

NeighborWorks[®]
HomeOwnership Center
of Central Massachusetts

Your Comprehensive Housing Service Provider

Document Checklist

THE FOLLOWING DOCUMENTS MUST BE PROVIDED IN ORDER TO MEET WITH A HOUSING COUNSELOR. ONCE YOU HAVE ALL THE NECESSARY DOCUMENTS OR HAVE ANY QUESTIONS PLEASE CALL (508)791-2170, option 4.

- Completed **Intake Form**
- Completed **Detailed Budget Worksheet**
- Hardship Letter** to lender (see examples) – should include:
 - Why you are struggling
 - When did hardship start
 - What are you doing to improve the situation
 - When the hardship ended and how it ended (if applicable)
 - Do you have a contribution amount and how much
 - Do you want to keep your home
- Payment** in the amount of **\$20 per person on the mortgage** for cost of credit report
 - Money order or credit/debit card payments, no cash or personal checks

COPIES ONLY - WE CANNOT ACCEPT ORIGINALS - OF:

- Recent **Mortgage Statement**
- 4 weeks of most current & consecutive **Pay Stubs** for everyone in the household
- Most current **Additional Income Documentation** for everyone in the household:
 - Unemployment, Pension, Social Security Award Letters, current year Rental Agreements, Child Support Court Order, etc.
- 3 months of most current **Bank Statements** (Checking & Savings) for all borrowers
 - **NOT** Transaction Summaries or Histories
- Most recent **Federal Tax Return signed on page 2** with all W-2's, 1099's, and schedules
- Electric and/or gas bill reflecting homeowner's name, all pages
- Recent **Real Estate Tax Bill & Insurance Declaration (if not escrowed)**

IF SELF-EMPLOYED:

- 6 months most current & consecutive **Personal & Business Bank Statements**
- Year-to-date **Profit & Loss Statement** including all business income & expenses

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DO NOT LEAVE ANY INFORMATION BLANK

CLIENT INFORMATION

Borrower's name: _____
Last MI First
Street: _____
City: _____ State _____ ZIP _____ Male Female
Best phone number: (____) _____ - _____ Alternate number: (____) _____ - _____
Email address: _____
Borrower Social Security # _____ Birth date: ____/____/____ Age: ____

CO-CLIENT INFORMATION (if applicable)

Co-Borrower's Name: _____
Last MI First
Street: _____
City: _____ State _____ ZIP _____ Male Female
Best phone number: (____) _____ - _____ Alternate number: (____) _____ - _____
Email address: _____
Co-Borrower Social Security# _____ Birth date: ____/____/____ Age: ____

HOUSEHOLD INFORMATION

How did you hear about us? _____ Highest education received: _____

Race: Asian Black Hawaiian/Pacific Islander Native American White Other

Are you Hispanic? Yes No Primary language: _____

Marital status:

Single without dependents Married without dependents Separated Widowed
 Single with dependents Married with dependents Divorced

People in household: _____ How many dependents: _____

Do you live in a rural area? Yes No

Are you unemployed? Yes No

Are you disabled? Yes No

Are you active duty military? Yes No

Are you a veteran? Yes No

Residence Type:

Single Family Three Family Condo Other
 Two Family Four Family Townhouse

Gross MONTHLY (before taxes) household family income:

Source of Income (wages, Social Security, rent, etc.)	Amount
1.) _____	\$ _____
2.) _____	\$ _____
3.) _____	\$ _____
4.) _____	\$ _____
5.) _____	\$ _____

PLEASE FILL OUT OTHER SIDE →

DO NOT LEAVE ANY INFORMATION BLANK

LOAN INFORMATION

FIRST MORTGAGE

SECOND MORTGAGE

Current servicer: _____

Loan number: _____

Monthly payment: _____

Loan term (length): _____

Year the loan began: _____

Total principal balance: _____

Loan Type: Fixed rate at ___% Adjustable rate at ___% Other ___%

Months behind: _____ months

Total amount delinquent: \$ _____

If you have an adjustable rate mortgage, has the interest rate adjusted? Yes No N/A

Are your taxes and insurance escrowed? Taxes Insurance Neither Unknown

When did you purchase your home? _____ **When did you last refinance?** _____

Is there a sale/auction date for your home? Yes No
If yes, what is the sale date? ___ / ___ / ___

Have you been contacted by the servicer's attorney? Yes No

Who helped you place you in the loan?

