



COMMUNITY HOUSING INNOVATIONS, INC.

www.communityhousing.org
pspino@communityhousing.org

190 East Post Road, White Plains, NY 10601
Telephone 914-683-1010 Fax 914-683-6158

FORECLOSURE PREVENTION PROGRAM

Dear Homeowner,

I'm so glad you took that tough first step and contacted us about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation.

To assist us in providing you with the most effective and efficient service, please complete the attached worksheet as thoroughly as possible. Please give the monthly spending plan careful attention. This information is the key element of resolving your financial situation. If there are questions or information you don't understand, that's okay. Do your best with it and we will go through the rest of it together.

You will find there is an emphasis on being truthful. We can't help with a resolution unless we have a complete and accurate picture of your situation.

YOU MUST BRING THE FOLLOWING DOCUMENTS:

- () **Copies** of Note & Mortgage
- () **Copies** of Settlement form – HUD 1
- () **Copies** of Any and **ALL** Default Letters / Foreclosure Notices / Legal Notices
- () **Copies** of 2 Most Recent Pay Stubs, for all borrowers
- () **Copies** of last 2 months of bank statements (**ALL PAGES**)
- () **Copies** of current Mortgage Statement (*shows amount owed*)
- () **Copies** of Federal Tax returns (**Last 2 years**) 2008 / 2007
- () **Copies** of W2's (**Last 2 years**) 2008 / 2007
- () **Signed** Hardship Letter (*Sample is attached*)
- () **Signed** Client Counseling Agreement Form
- () **Signed** Authorization Form
- () **Signed** Disclosure Statement



COUNSELING INTAKE FORM

I. IDENTIFYING INFORMATION:

1. Borrower's Name:

Address: _____ Zip _____

DOB _____ Social Security No. ____ - ____ - ____

Phone: () ____ - ____ Work Phone: () ____ - ____ Cell: () ____ - ____

E-mail: _____ **Gross Annual Income:** \$ _____

2. Co-Borrower's Name (if any) _____ **Relationship to you:** _____

Are they on the mortgage? Yes No Do they currently reside with you in the property? Yes No

DOB _____ Social Security No. ____ - ____ - ____

Phone: () ____ - ____ Work Phone: () ____ - ____ Cell: () ____ - ____

Gross Annual Income: \$ _____

3. Is there anyone else on the mortgage with you? Yes No

If yes, please indicate their name: _____ D.O.B. _____ **Gross Annual Income:**
\$ _____

4. Household Members with additional income

Name	Employer	Monthly Income/Contribution
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. MORTGAGE INFORMATION

1. Are you currently behind? Yes No If YES, how many months? _____

Months behind on 1st Mortgage: _____ Months behind on 2nd Mortgage: _____

Total Arrears: \$ _____

Are you currently in Foreclosure: _____



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2. Type of Mortgage: (Check all that apply)

Pay Option Arm Interest only Fixed Rate

Adjustable Rate Mortgage Other

3. Term of mortgage(s): 10yr 15 yr 30yr - 40yr (Circle One)

4. Interest Rate: *Loan 1:* Interest Rate _____ % / *Loan 2:* Interest Rate _____ %

5. Have you ever refinanced? Yes No If YES, When? _____ How many times? _____

Year Purchased: _____ **Original Purchase Price \$** _____

Estimate of Current Property Value \$ _____

Name of Current Lender / Servicer: _____

1st Mortgage Account Number: _____

Name of Current Lender / Servicer: _____

2nd Mortgage Account Number: _____

III. PRINCIPAL AND INTEREST PAYMENT (Monthly)

a. 1st Mortgage Payment \$ _____ (Monthly)

b. 2nd Mortgage Payment \$ _____ (Monthly)

c. Property Taxes (Annual) \$ _____ \$ _____ (Monthly)

D. Insurance / or HOA Fee's (Annual) \$ _____ \$ _____ (Monthly)

Total Monthly Payment:\$ _____

-Current Principal Balance \$ _____

VI. GENERAL PROPERTY INFORMATION

1. Do you currently reside in the property identified above? Yes No

2. Multi-Family Home? Yes No

3. If YES, Number of units _____ 5. Rent received: \$ _____, \$ _____, \$ _____



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Have you made an effort to arrange a workout on your own? What was the result?

V. OTHER INFORMATION

What is the reason for the default?

