housing problems.

Client Signature: _____

Print Full Name: _____

Co-borrower Signature: _____

Print Full Name: _____

Date: _____

Last four digits of social security number: _____

Property address: _____

This authorization certifies that Jasmine Torres, Alice Steinhardt, Tom Citerella, Michael Haynes, and Bridgette Russell of Neighborhood Housing Services of New Haven, and Earl Randall and Terry Williams of The Greater New Haven Community Loan Fund are authorized to speak on behalf of the above named clients.



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FORECLOSURE MITIGATION COUNSELING AGREEMENT

I understand that Neighborhood Housing Services of New Haven and the New Haven HomeOwnership Center provide foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendation(s) for handling my finances, possibly including referrals to other housing agencies as appropriate.

I understand that Neighborhood Housing Services of New Haven and the New Haven HomeOwnership Center receive Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, are required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I give permission to Neighborhood Housing Services of New Haven and the New Haven HomeOwnership Center to pull my credit report.

I give authorization for NFMC program administrators and/or their agents to follow-up with me between now and December 31, 2010 for the purposes of program evaluation.

I acknowledge that I have received a copy of the Neighborhood Housing Services of New Haven and New Haven HomeOwnership Center Foreclosure Mitigation Counseling Agreement and accept its provisions.

I may be referred to other housing services of the organization, 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 housing counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred to the appropriate source for such assistance.

I understand that Neighborhood Housing Services of New Haven and the New Haven HomeOwnership Center provide information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Neighborhood Housing Services of New Haven and the New Haven HomeOwnership Center in no way obligates me to choose any of these particular loan products or housing programs.

Applicant's Name (print): _____ Date: _____

Applicant's Signature: _____ Date: _____

Co- Applicant's Name (print): _____ Date: _____

Co- Applicant's Signature: _____ Date: _____

A copy of this authorization may be accepted as an original





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Income and Expense Analysis Sheet

Monthly Income	Average Monthly Amount	Monthly Expenses	Average Monthly Expenses
Gross Pay	\$	Mortgage	\$
	\$	Utilities: Gas	\$
Net Pay (after taxes and other deductions)	\$	Utilities: Oil	\$
Overtime/Part-time/Seasonal Commission Income	\$	Utilities: Electric	\$
Bonuses/Tips	\$	Food	\$
Pension/Social Security	\$	Day Care	\$
VA Benefits	\$	School Expenses (lunch, sports, etc.)	\$
Unemployment Compensation	\$	Car: Note	\$
Public Assistance	\$	Car: Insurance	\$
Alimony/Child Support Received	\$	Car: Fuel	\$
Other	\$	Health Insurance	\$
	\$	Health Care (co-pay, medication, etc.)	\$
Total Monthly Income	\$	Credit Cards	\$
		Installment loan payments	\$
		Student Loan (deferred or paying)	\$
		Alimony/Child Support Paid	\$
		Real Estate Taxes (if not incl. in mortgage)	\$
		Taxes (Automobile)	\$
		Telephone / Cable / Internet	\$
		Cell Phone	\$
		Homeowner's Ins. (if not incl. in mortgage)	\$
		Water and Sewer	\$
		Other	\$
		Total Monthly Expenses	\$

Total: Monthly Income: \$ _____

Total Monthly Expenses: \$ _____

Surplus/Deficit: \$ _____



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333 Sherman Avenue, rear building
New Haven, CT 06511
Tel. 203.777.6925
Fax. 203.772.2876
Web address: www.nhsfnewhaven.org

MORTGAGE INTERVENTION PERSONAL INTAKE FORM

Service # _____

Name: _____
First MI Last

Mailing Address:

_____ Street

_____ City State Zip Code

Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____

Email: _____

____-____-____ Social Security Number ____-____-____ ITIN ____/____/____ Birth Date

Race (please circle):

- | | |
|---|---|
| 1. White | 2. Black or African American |
| 3. American Indian/Alaskan Native | 4. Asian |
| 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White |
| 7. Asian and White | 8. Black/African American and White |
| 9. American Indian/Alaskan Native and Black | 10. Other |

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

Hispanic: _____Yes _____No

(please circle): Cuban Mexican/Chicano Puerto Rican Other Hispanic/Latino_____

Race (please circle):