Real Estate Broker Mortgage Originator Other

Mortgage Broker Mortgage Lender

List ALL names that appear on the title: _____

What is the estimated value of your home? \$ _____

How much do you have to contribute to your delinquency? \$ _____

Briefly explain your hardship: (ex. loss of income, death, divorce, medical, etc.)

PLEASE FILL OUT OTHER SIDE →

Monthly Budget

Name:

Family of:

STEP 1: ESTIMATE YOUR MONTHLY EXPENSES

Housing	Mo. Payment	Office Use Only
Mortgage		
Second mortgage		
Taxes		
Phone/Cell phone		
Electricity		
Heating (Oil)		
Water and sewer		
Internet/Cable		
Homeowner Assoc. Fees		
Waste removal		
Home maintenance		
Investment Property		
Subtotal		

Transportation	Mo. Payment	Office Use Only
Vehicle 1		
Vehicle 2		
Bus/taxi fare		
Insurance		
Licensing		
Fuel		
Maintenance		
Excise		
Subtotal		

Insurance	Mo. Payment	Office Use Only
Home		
Health		
Life		
Retirement		
Subtotal		

Food	Mo. Payment	Office Use Only
Groceries		
Dining out		
Other		
Subtotal		

Children	Mo. Payment	Office Use Only
General child care		
Toys/games		
Allowance		
Subtotal		

Personal Care	Mo. Payment	Office Use Only
Medical/Doctor Bills		
Prescriptions		
Clothing		
Laundry		
Work Expenses		
Other		
Subtotal		

Loans	Mo. Payment	Office Use Only	Balances:
Personal Loan			
Student Loan			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Subtotal		\$0	

Taxes	Mo. Payment	Office Use Only
Federal		
State		
Local		
Other		
Subtotal		\$0

Entertainment	Mo. Payment	Office Use Only
Video/DVD's/Music		
Gifts		
Subscriptions		
Movies		
Concerts/Sporting events		
Recreation		
Subtotal		

Legal	Mo. Payment	Office Use Only
Alimony or Child Support		
Attorney		
Payments on lien or judgment		
Subtotal		

STEP 2: ADD UP EACH EXPENSE SUBTOTAL TO FIND TOTAL MONTHLY EXPENSES

Total Expenses	Office Use Only

STEP 3: ESTIMATE YOUR AND THE CO - BORROWER'S (IF APPLICABLE) MONTHLY INCOME

Actual Monthly Income	Borrower	Co - Borrower	Total
Source			
Total Monthly Income			
Monthly Income Less Expenses			

STEP 4: DESCRIBE YOUR ASSETS

Assets	Estimated Value (a)	Amount Owed (b)	Net Value (a - b)
Personal Residence			
Checking/Savings Accounts			
IRA/Keogh Accounts			
Stocks/Bonds/CDs			
401k			
Vehicle 1			
Vehicle 2			
Totals			

Money Gobblers

Listed below are *some* items that eat away cash. Identify your own money gobblers to become aware of where your money is going. Then, you can decide how important or necessary each one is to your budget and what to decrease or cut out in the future. You may be surprised at how many small items gobble your cash.

- | | |
|----------------------|---------------------|
| ATM fees | Gardening |
| Beauty Parlor | Gifts |
| Beverages | Haircuts |
| Books | Health food |
| Bottled Water | Hobbies |
| Bounced Checks | Late payment fees |
| Cable TV | Lottery tickets |
| Car Washes | Lunches out |
| Cash Advance Fees | Magazines |
| Cell Phones | Movie rentals |
| Charitable donations | Munchies |
| Church | Newspapers |
| Cigarettes/tobacco | Nights out |
| Club dues | Overlimit fees |
| Costmetics | Pet costs |
| Dating | Premium TV channels |
| Day Trips | Prescriptions |
| Dinners out | Sporting events |
| Dry cleaning | Tolls |
| Music | Vending machines |
| Gambling | Video games |

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Client/Counselor Agreement

The NeighborWorks® HomeOwnership Center of Central Massachusetts 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
- Assist in 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

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

- 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.
- I/We understand that there is no obligation to receive any other services offered by NeighborWorks® HomeOwnership Center of Central Massachusetts or its partners.

Homeowner

Date

Homeowner

Date

Counselor

Date

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Privacy Policy

The NeighborWorks[®] HomeOwnership Center of Central Massachusetts is 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 other personal information, will be provided to creditors, program monitors, and others only with your written authorization and signature. We may also provide 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 transactions 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

- 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.
- 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 your “opt-out”, you may call us at (508) 791-2170 and do so.

Release of your information to third parties

- 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. However, no disclosure will be made without your permission.
- 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).
- 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.