What are your objectives and plans?

VI. DEMOGRAPHICS

Borrower marital Status: Single / Married / divorced / separated / widowed

Co-Borrower marital Status: Single / Married / divorced / separated / widowed

Total Number of Household Members (*including yourself*): _____

Total # of household members under the age of 18 years old: _____

Race: Black Hispanic White Asian Other

Borrower Financial Form

Loan # _____

Property Address:

Borrower Information

Borrower's Name			Co-Borrower's Name		
Social Security #	Home Phone #	Work Phone #	Social Security #	Home Phone #	Work Phone #
Mailing Address			Mailing Address		
Do you occupy the property Yes _____ No _____			If Rental: Monthly Rental Income \$ _____		
If No: Is property a Rental property Yes _____ No _____			Last date owner occupied _____		
Have you filed Bankruptcy? Yes _____ No _____			If Yes: Chapter 7 _____ Chapter 13 _____ Filing Date: _____		
Any other liens on subject property? Yes _____ No _____			If Yes: Is it Current? Yes _____ No _____ Balance Due \$ _____		

Monthly Income

Borrower-Employer	Position	Years	Borrower-Employer	Position	Years
Gross Wages:	\$		Gross Wages:	\$	
Net Wages	\$		Net Wages	\$	
Child Support:	\$		Child Support:	\$	
Alimony:	\$		Alimony:	\$	
Other Income: ()	\$		Other Income: ()	\$	
Other Income: ()	\$		Other Income: ()	\$	
Other Income: ()	\$		Other Income: ()	\$	

Monthly Expense

Assets (Estimated Values)

Monthly Expense		Assets (Estimated Values)	
Food	\$	Auto Loans	\$
Utilities	\$	Personal Loans	\$
Transportation	\$	Student Loans	\$
Auto Insurance	\$	Tuition	\$
Life Insurance	\$	Other Mortgages/Rent	\$
Child Support	\$	Other expenses	\$
Alimony	\$	Other expenses	\$
Child Care	\$	Other expenses	\$
Credit Cards	\$	Other expenses	\$
		Home	\$
		Other Real Estate	\$
		Checking Accounts	\$
		Savings/Money Market	\$
		IRA/Keogh Accounts	\$
		401K/ESOP Accounts	\$
		Stocks, Bonds, CD's	\$
		Other Investments	\$
		Other Investments	\$

I Agree that the financial information provided is an accurate statement of my financial status. I understand and acknowledge that any action taken by the lender of my mortgage loan on my behalf will be made in strict reliance on the financial information provided. My signature below grants the mortgagee the authority to confirm the information I have disclosed in this financial statement, to verify that it is accurate by ordering a credit report and to contact my real-estate agent and / or credit counseling service representative if applicable. Discussions and negotiation of a possible foreclosure alternative will not constitute a waiver of or defense to my lender's right to commence or continue any foreclosure or other collection action and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. I may be required to provide additional information.

A property appraisal and a brokers price opinion may be required as part of the review process. The cost of these could be charged to your mortgage. If the workout is denied and an appraisal and/or BPO have been ordered, the cost of these will be billed to your account and you could be responsible for repayment. Access will be required to the property by the appraiser and/or broker.

Signature of Borrower

Date

Signature of Co- Borrower

Date



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Information Request for Loan Servicer from Housing Counselor

Borrower(s) :
Loan #:
Address

The borrower(s) hereby authorizes _____, to supply and to discuss details of the following information about the above referenced account to **Peter Spino, Jr., of Community Housing Innovations, Inc., or any other foreclosure counselor from Community Housing Innovation, Inc.** We are also requesting a payoff statement and the past year payment history. The information will be used to help the borrower propose a loss mitigation plan.

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 _____



SERVICE AGREEMENT

Community Housing Innovations, Inc. and its counselors agree to provide the following services:

1. Confidentiality, honesty, respect and professionalism in all services
2. Development of a spending plan
3. Analysis of the mortgage default, including the amount and cause of default
4. Presentation and explanation of reasonable options available to the homeowner
5. Assistance communicating with the mortgage servicer and other creditors
6. Explanation of collection and foreclosure process
7. Identification of assistance resources
8. Referrals to needed resources

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

1. I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
2. I/We will provide all necessary documentation and follow-up information within the timeframe requested.
3. 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.
4. I/We will call within 2 hours of a scheduled appointment if I/we will be unable to attend an appointment.
5. I/We will contact the counselor about any changes in our situation immediately.
6. I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Homeowner

Date

Homeowner

Date

Counselor

Date

Media Interest

Would you be willing to be contacted by the media to share your story?

