



Neighborhood Housing Services, Inc.

Changing lives, one neighbor at a time

1401 Shoreline Drive Ste 200, Boise, ID 83702 ▪ (208) 343-4065 x119 ▪ FAX (208) 275-0047 ▪ www.nhsid.org

FORECLOSURE PREVENTION PROGRAM • INSTRUCTIONS

Dear Homeowner,

Thank you for contacting Neighborhood Housing Services, Inc. for **Foreclosure Prevention Counseling**. Our program is designed specifically for homeowners who are behind, or anticipate becoming behind, in their mortgage payments on their primary residence. We are a nonprofit, HUD-approved counseling agency and there is no fee for our counseling services.

In order to get started, **you need to complete and return the following documents:**

- Intake form (2 pages)
- Authorization form
- Budget
- Action plan
- Financial hardship statement

One COPY of:

- Last monthly mortgage statement and last notice from lender(s)
- Last 2 years of W-2s & tax returns (complete with all schedules)
- Last 2 months proof of all household income (paystubs, unemployment, Social Security award letter, disability award letter, child support statement, rental agreements, food stamp award letter, etc.)
- Last 2 months bank statements (all pages) for all asset accounts (checking, savings, 401K, etc. Must be actual bank statements and not account activity or transaction history from on-line account).
- List of monthly expenses (in addition to the budget)
- Proof of occupancy (a recent utility bill – all pages – in your name at property address)

If self-employed, also include one COPY of the following:

- Last 6 months bank statements for business
- Last 2 years business tax returns (if filed separately from personal)
- Year-to-date Profit & Loss statement (contact your accountant for assistance or find templates on the internet)

We cannot make copies. Please make copies of required personal documents and submit them to us. The copies must be one-sided – we will be faxing them to your lender. If you submit originals, we will return them to you to make copies. If you submit two-sided copies, you will be asked to submit one-sided copies.

You may mail, fax, email, or drop off your completed packet. Once we receive your completed information, we will review it and contact you to schedule a counseling appointment. The counseling session may last up to 90 minutes. It is critical that all of the information we receive be complete and truthful. Resolutions obtained from information that is not complete or truthful may result in additional problems at a later date.

If you have questions or need further information, contact us at (208) 343-4065 x119 or home@nhsid.org.

Foreclosure Prevention Program



Revised 11.1.2011



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FORECLOSURE PREVENTION PROGRAM • PERSONAL INTAKE FORM

HOW DID YOU HEAR ABOUT US? _____

* PLEASE COMPLETE IN BLUE OR BLACK INK. *

I. PERSONAL INFORMATION - BORROWER (First person listed on loan) □ Mr. □ Mrs. □ Ms. □ Dr. □ Veteran

LAST: _____ FIRST: _____ M.I. _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: (_____) _____ - _____ WORK PHONE: (_____) _____ - _____ EXT: _____

CELL PHONE: (_____) _____ - _____ EMAIL: _____

SSN #: _____ - _____ - _____ BIRTHDATE: _____ / _____ / _____

HOUSEHOLD TYPE: □ Single Adult □ Married without children □ Married with children □ Two or more unrelated adults □ Female Headed Single parent household □ Male Headed Single parent household □ Other

HOUSEHOLD SIZE: _____ NO. OF DEPENDENTS: _____ WHAT AGES?: _____, _____, _____, _____, _____

II. PERSONAL INFORMATION - CO-BORROWER (Second person listed on loan) □ Mr. □ Mrs. □ Ms. □ Dr. □ Veteran

LAST: _____ FIRST: _____ M.I. _____

SSN #: _____ - _____ - _____ BIRTHDATE: _____ / _____ / _____

CELL PHONE: (_____) _____ - _____ WORK PHONE: (_____) _____ - _____ EXT: _____

III. HOUSEHOLD FINANCIAL INFORMATION

ANNUAL FAMILY / HOUSEHOLD GROSS INCOME (your total household income each year before taxes) \$ _____

ESTIMATED ANNUAL HOUSEHOLD EXPENSES (your total household expenses each year) \$ _____

TOTAL OUTSTANDING DEBT (including mortgages, credit cards, loans, etc.) \$ _____

III. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the organization's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that an organization may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this organization is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish this information, please check the box below.

