

# Foreclosure Intervention Counseling Services

## \*Intake Instructions\*

Complete the intake packet reflecting your current information.

If you would like to be contacted via email, please make sure your email address is correct and clear on your intake form.

Your BUDGET needs to include your current monthly income and expenses. This information must be as accurate as possible because it will be used to complete your affordability analysis.

Print, sign and date all forms and returned them via email to [kvizinau@chdcnr.com](mailto:kvizinau@chdcnr.com) or via fax to 510-439-4897 to expedite your case.

If you are unable to email or fax your packet you can mail it to:  
1535-A Fred Jackson Way, Richmond, CA 94801  
ATTN: Foreclosure Intervention Department

## \*Program Timeline and Process\*

Once we receive a completed application for our foreclosure intervention counseling services we will schedule an initial phone appointment within 2-4 weeks from the date of application. If you have an upcoming foreclosure sale scheduled, please submit a copy of your Notice of Sale with your application and we will do our best to expedite your case.

At your initial phone session your counselor will analyze your information, complete an affordability analysis based on the information obtained from your budget and determine if a modification could be achievable.

If a modification could be achievable, your counselor will create an action plan with a list of documents you must submit completely and as soon as possible in order for your counselor to submit a modification request to your lender.

If a modification is not achievable, your counselor will suggest other options and provide resources.

Please fill all pages of this application as completely as possible. Page 1 of 5

**Homeowner:**

Last Name: Mr. Mrs. Miss	First Name:	Middle:
Address:	City, Zip:	Is this your Primary Residence?
		Yes      No
Home Phone:	Work Phone:	Cell Phone:
Social Security Number:	Date of Birth:	Email Address:

**Co-Homeowner:**

Last Name: Mr. Mrs. Miss	First Name:	Middle:
Address:	City, Zip:	Is this your Primary Residence?
		Yes      No
Home Phone:	Work Phone:	Cell Phone:
Social Security Number:	Date of Birth:	Email Address:

**Household Size:**

Include everyone who lives in your household.

Relation to Applicant:	Age:	Relation to Applicant:	Age:	Relation to Applicant:	Age:

**Tell us about your Home:**

Year Purchased:	Original Purchase Price:	Amount of Down Payment:
How many times have you refinanced?	Date Last Refinanced?	Total Amount of Cash Out?

**Tell us about your Loans and Home Obligations:**

**Total Number of Loans:**

1	Current Lender:	Loan Number:
Current Loan Balance:	Monthly Payment:	Rate:
Number of Missed Payments:	current      1-2 months      2-3 months      4 months or more	
Terms of Loan:	Fixed Rate    ARM    I/O    Hybrid    3/27    2/28    FHA    VA    Private	
Property Taxes:	escrowed    current    late	Date Last Paid: _____
Home Insurance:	escrowed    current    late	Date Last Paid: _____
HOA	escrowed    current    late	Date Last Paid: _____
		Balance: _____
		Balance: _____
		Balance: _____

2	Current Lender:	Loan Number:
Principal Balance:	Monthly Payment:	Rate:
Number of Missed Payments:	current      1-2 months      2-3 months      5 months or more	
Terms of Loan:	Fixed Rate    ARM    I/O    Hybrid    3/27    2/28    FHA    VA    Private	

Have you submitted a modification request to your lender?  yes  no /when: \_\_\_\_\_

Have you filed bankruptcy?  yes  no /  chapter 7  chapter 13 / discharge date: \_\_\_\_\_

Is the property listed for sale?  yes  no / Listing price: \_\_\_\_\_

Reason of current or future default?  loss/reduction of employment  increase in monthly expenses  medical

Other: \_\_\_\_\_ / Desired outcome:  Modification  Sale  Foreclosure

# Community Housing Development Corporation

## Homeowner Intake Form

Please fill all pages of this application as completely as possible. Page 2 of 5

**Employment Income:** List past two year's employment for every employed household member.

Homeowner Name:	Company Name, Address & Phone	Position	Dates	Gross Annual Income
			<b>Total:</b>	

More employment? Check here  and list on a separate page.

