



NHS BROOKLYN

COMMUNITY DEVELOPMENT CORPORATION, INC

Foreclosure Intervention Program
EAST FLATBUSH: 2806 Church Avenue
Brooklyn, NY 11226
(718) 469-4679
Fax: (718) 469-4743
CANARSIE: 9701 Avenue L
Brooklyn, NY 11236
Fax: (718) 241-0160
www.NHSBrooklyn.org

Dear Prospective Client,

Welcome! We at NHS Brooklyn are happy to extend our services to your family and you. NHS Brooklyn is a non-profit organization focused primarily on advocating for the sustainability and affordability of housing within our communities. We strive to achieve this goal through foreclosure intervention counseling, financial and homeownership education, and referrals to other servicers, as needed.

Please complete the attached forms to begin the application process.

Documents included:

- Intake form
- Disclosure statement
- Checklist of required documentation

After you have gathered ALL necessary documentation, please contact NHS at 718-469-4679 to schedule an appointment.

Thank you for contacting NHS Brooklyn. We look forward to working with you.

Sincerely,

NHS Brooklyn

Enclosures

Your NHS Brooklyn housing counselor is:

Office: _____



Mortgage Assistance DOCUMENTS REQUIRED FOR COUNSELING

- _____ MORTGAGE NOTE (FROM CLOSING DOCUMENTS) OR LAST LOAN MODIFICATION AGREEMENT
- _____ MORTGAGE STATEMENT (MONTHLY STATEMENT)
- _____ DEED
- _____ INCOME INFO (PAYSTUBS: 4 IF PAID WEEKLY 2 IF BIWEEKLY, SS AWARD LETTER, PENSION, CHILD SUPPORT, ETC.)
- _____ FEDERAL INCOME TAX RETURNS with all 1040s, W2s, 1099s (PAST 2 YEARS)
- _____ BANK STATEMENT (TWO MOST CURRENT & ALL PAGES FOR ALL ACCOUNTS)
- _____ HOMEOWNERS INSURANCE (DECLARATION PAGE)
- _____ PROPERTY TAX STATEMENT
- _____ WATER BILL
- _____ CURRENT UTILITY BILL (CON ED & NATIONAL GRID)
- _____ IDENTIFICATION
- _____ CURRENT LEASE AGREEMENT (IF APPLICABLE)
- _____ LEGAL DOCUMENTS SERVED (IF APPLICABLE)
- _____ HARDSHIP LETTER (COUNSELOR WILL GUIDE YOU ON HOW TO WRITE THIS)
- _____ BUDGET
- _____ MONEY ORDER FOR CREDIT REPORT (\$25 INDIVIDUAL, \$30 JOINT)
- _____ OTHER: _____

PLEASE NOTE: Required documents are needed for one-on-one counseling.



Mortgage Assistance INTAKE FORM

Today's date: _____

NHS Location: East Flatbush Canarsie Other (Specify): _____ How learned of NHS Brooklyn: _____

HOMEOWNER INFORMATION

First Name: _____ Last Name: _____ D.O.B. _____ SSN: _____

Address (w/apt): _____ City: _____ State: _____ Zip Code: _____

Previous address if less than two years: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Gender: Male Female Are you a female, single head of household: Yes No

Marital Status (choose one): Single Married Separated Widowed

Veteran: Yes No Active military: Yes No

Race: Black/African American White/Caucasian Native American Asian Pacific Islander Other: _____

Ethnicity - Hispanic: Yes No Foreign born: Yes No Proficient English speaker? Yes No

Highest Level of Education (choose one): College Vocational High School/GED Primary School None

Current Housing (choose one): Homeowner with mortgage Homeowner without mortgage Other: _____

Number of People in Household: _____ Number of Children in Household (Age 17 and under): _____

EMPLOYMENT

Are you currently employed? Yes No Are you retired? Yes No

Employer: _____ Title: _____

Start Date: _____ End Date (if applicable): _____ Self-Employed: Yes No

Business Type: _____ Monthly Gross Income: \$ _____ Monthly Net Income: \$ _____

REASON FOR DELINQUENCY Loss of income Reduction in income Death in family Other (explain):



Mortgage Assistance INTAKE FORM

CO-BORROWER INFORMATION

First Name: _____ Last Name: _____ D.O.B. _____ SSN: _____

Address (w/apt): _____ City: _____ State: _____ Zip Code: _____

Previous address if less than two years: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Gender: Male Female Are you a female, single head of household: Yes No

Marital Status (choose one): Single Married Separated Widowed

Veteran: Yes No Active military: Yes No

Race: Black/African American White/Caucasian Native American Asian Pacific Islander Other: _____

Ethnicity - Hispanic: Yes No Foreign born: Yes No Proficient English speaker? Yes No

Highest Level of Education (choose one): College Vocational High School/GED Primary School None

Current Housing (choose one): Homeowner with mortgage Homeowner without mortgage Other: _____