BORROWER □ I do not wish to furnish this information

Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

Race: □ American Indian or Alaska Native □ Black or African American □ Asian □ Native Hawaiian or Other Pacific Islander □ White

Sex: □ Female □ Male Disabled: □ Yes □ No

Education: □ None □ Primary □ HS Diploma/Equiv □ Vocational □ College

CO-BORROWER □ I do not wish to furnish this information

Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

Race: □ American Indian or Alaska Native □ Black or African American □ Asian □ Native Hawaiian or Other Pacific Islander □ White

Sex: □ Female □ Male Disabled: □ Yes □ No

Education: □ None □ Primary □ HS Diploma/Equiv □ Vocational □ College



Continued on next page ►

V. MORTGAGE LOAN INFORMATION

PROPERTY IS A: Primary Residence Secondary Residence Investment DO YOU WANT TO KEEP YOUR HOME? Yes No

DATE THE HOME WAS PURCHASED (month / year) _____ / _____ AMOUNT PAID FOR HOME \$ _____

WHO IS YOUR CURRENT LENDER? _____ LOAN NUMBER _____

WHAT IS YOUR CURRENT INTEREST RATE? _____% WHAT IS YOUR LOAN BALANCE? \$ _____

MONTHLY PAYMENT AMOUNT: amount before delinquency \$ _____

DOES THIS INCLUDE TAXES & INSURANCE? Yes No Unknown

HAVE YOU EVER REFINANCED? Yes No DATE OF REFINANCE: (month / year) _____ / _____

IS YOUR LOAN: (refer to your loan documents) FIXED? Yes No ARM? Yes No

INTEREST ONLY? Yes No HYBRID ARM? Yes No OPTION ARM? Yes No

VA or FHA INSURED? Yes No If ARM Loan, what is the INTEREST RESET DATE? _____

IS THERE A SECOND MORTGAGE ON THE PROPERTY? Yes No IF SO, WHAT IS THE BALANCE? \$ _____

WHO IS YOUR SECOND MORTGAGE LENDER? _____ LOAN NUMBER _____

WHAT IS YOUR CURRENT INTEREST RATE? _____% Fixed Adjustable MONTHLY PAYMENT AMOUNT: _____

VI. DEFAULT / DELINQUENCY INFORMATION

DATE OF LAST PAYMENT TO LENDER (month / year) _____ / _____ AMOUNT OF PAYMENT \$ _____

HOW MANY MONTHS ARE YOU DELINQUENT? _____ LAST TIME YOU SPOKE TO LENDER (date) _____ / _____

DELINQUENCY AMOUNT: what is the amount your lender is asking you to pay? \$ _____

ARE YOUR TAXES ALSO IN DEFAULT? Yes No HAVE YOU (OR WILL YOU) FILE FOR BANKRUPTCY? Yes No

ARE YOU DISCUSSING YOUR SITUATION WITH AN ATTORNEY? Yes No DO YOU HAVE HOMEOWNERS INSURANCE? Yes No

WHAT CAUSED YOU TO FALL BEHIND ON YOUR MORTGAGE PAYMENTS? _____

WHAT ARE YOUR PLANS TO BRING THIS LOAN CURRENT? _____

ARE YOU BEHIND ON ANY OTHER FINANCIAL OBLIGATIONS? List all creditors. _____

VII. CONSENT

I (We) acknowledge that a copy of this form is as valid as the original. By signing below, I (we) hereby certify that the above information is true and correct to the best of my (our) knowledge and belief.

BORROWER: _____ DATE: _____

CO-BORROWER: _____ DATE: _____





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FORECLOSURE PREVENTION PROGRAM • AUTHORIZATION FORM

I hereby authorize **W. Tom Birch and/or Apryl Richmond** of Neighborhood Housing Services, Inc. (NHS) to obtain/release/exchange information from my records in order to assist me in resolving a mortgage default.

This information will be released only to those institutions, companies and agencies that NHS believes can provide assistance in resolving a mortgage default, including mortgage servicers, mortgage investors, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to NHS. This information release/ exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details.