- | | |
|---|---|
| 1. White | 2. Black or African American |
| 3. American Indian/Alaskan Native | 4. Asian |
| 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White |
| 7. Asian and White | 8. Black/African American and White |
| 9. American Indian/Alaskan Native and Black | 10. Other |

Ethnicity (please select “yes” or “no” for Hispanic Origin. You should select both a “Race” category and a “yes” or “no” for Hispanic origin:

Hispanic: _____Yes _____No

(please circle): Cuban Mexican/Chicano Puerto Rican Other Hispanic/Latino_____

Immigrant Status: (Please circle all that apply)

- | | | | |
|-----------------|-------------------------|-----------------------|-----------------------------|
| 1. U.S. Citizen | 2. You are foreign born | 3. Non-resident Alien | 4. Permanent Resident Alien |
|-----------------|-------------------------|-----------------------|-----------------------------|

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

Head of Household: (Please circle) Yes / No

Gender: (Please circle) Male / Female

Handicapped: (Please circle) Yes / No

Migrant Farm Worker: Yes / No

Household Type: (Please select the most accurate)

- | | |
|--|--|
| 1. Female headed single parent household | 2. Male headed single parent household |
| 3. Single adult | 4. Two or more unrelated adults |
| 5. Married with children | |
| 6. Married no children | 7. Other: _____ |

Family/Household Size: _____

How many dependents: (Not those listed by Co Applicant) _____

What ages are they? _____, _____, _____, _____, _____, _____, _____, _____, _____

Annual Family or Household Income: (Everyone’s income in the home)

\$ _____

- Education:** (Please circle one) 1. Below High School Diploma 2. High School Diploma or Equivalent
3. Associate’s Degree 4. Bachelor’s Degree 5. Master’s Degree 6. Above Master’s Degree

APPLICANT'S EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer: _____

Title *Hire Date*

Street *City* *State* *Zip Code*

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly

CO-APPLICANT'S EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer: _____

Title *Hire Date*

Street *City* *State* *Zip Code*

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly

AUTHORIZATION:

I authorize Neighborhood Housing Services of New Haven and the New Haven HomeOwnership Center to:

Pull my/our credit report to review my/our credit file for counseling purposes in connection with my/our application for mortgage counseling assistance. I further authorize NHS to share my information with the National Foreclosure Mitigation Counseling Program for the purpose of tracking the clients who have been helped by our services. I/We understand that a portion of the counseling services performed by NHS has been funded by a National Foreclosure Mitigation Counseling Grant.

I / We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Primary Applicant's Signature / Date

Co-Applicant's Signature / Date

Internal Office Use Only

Date Application Received: _____ Processing fee: \$ _____

Orientation Date: _____

Post Purchase

Client Received HUD issued HECM Certificate:	Yes	No
--	-----	----

Client is victim of Predatory Lending Practices:	Yes	No
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Revised 7/10

Financial Hardship Affidavit

Borrower's Name(s): _____
Property Street Address: _____
Property City, ST, Zip: _____
Lender: _____
Loan Number: _____

In order to qualify for _____'s offer of a conditional Loan Workout and Modification Agreement, I am submitting this form to the Lender and indicating by my checkmarks ("✓") the one or more events that contributed to my inability to remain current on my mortgage loan.

Borrower Co-Borrower

- My income has been reduced or lost. For example: unemployment, reduced job hours, reduced pay, decline in business earnings. Explain below.
- My household financial circumstances have changed. For example: permanent or short-term disability, death in the family, divorce or separation, increased family responsibilities (birth or adoption of a child, taking care of elderly relatives or other family members). Explain below.
- My expenses have increased. For example: my monthly mortgage payment will rise or has risen, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills. Explain below.
- Other. Explain below.

Explanation:

Borrower Acknowledgement

I verify that the events identified above have contributed to my inability to remain current on my mortgage loan. I understand and acknowledge that the Lender may investigate the accuracy of the event(s), and may require me to provide supporting documentation. I understand that if I have misrepresented the event(s) or do not provide the required documentation that the Lender may cancel this agreement and re-start foreclosure activities.

_____ Borrower Signature	_____ Date	_____ Co-Borrower Signature	_____ Date
E-mail Address: _____		E-mail Address: _____	
Cell Phone # _____		Cell Phone # _____	