CLIENT NAME: _____

CLIENT NAME: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

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Conflict of Interest Policy

The NeighborWorks® Home Ownership Center of Central Massachusetts (HOCCM) and our parent agency Oak Hill Community Development Corporation (Oak Hill CDC) provides information on a variety of housing topics. As part of our education and counseling work, we cover many different housing programs and loan products, makes referrals to housing industry professionals and partners, and offers not-for-profit real estate services. **The housing counseling you receive from the NeighborWorks® HOCCM in no way obligates you to choose any of these particular housing programs, loan products, referrals, or services.** No person working for the NeighborWorks® HOCCM or Oak Hill CDC personally profits from your decision to use our services beyond normal employee compensation.

We always make every effort to inform you of every service or product that may be relevant to your housing needs, including Department of Housing and Urban Development (HUD) and other state and federal government-sponsored programs, as well as private and for-profit options. Our agency will assist you in comparing the options available, but you retain every right to choose the program best for you.

In order to assist you with your housing needs, we may make referrals to other housing industry professionals and lending institutions for services we do not provide here. When our agency makes a service referral, we will always provide you with at least three different professionals or institutions. Additionally, some of these professionals and institutions sponsor our services through grants and fees. While we make every effort to only refer to industry-leading people and organizations, we do not endorse or guarantee the quality of the services of the provided referrals, regardless of whether they are or are not a sponsor of the agency.

Oak Hill CDC offers not-for-profit real estate services through a subsidiary, Oak Hill Realty Services LLC. You are in no way obligated to use these services and they do not constitute housing counseling in any way. If you do choose to use Oak Hill Realty as your agent, any fees collected from a real estate transaction will be used to fund the provision of housing counseling services at the NeighborWorks® HOCCM and the continuation of real estate services. If you choose to continue with housing counseling after engaging with Oak Hill Realty, you will be referred to a counselor not connected with Oak Hill Realty or another HUD-approved housing counseling agency. Additional real estate services disclosures are provided to potential real estate clients or upon request.

If you have any concerns about this policy, believe it has been violated, or even appears to have been violated, please contact a supervisor immediately. The supervisor will attempt to address your concern and provide you contact information for HUD if the concern persists. We believe strongly in providing professional and ethical services to all clients, as well as full transparency in our work. A copy of this signed policy is available upon request.

CLIENT NAME: _____

CLIENT NAME: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

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Foreclosure Mitigation Counseling Disclosures

I understand that **NeighborWorks® HomeOwnership Center of Central Massachusetts (HOCCM)** 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.

I authorize the **NeighborWorks® HOCCM** and/or its assigned agents to order a consumer credit report on me and discuss my current situation with appropriate lenders and other professionals. It is understood that the information on my report will be used as necessary to evaluate my acceptance into foreclosure prevention program. **NeighborWorks® HOCCM** and its agents may obtain any or all documentation or information that they request for investigation and submission into their programs. No other use of my credit information is authorized by me.

I understand that **NeighborWorks® HOCCM** 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. 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. Therefore, I authorize **NeighborWorks® HOCCM** to submit client-level information to the Data Collection System for **NFMC** Grant. I also authorize **NFMC** to open files to be reviewed for program monitoring and compliance purposes and **NFMC** to conduct follow-up with the client related to program evaluation.

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 receive any other services offered by **NeighborWorks HOCCM** or other agencies and/or services.

I understand that **NeighborWorks® HOCCM** provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from a **NeighborWorks® HOCCM** agent in no way obligates me to choose any of these particular loan products or housing programs.

A counselor may answer questions and provide information, but will not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

By signing below, I acknowledge I have read this disclosure and have received a copy of **NeighborWorks® HOCCM** privacy policy.

CLIENT NAME: _____

CLIENT NAME: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

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Massachusetts Division of Banks – Authorization Form
Please Review and Sign this Document on the Back Page

Pursuant to state law, Chapter 206 of the Acts of 2007, “An Act Protecting and Preserving Home Ownership”, the Division of Banks (DOB) has created a pilot program providing grant funding for foreclosure and homebuyer counseling. The NeighborWorks® HomeOwnership Center of Worcester is a grant recipient of the pilot program. DOB is also required by Chapter 206 to report to the State Legislature on its pilot program efforts.