**Other Income:** Include earned income, SSI, AFDC, child support, etc. received by any household member.

Household Member	Source of Income	Gross Annual Income
	<b>Total:</b>	

More income? Check here  and list on a separate page.

### Total Household Gross Annual Income From All Sources:

2017 year to date	
2016	
2015	

Did you attend a pre-purchase homebuyer education program? If so, what organization offered the program?

\_\_\_\_\_

How did you hear about CHDC? \_\_\_\_\_

1. Head of Household: Are you the head of the household? Yes      No
2. If not the head of household, is the head of the household female? Yes      No
3. Do you receive income from any of the following sources? CalWORKS      General Assistance  
Social Security      Food Stamps Medi-cal      Other
4. Marital Status: Married      Single
5. Education: College      High School/GED Primary      Vocational      None
6. Foreign Born? Yes      No
7. What is your primary language: \_\_\_\_\_
8. Are you permanently disabled? Yes      No
9. Are you a Veteran? Yes      No
10. Race (check only one):  
American Indian/Native Alaskan      American Indian/Black      Asian  
Native Hawaiian/Pacific Islander      White      Asian/White  
American Indian/White      Black      Black/White  
Hispanic Ethnicity (Please also check one of the racial categories if you select this category)      Other (specify): \_\_\_\_\_

By signing below, I certify that the information I provided on this intake form is true and correct. I authorize Community Housing Development Corporation (CHDC) to verify this information.

I authorize CHDC to obtain my credit report and share this and other information I provide with potential mortgage lenders, third party referral sources (including legal assistance providers), government agencies, funders and other entities for program evaluation and monitoring purposes. I further authorize CHDC to receive a copy of my HUD-1 Settlement Statement from the purchase, refinance, or sale of my property and share statistical information about my loan transaction with the third parties listed above. I also authorize CHDC to submit client-level information relating to the NFMC data collection system, to open my file to be reviewed for program monitoring and compliance purposes, and to conduct follow-up with me relating to program evaluation.

Community Housing Development Corporation (CHDC) rents, manages, and sells properties. We offer loan products including, down payment assistance loans to first time homebuyers through the State of California's CalHome program and the Federal Home Loan Bank. CHDC currently works in financial partnership with the following agencies: City of Antioch / Bank of America / Bank of the West / Charles Schwab / Citibank / Contra Costa County / City of Emeryville / Housing and Economic Rights / JP Morgan Chase / City of Pinole / Mechanics Bank / City of Richmond / City of Walnut Creek / Wells Farg Bank / East and West Contra Costa County SparkPoint Centers / City of Vallejo.

By accepting CHDC's homeownership counseling services, I acknowledge that I am in no way obligated to obtain, purchase or rent CHDC's services and/or properties or services and/or properties owned by agencies partnering with CHDC.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Community Housing Development Corporation

## Homeowner Intake Form

Please fill all pages of this application as completely as possible. Page 3 of 5

### Verified Monthly Budget/Cash Flow Analysis

Name:

Loan #:

Property Address:

Income	Amount
Net income 1	
Gross income 1	
Net income 2	
Gross income 2	
Public Assistance	
Child Support	
Interests/Dividends	
Brother in-law Contribution	
Other	
<b>Total Net Income</b>	
<b>Total Gross Income</b>	

Essential Expenses	Actual	Proposed
<b>Housing</b>		
1 <sup>st</sup> Mortgage		
2 <sup>nd</sup> Mortgage		
Property Taxes		
Homeowner's Insurance		
HOA		
Electric and Gas		
Water/Sewer/Trash		
Home and Cell Phones		
Cable T.V		
Internet		
Alarm System		
<b>Living Expenses</b>		
Food/Household Items		
Clothing; Laundry/Dry Cleaning		
Transportation (Gas/Bus/Toll)		
Auto Insurance		
Medical/Dental Insurance		
Medical Bills/Prescriptions		
Alimony/Child Support		
Child/Day Care		
School Tuition/Fees		
Newspaper/Magazine Subscription		
Home Repairs		
Union Dues		
Pets		
Entertainment		
<b>Other</b>		
Car Loans		
Credit Cards		
Personal Loans		
Student Loans		
Storage-Other		
Other		
<b>Total</b>		