Number of People in Household: _____ Number of Children in Household (Age 17 and under): _____

EMPLOYMENT

Are you currently employed? Yes No Are you retired? Yes No

Co-owner's Employer: _____ Title: _____

Start Date: _____ End Date (if applicable): _____ Self-Employed: Yes No

Business Type: _____ Monthly Gross Income: \$ _____ Monthly Net Income: \$ _____



Mortgage Assistance INTAKE FORM

PROPERTY INFORMATION

How is the Property Owned? Solely Jointly With Others

If with others, indicate names: _____

Names on Deed: _____

Names on Mortgage: _____

Is the mortgage in the name of a Senior? Yes No

Property Description (choose one): Single Family Multiple Units (specify #) _____

Year Purchased: _____ Year of Last Refinance: _____ Year of Last Modification: _____

What is the property condition? Fair Satisfactory Good Excellent

FIRST MORTGAGE **Product:** FHA Conventional **Type:** Fixed Adjustable Other

Original Mortgage: \$ _____ Balance: \$ _____ Monthly Payment: \$ _____

Mortgage Term: _____ Interest: _____%

Date of Default (Month/Year): _____ Length of time in arrears: _____ years _____ months

Mortgage Company: _____

Loan Servicer: _____

SECOND MORTGAGE **Product:** FHA Conventional **Type:** Fixed Adjustable Other

Original Mortgage: \$ _____ Balance: \$ _____ Monthly Payment: \$ _____

Mortgage Term: _____ Interest: _____%

Date of Default (Month/Year): _____ Length of time in arrears: _____ years _____ months

Mortgage Company: _____

Loan Servicer: _____



Mortgage Assistance INTAKE FORM

PERSONAL BUDGET WORKSHEET

Please complete the following order to us to fully assess your situation and provide a response to your request for assistance.

Homeowner Name:	
Co-Owner Name:	
Property Address:	
Billing Address	

CONTACT INFORMATION

Homeowner	Home:		Co-Owner:	Home:	
	Work:			Work:	
	Mobile:			Mobile:	

Income (List net Income for all household members)	
Homeowner	\$
Co-Owner	\$
Other Household Members	\$
Child Support/alimony	\$
Rental Income	\$
Other Income	\$
Please explain the reason you fell behind on your payments	

Expenses (List minimum monthly payment)	
1 st Mortgage (Include tax/ins)	\$
2 nd Mortgage	\$
Other Mortgages or Rent	\$
Auto Loan 1	\$
Auto Loan 2	\$
Installment Loan(s)	\$
Credit Cards	\$
Child Care	\$
Child Support/alimony	\$
School/Tuition	\$
Electric	\$
Gas/Oil	\$
Water	\$
Auto Insurance	\$
Life/Other Insurance	\$
Transportation (gas, bus fare)	\$
Groceries	\$
Dining Out	\$
Cell Phone	\$
Cable/Satellite	\$
Internet	\$
Misc./Other	\$

Signature of Certificate of Completion

Homeowner: _____

Date: _____

Co-Owner: _____

Date: _____



Mortgage Assistance INTAKE FORM

CLIENT/COUNSELOR CONTRACT

Neighborhood Housing Services of Brooklyn, CDC, Inc., and its counselors agree to provide the following services;

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

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 which are between 45 and 60 minutes and understand that if we are later for an appointment, the appointment will still end at the scheduled time.
4. I/We will call within 24 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 cease to provide its service assistance to me/us.

Borrower signature: _____ Date: _____

Co-borrower signature: _____ Date: _____

Counselor signature: _____ Date: _____



Mortgage Assistance INTAKE FORM

AUTHORIZATION to RELEASE INFORMATION and REQUEST for COUNSELING

"I/we understand that my mortgage servicer and/or HUD may refer me to an independent counseling organization to help me with my financial obligations. For this purpose, I hereby authorize the servicer to release certain financial information, related to my mortgage loan, to Neighborhood Housing Services of Brooklyn, CDC, Inc. (NHS Brooklyn), 2806 Church Avenue, Brooklyn, NY 11226 and its subsidiary offices. All information released to NHS Brooklyn will remain strictly confidential. This information will include but not be limited to:

- | | |
|------------------------|--------------------------------------|
| Original Loan Amount | Current Balance |
| Payment Due Date | Payment History |
| Monthly payment Amount | Amount Past Due/Date of Last Payment |
| Credit Report(s) | Loss Mitigation Agreement |

"I further hereby authorize NHS Brooklyn to furnish any information regarding my financial status which may assist the servicer or its affiliates in determining whether my homeownership may be preserved by restructuring my loan or by other services. I also authorize NHS Brooklyn to receive copies of documents pertaining to my financial information including but not limited to: Forbearance Agreement, Modification, Partial Claim, Reinstatement Figures and Payoff Statements.

"I understand that NHS Brooklyn and its subsidiaries 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 acknowledge that I have received a copy of NHS Brooklyn and its subsidiaries Privacy Policy.