I understand that NHS 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 agencies.

In connection with credit and budget counseling as part of the Foreclosure Prevention Program, I hereby authorize all consumer-reporting agencies to furnish NHS with reports and/or investigative consumer reports.

I understand that NHS 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 pull my credit report up to two additional times between now and December 31, 2012 and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and December 31, 2012 for the purposes of program evaluation.

I have received a copy of the NHS Privacy Policy. I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

I have received a copy of the NHS Disclosure Statement. I understand that I am not obligated to use any services, products, or programs offered to me.

The doctrine of informed consent has been explained to me, and I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

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. I also acknowledge that a copy of this form is as valid as the original.

FIRST MORTGAGE LOAN NUMBER: (REQUIRED): _____

SECOND MORTGAGE LOAN NUMBER: (If applicable): _____

PROPERTY ADDRESS: _____ ZIP: _____

LAST FOUR DIGITS OF BORROWER SOCIAL SECURITY NUMBER: _____

BORROWER (PRINTED): _____

BORROWER (SIGNED): _____ DATE: _____

CO-BORROWER (PRINTED): _____

CO-BORROWER (SIGNED): _____ DATE: _____

SIGNATURE OF NHS REPRESENTATIVE: _____ DATE: _____



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FORECLOSURE PREVENTION PROGRAM • FINANCIAL HARDSHIP STATEMENT

Borrower: _____

Co-Borrower: _____

Property Street Address: _____

Property City, State, Zip: _____

Lender Name: _____

Loan Number: _____

I am submitting this form and indicating by my checkmarks the one or more events that contributed to my financial hardship and difficulty in making payments on my mortgage loan.

| Borrower | Co-Borrower | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | My income has been reduced or lost. For example: unemployment, reduced job hours, reduced pay, decline in business earnings. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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). |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Other. |

FOR EACH BOX CHECKED, PROVIDE SPECIFIC DATES OF EACH CIRCUMSTANCE AND ATTACH SUPPORTING DOCUMENTATION.

| | | | |
|--------------------|------|-----------------------|------|
| Borrower Signature | Date | Co-Borrower Signature | Date |
|--------------------|------|-----------------------|------|



Neighborhood Housing Services, Inc.

FORECLOSURE PREVENTION PROGRAM • INITIAL ACTION PLAN

BORROWER NAME: _____

CO-BORROWER NAME: _____

BORROWER TASKS

EXPECTED BY

- | | |
|---|---------------------------------------|
| 1. <u>Borrower: Contact lender regarding mortgage options</u> | <u>Immediately</u> |
| 2. <u>Borrower: Complete & sign:</u> <ul style="list-style-type: none"> - Intake form - Authorization form - Budget - Action plan - Financial hardship statement | <u>2 weeks from receipt of packet</u> |
| 3. <u>Borrower: Make COPIES of:</u> <ul style="list-style-type: none"> - Last monthly mortgage statement and notices from lender - Last 2 years of W-2s & federal tax returns - Last 2 months proof of all household income - Last 2 bank statements - List of monthly expenses or copies of monthly bills - Proof of occupancy | <u>2 weeks from receipt of packet</u> |
| 4. <u>Borrower: Mail/fax/email above documents to NHS</u> | <u>2 weeks from receipt of packet</u> |
| 5. _____ | _____ |

COUNSELOR TASKS

EXPECTED BY

- | | |
|--|----------------------------|
| 1. <u>Counselor: Review documents received from borrower</u> | <u>Upon receipt</u> |
| 2. <u>Counselor: Follow up with borrower & assist with housing options</u> | <u>1 week from receipt</u> |
| 3. _____ | _____ |

In signing, both parties understand that all agreed upon action steps must be completed within the designated timeline for the respective case to progress.