To comply with the reporting requirements of Chapter 206, DOB and the Department of Housing & Community Development (DHCD) are requiring agencies that receive grant funding through the pilot program for foreclosure and first-time homebuyer counseling to collect and report certain client data that is governed by privacy laws. DOB and DHCD will also evaluate the data to make recommendations on best practices and potential statutory and/or regulatory changes. DOB and DHCD may also share such information with other state and quasi-public agencies and provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, relevance, or type of information held about you.

By signing this document you will be authorizing the NeighborWorks® HomeOwnership Center of Worcester to share with DOB, DHCD or their designee, your personal client data, including income level, credit record, and the information listed below, with the exception of information protected by attorney-client privilege. Further you will be authorizing DOB, DHCD or their designee, to contact you in connection with the evaluation of the counseling program.

For the purpose of comprehensively reporting to the Legislature as required by Chapter 206, the DOB, DHCD or their designee, may request the following information from the counseling agency about you as a foreclosure or home buyer counseling client, and about the counseling you received, including, but not limited to the following:

- Name of Town and County of Client residence
- Income of Client
- Credit rating of Client
- Race of Client
- Client residence type

- Single family
- Two family
- Three family
- Four family
- Other
- Client household type
 - Single/non-Elderly
 - Elderly
 - Related/Single Parent (a single parent household with a dependent child or children)
 - Related/Two parent (a two-parent household with a dependent child or children)
 - Other (any household not included in the above four definitions, including two or more unrelated individuals)
- Type of counseling received
 - Foreclosure
 - First-time home buyer
 - Post home purchase
 - Other
- Amount of counseling received measured in hours
- Results of counseling
- If foreclosure counseling:
 - What type of mortgage loan did client have, e.g. subprime ARM?
 - Was Client in foreclosure proceedings prior to counseling?
 - Was Client able to avoid foreclosure?
 - Did Client maintain ownership of residence?
 - Did Client sell residence?
 - Did Client continue to reside in property as a tenant?
- If home buyer counseling:
 - Did Client purchase a subprime ARM?
 - Did Client receive financial assistance through an affordable housing program, specify?

In signing this consent form, you acknowledge that after reading this form you voluntarily authorized the sharing of your personal information governed by privacy laws, with the exception of information protected by attorney-client privilege, and that you understand that there are no penalties if you do not wish to provide the information. Further that you authorize DOB, DHCD or their designee to contact you if necessary and that you have received a copy of this form for future reference.

Counseling Client Signature

Date

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AUTHORIZATION TO ACCESS CREDIT REPORT INFORMATION

I/We hereby authorize The NeighborWorks® HomeOwnership Center of Central Massachusetts, to access my/our credit information stored at one or more credit repositories

I fully understand the following: (Please initial)

_____ The report will appear on my credit bureau report as an inquiry.

_____ The Credit Bureau Repositories **will NOT allow a copy of this report to be given to me personally**, but I/we may request a copy from the repositories.

_____ The NeighborWorks® HomeOwnership Center of Central Massachusetts does not guarantee the accuracy of the information reported on neither the credit report nor the analysis done by the counselor.

_____ I/We agree that any disputes regarding the accuracy or completeness of said information will be directed to the source repository (Transunion, Experian, Equifax).

_____ I/We agree that to cover the costs of a credit report, I/we will submit a payment in the amount of **\$20.00 PER PERSON (or \$40.00 TOTAL FOR BORROWER AND CO-BORROWER)**, in the form of a money order **only**, made payable to: **Oak Hill CDC**.

PLEASE PRINT

BORROWER: _____ CO-BORROWER: _____

SS #: _____ SS#: _____

DATE OF BIRTH: ____/____/____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

SIGNATURE: _____ SIGNATURE: _____

DATE: _____ DATE: _____

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Date: _____

To: _____

RE: Account Number: _____

Borrower's Name: _____

Address: _____

To Be Completed by Staff

AUTHORIZATION TO RELEASE INFORMATION

Dear Sir or Madam:

I am currently working with The NeighborWorks® HomeOwnership Center of Central Massachusetts, which is a nonprofit, HUD approved agency. I hereby authorize you to release any and all financial information to The NeighborWorks® HomeOwnership Center of Central Massachusetts at their request.

My counselor's name is: _____

Phone: _____ **Email:** _____

I further authorize you to discuss my personal information with any counselor employed by The NeighborWorks® HomeOwnership Center of Central Massachusetts. You may release any additional information regarding my situation without further authorization from me.

Sincerely,

Borrower:

Co-Borrower:

Please **SIGN** name here

Please **SIGN** name here

Please **PRINT** name here

Please **PRINT** name here

Last 4 of SSN

Last 4 of SSN

Date: _____

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