"I may be referred to other housing services of NHS Brooklyn or another agency or agencies, as appropriate that may be able to assist me with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

"I understand that NHS Brooklyn and its subsidiaries provide information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from NHS Brooklyn and its subsidiaries in no way obligates me to choose any of these particular loan products or housing programs. I the client understand that I am not obligated to receive any other services offered by NHS Brooklyn and its subsidiaries or its exclusive partners. NHS Brooklyn will provide information on alternative services, programs and products upon request.

"I understand that my name will not be shared with other parties, but that other information gathered may be used for research, program or policy development, or other legitimate purpose by relevant funders of foreclosure prevention services including but not limited to the Center for New York City Neighborhoods, the New York State Office of the Attorney General, and the City of New York."

First Loan Number _____ Second Loan Number _____

Borrower Signature _____ Date _____

Borrower Social Security Number _____

Co-Borrower Signature _____ Date: _____

Co-Borrower Social Security Number: _____

Counselor Signature _____ Date _____



Mortgage Assistance INTAKE FORM

FORECLOSURE MITIGATION COUNSELING AGREEMENT

1. I understand that **Neighborhood Housing Services of Brooklyn, CDC, Inc. and its subsidiaries** provide foreclosure mitigation counseling. Upon completion, I will receive a written action plan consisting of recommendations for handling my finances, including possible referrals to other housing agencies as appropriate.
2. I understand that **Neighborhood Housing Services of Brooklyn, CDC, Inc. and its subsidiaries** 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.
3. I give permission for NFMC program administrators and/or their agents to pull my credit report and to follow up with me for the purpose of program evaluation.
4. I acknowledge that I have received a copy of **Neighborhood Housing Services of Brooklyn, CDC, Inc. and its subsidiaries** Privacy Policy.
5. The EHLP client is not obligated to receive any other services offered by the Grantee or its exclusive partners.

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____



Mortgage Assistance INTAKE FORM

PRIVACY POLICY and PRACTICES

Neighborhood Housing Services of Brooklyn, CDC, Inc. are 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 person information concerning your financial circumstances will be provided to creditors, program managers, and others only with your authorization and signature. 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:

1. Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
2. Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions, and credit card usage; and
3. 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 not be able to answer questions from your creditors. If at any time you wish to change your decision with regard to opting out, you may call any of our offices at any time.

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 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.

I/We acknowledge that I/we have received a copy of Neighborhood Housing Services of Brooklyn, CDC, Inc. and its subsidiaries' Fee Schedule.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____



Mortgage Assistance INTAKE FORM

DISCLOSURE STATEMENT TO CLIENTS

Neighborhood Housing Services of Brooklyn CDC, Inc. provides the following programs and services:

- Housing counseling, including Homebuyer Education and Counseling, Post-Purchase Education and Counseling, Foreclosure Intervention Education and Counseling, Reverse Mortgage Counseling, Insurance and Resiliency Counseling, Landlord Training, and Tenant Services.
- Down-payment Assistance Programs
- Emergency Home Loans

Funding Disclosure

NHS Brooklyn and its affiliates are funded through a variety of sources to support its mission. These funding sources include US Department of Housing and Urban Development (HUD), National Foreclosure Mitigation Counseling Program (NFMC), and other foundations, Private Organizations, and financial institutions. A copy of our funding partners is attached.

These programs/services may also be offered by other providers, and clients are under no obligation to choose any of these particular loan products or housing programs that are provided through NHS Brooklyn and its affiliates. I, the client, understand that I am not obligated to receive any other services offered by NHS Brooklyn and its affiliates or its exclusive partners. NHS Brooklyn will provide information on alternative services, programs, and products upon request.

Client Name (PRINT): _____

Client Signature: _____

Date: _____

Second Client (if applicable) Name (PRINT): _____

Second Client (if applicable) Signature: _____

Date: _____

Counselor Signature: _____

Date: _____



**Mortgage Assistance Program
FORECLOSURE INTERVENTION ACTION PLAN**

File Opened Date: ___/___/___ Office: E. Flatbush Canarsie Today's Date: ___/___/___

Client Name(s):

Property Address:

Client Email:

Cell Phone:

Home Phone:

Work Phone:

Recommendation: FCI MM CC LM RFRL HOP/ED

- Legal Services Referral List
- Credit Coaching and Budget
- Loss Mitigation Negotiation
- Outside Agency Referral List
- One-on-one Counseling
- Other:

Actions to Be Taken by Client: _____

Documents Client to Submit:

- Mortgage Note
- Homeowner Insurance
- Mortgage Statement
- Pay Stubs/Tax Return
- Bank Statements

Next Appointment: ___/___/___

Next Appointment: ___/___/___

Next Appointment: ___/___/___

Meeting Type: _____

Client Name (Please Print)

Signature

Counselor Name (Please Print)

Signature