Borrower Signature

Counselor Signature

Co-Borrower Signature

Date

Date

NHS MONTHLY BUDGET SHEET

Borrower Name:

Loan #:

| HOUSING | | MONTHLY | DONATIONS | | MONTHLY |
|---|-----------|---------|-----------------------------------|-----------|---------|
| First mortgage - principal & interest | | | Tithe | | |
| Second mortgage - principal & interest | | | Charity | | |
| Real estate tax - combined tax & insurance | | | EDUCATION | | |
| Homeowners Insurance (if separate) | | | Tuition & lessons | | |
| Private mortgage insurance | | | Books, papers & supplies | | |
| FHA insurance | | | Newspapers & magazines | | |
| Homeowners association dues | | | Other | | |
| Property taxes (if separate) | | | GIFTS | | |
| Other | | | Birthdays | | |
| UTILITIES | | | Holidays | | |
| Electric | | | Other | | |
| Gas | | | PERSONAL | | |
| Water/Sewer/Trash | | | Barber & beauty shop | | |
| Telephone/Cell | | | Toiletries | | |
| Cable/Satellite/Internet | | | Children's allowance | | |
| TRANSPORTATION | | | Tobacco allowance | | |
| Car payment #1 | Balance = | | Beer/wine/liquor | | |
| Car payment #2 | Balance = | | Household | | |
| Gas | | | Other | | |
| Car Insurance | | | ENTERTAINMENT | | |
| Car Inspection | | | Movies, sporting events, concerts | | |
| Car Repair & Maintenance | | | Video rentals | | |
| License plates & registration fees | | | Gambling & lottery tickets | | |
| Public transportation | | | Fitness or socials clubs | | |
| Parking & tolls | | | Vacation or trips | | |
| Other | | | Hobbies or crafts | | |
| FOOD | | | Other | | |
| Groceries | | | MISCELLANEOUS | | |
| Eating out | | | Home maintenance & furnishings | | |
| School lunches | | | Checking account fees | | |
| Work related (lunches or snacks) | | | Pet care & supplies | | |
| Other | | | Postage | | |
| INSURANCE | | | Other | | |
| Health (medical/dental if not payroll deducted) | | | DEBTS | | |
| Life | | | Student loan(s) | Balance = | |
| Disability | | | Credit Card #1 | Balance = | |
| Other | | | Credit Card #2 | Balance = | |
| MEDICAL | | | Credit Card #3 | Balance = | |
| Doctor | | | Credit Card #4 | Balance = | |
| Dentist | | | Medical bills | Balance = | |
| Prescriptions | | | Personal loans | Balance = | |
| Chiropractor | | | Other | Balance = | |
| Other | | | Other | Balance = | |
| CHILDCARE | | | Other | Balance = | |
| Childcare or babysitter | | | OTHER EXPENSES | | |
| Child support/Alimony | | | | | |
| Other | | | | | |
| CLOTHING | | | | | |

| | | | |
|-----------------------|--|--------------|-------------------------------|
| Clothing | | | |
| Laundry/dry cleaning | | | |
| INCOME | | Gross | Net |
| Salary - Homeowner #1 | | | |
| Salary - Homeowner #2 | | | |
| Social Security | | | |
| Unemployment | | | |
| Disability | | | |
| Child Support/Alimony | | | |
| Pension | | | |
| Other | | | |
| | | | DEDUCTIONS FROM INCOME |
| | | | Medical / Health / Vision |
| | | | Life / Disability |
| | | | MSA / FSA deduction |
| | | | 401k deduction |
| | | | Savings |
| | | | Other |

| | | | |
|--------------------------|--|---|------|
| Estimated Property Value | | First Mortgage Balance | |
| | | Second Mortgage Balance | |
| | | Total Mortgage Balance (First + Second) | \$ - |

| FOR OFFICE USE ONLY | |
|---|---------|
| TOTAL GROSS MONTHLY INCOME | \$ - |
| TOTAL NET MONTHLY INCOME | \$ - |
| TOTAL MONTHLY EXPENSES | \$ - |
| DIFFERENCE (Net Income - Expenses) | \$ - |
| Total Loan To Value (LTV) | #DIV/0! |
| First Mortgage LTV | #DIV/0! |
| Total PITI, MI, HOA | \$ - |
| Housing Ratio (Total / Gross Income) | #DIV/0! |
| First Mortgage Housing Ratio | #DIV/0! |
| Housing Expenses + Debt | \$ - |
| Total Debt Ratio (Housing+Debt / Gr. Income) | #DIV/0! |

BUDGET NOTES

BORROWER SIGNATURE

Borrower

Date

Co-Borrower

Date



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FORECLOSURE PREVENTION PROGRAM • PRIVACY POLICY

Please retain this form for your records.