Assets	Amount
Checking	
Checking	
Savings	
401k	
IRA	
Car/Van	
Other Real Estate	
Other	
<b>Total</b>	

Equity Calculation	Amount
Current Market Value of Home	
Less	
1 <sup>st</sup> Mortgage	
2 <sup>nd</sup> Mortgage/Equity Loan	
3 <sup>rd</sup> Mortgage/Equity Loan	
Delinquent Payments	
Unpaid Property Taxes	
Other Liens	
<b>Total Equity</b>	

\*Based on estimate from Zillow.com

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

# Community Housing Development Corporation

## Homeowner Intake Form

Please fill all pages of this application as completely as possible. Page 4 of 5

HUD#:

Client/NFMC #:

### Foreclosure Mitigation Counseling Agreement

**Community Housing Development Corporation (CHDC) and its counselors disclose the following information and agree to provide the following services:**

- Provide foreclosure mitigation counseling after which client will receive an action plan consisting of recommendations.
- Analysis of the mortgage default, including the amount and cause of the default and develop a spending plan/budget.
- Provide a presentation and explanation of reasonable loss mitigation options for the homeowner.
- Assist with communications with the lender/servicer and other creditors if necessary.
- Explanation of foreclosure process and timeline.
- Identification of additional resources, if deemed necessary.
- Referral to needed resources, if deemed necessary.
- Confidentiality, honesty, respect and professionalism in all services provided by CHDC.
- Counselor will be available to Client to answer questions about the action plan.
- The counselor's comments about the outcome of the matter are expressions of opinion only.
- CHDC does not promise or guarantee the outcome of any matters pertaining to these services that are beyond our control.
- CHDC discloses that it owns real property and loan products for sale. Under no circumstances is the client obligated to purchase, rent, or refinance with CHDC's properties or refinance product or obtain other CHDC's services in order to gain access to the services listed in this disclosure.

**The client agrees to provide the following services:**

- Client agrees to always provide honest and complete information to the counselor, whether verbally or in writing.
- Client agrees to provide all necessary documentation and follow-up information within the timeframe requested.
- Client will be on time for appointments and understands that if late, the appointment will still end at the scheduled time. Client will call within 3 hours of a scheduled appointment if unable to attend.
- Client will contact the counselor about any changes in their situation immediately.
- While client may cancel services at any time in writing, they are aware that CHDC may cancel providing services to client should they break this agreement.
- Client acknowledges to have received a copy of CHDC's Privacy Policy and Practices.

Client Name \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Name \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

# Community Housing Development Corporation

## Community Housing Development Corporation Privacy Policy and Practices

### Homeowner Intake Form

We at Community Housing Development Corporation value your trust and are committed to the responsible management, use and protection of personal information. Please fill all pages of this application as completely as possible. Page 3 of 5

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 application or forms that you have completed.

#### Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information 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 program review, auditing, research and oversight purposes,
- Information relating to NFMC grant will be disclosed to the NFMC data collection system, files will be opened to be reviewed for program monitoring and compliance purposes, and conduct follow-up with client related to program evaluation.

We may also disclose personal information with unaffiliated 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 discussed.*

#### Confidentially 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.

#### 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 these 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 parties other than nonprofit organizations involved in community development, you may check Box 1.
- If you wish to opt out of disclosure to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2.

#### PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures pertaining by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address below.

- Box 1 -Limit disclosure of personal information about me to unaffiliated Third parties other than nonprofit organizations involved in community development.
- Box 2 -Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

If you have checked any of the boxes above please mail this form in a stamped envelope to:

**Community Housing Development Corporation: 1535-A Fred Jackson Way, Richmond, CA 94801**

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.