Yes

No





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DISCLOSURE STATEMENT

This statement describes the various types of services provided by Community Housing Innovation, Inc. (CHI), and any financial relationship between CHI organization and any other industry partners. Further, it states that any client of CHI is not obligated to receive or use any other services offered by CHI, its branches and/or affiliates.

- **Foreclosure Prevention Counseling:** CHI provides free counseling to families that are in danger of losing their homes because of a default or potential default on their mortgage payments. Assistance is provided with the following mitigations options: loan forbearance, loan modification, partial claim, pre-foreclosure sale, deed-in-lieu of foreclosure, and bankruptcy.
- **Homeownership Counseling:** CHI provides one-on-one home ownership counseling to first time homebuyers who are interested in knowing the facts about buying a home and about low interest rate loan programs. CHI offers free workshops for prospective homebuyers.
- **Homeownership Grants:** CHI provides grants of up to \$30,000 per home to income qualified first time homebuyers.
- **Permanent Rental Housing:** CHI owns and manages 600 units of homeless and affordable housing, including senior housing. CHI staff is dedicated to assisting tenants with housing retention.
- **Scattered Site Transitional Housing:** CHI manages transitional and emergency housing for homeless families and singles under contract with the Suffolk County Department of Social Services, Westchester County Department of Social Services and Nassau County Department of Social Services. These programs include case management that emphasizes self-reliance and teaches families the skills they need to succeed once they are living in permanent housing.
- **Rental Subsidy Program** - CHI administers the Westchester County Rental Assistance Program. This program offers a rental subsidy to the family whose head-of-household is employed, on public assistance and living in emergency housing simply as the result of an inability to pay unaffordable rents.
- **Case Management & Supportive Services** - CHI offers case management services to all residents in the properties it owns and manages. CHI's programs are supervised by Certified Social Workers. Whether emergency, transitional or permanent housing, the primary goal is to assist individuals in achieving personal and economic independence and self-sufficiency.
- **Career Services Program** - CHI's Career Services program offers free skills enhancement classes so that earnings can be increased, which are a necessity to complete in the current housing market in this region. The training is hands-on, and job oriented. Participants can become proficient in computer applications through an office administrator course or learn medical billing, a sought after skill.
- **Housing Development:** CHI purchases abandoned and foreclosed properties under the Neighborhood Stabilization Program and renovate them to market standards. Renovated properties are offered for sale to qualified buyers.

Anti Discrimination Policy

CHI is committed to providing equal opportunities to all clients and does not discriminate against individuals on the basis of race, creed, color, religion, gender, sexual orientation, nationality, marital status, age, or disability in the administration and provision of services to the public. CHI will not tolerate acts deemed to constitute discrimination or harassment based on gender, sexual orientation, race, creed, color, religion, national origin, marital status, age, disability, or any other characteristic protected by law.

Community Housing Innovations, Inc. is a HUD-approved counseling agency*.

Housing Counseling Client

Date: _____



Sample Hardship Letter

Subprime Foreclosure Prevention Services Program

Date:

To: Whom It May Concern

Re: CLIENT'S NAME AND LOAN NUMBER

Reason for My Delinquency

At the time we bought our home I was working for Disney. I worked for this company for more than 15 years. However back in May of 2006 I was let go from Disney without cause. I disputed the case and I won and I am back at work however in a different department. During the time that I was out of work I was not paid and I could not receive unemployment this caused me to not be able to pay my mortgage. In addition to the fact that I was fired, my husband has also had medical problems.

We do want to save our home and do not want to lose it into foreclosure. We are accustomed to paying our bills. Both my wife and I realize that our delinquency is early in our contract, however the circumstances which have brought us to this juncture in our life we could not control. We are pleading for your help us.

Although we are not in a position to bring our mortgage current, things have stabilized. We are seeking your assistance under the loss mitigation program. We are requesting consideration for a loan modification or other loss mitigation options. We have gone for counseling and we are seeking counseling from _____. We have been advised by our counselor to continue to save all dollars pending your decision.

Thank you in advance for your time and consideration in this matter.

SIGNATURE