Neighborhood Housing Services, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. The provision of services at NHS is not contingent upon your decision concerning the release or exchange of information.

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 personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Prevention Program Authorization Form. 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

- 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 (208) 343-4065 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.
- 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.



Neighborhood Housing Services, Inc.

FORECLOSURE PREVENTION PROGRAM • DISCLOSURE STATEMENT

Neighborhood Housing Services, Inc. (NHS) is a private nonprofit serving the state of Idaho. Since its founding in 1982, NHS has worked to create innovative housing solutions for underserved populations through strategic partnerships that contribute to building stronger communities. To fulfill this mission, NHS partners with residents, private industry, government, and other community-based organizations.

The following is a listing of NHS' programs, services and partnerships. Every effort is made to provide you with accurate and current information. You are under no obligation to use any services, products, or programs offered to you by NHS staff, contractors or partners. We encourage you to choose the resources that best meet your needs.

NHS Programs and Services

Foreclosure Prevention: NHS' Foreclosure Prevention Program is designed for homeowners who are behind, or anticipate becoming behind, in their mortgage payments on their primary residence. Counseling is provided free of charge to all Idaho residents for their primary residence, regardless of income or value of the home.

Homebuyer Education and Counseling: NHS strives to give all homebuyers the tools and knowledge they need to achieve and sustain the American Dream of homeownership. Since 1995, NHS has provided over 12,000 people with homebuyer education, pre-purchase counseling, and reverse mortgage counseling. NHS is a founding member of *Finally Home!*, a statewide partnership providing standardized homebuyer education.

Mortgage Lending Program: NHS' lending department helps Idaho families and individuals begin building assets for their future through homeownership. NHS provides borrowers with second mortgage loans in tandem with partner lenders' first mortgages. By layering the loans, low and moderate income buyers can obtain 100% financing with no Private Mortgage Insurance, resulting in an affordable mortgage payment.

Affordable Rental Communities: NHS owns 263 affordable rental housing units and a 65-unit mobile home park. These units are located in Boise, Nampa, and Coeur d'Alene. Apartments in the multifamily communities are reserved for families earning at or below 60% of Area Median Income.

Community Service Programs: Many senior and disabled citizens are being impacted by the economy and are unable to physically or financially maintain their properties. NHS has two community service programs that lend a helping hand to our neighbors: Paint The Town™ in June, and Rake Up Boise™ in November.

NHS Partners

The following organizations provided financial support to NHS during NHS' fiscal year 2011 (8/1/10 – 7/31/11):

| | | |
|-------------------------------------|--|---|
| Ada County Association of Realtors® | Idaho Housing and Finance Association | Scentsy |
| Allstate | Idaho Partners for Homebuyer Education | Spink Butler, LLP |
| Bank of America | Idaho Power Company | Starbuck's |
| Bank of the Cascades | Idaho's NewsChannel 7-KTVB | The Hackborn Foundation |
| Banner Bank | Intermountain Gas Company | TitleOne |
| Boise | Journal Broadcast Group | U.S. Bancorp Foundation |
| Citi Cards | JPMorgan Chase | U.S. Department of Housing and Urban Development |
| City of Boise | Julius Jeker Foundation | United Way of Treasure Valley |
| City of Meridian | Key Bank | Washington Federal Savings |
| City of Nampa | Kwal Paint | Wells Fargo Bank |
| Cold Clean, Inc | Lightfoot Foundation | Weyerhaeuser Company |
| D.L. Evans Bank | Mountain West Bank | Windermere Foundation |
| Helen Johns Foundation | Nagle Foundation | Zions Bank |
| Home Federal Bank | NeighborWorks® America | |
| Idaho Banking Company | Pioneer Title | |
| Idaho Business Review | Rotary Club of Boise | |

For additional information about NHS programs, services, and partnerships, contact us at (208) 343-4065.