



FORECLOSURE PREVENTION INTAKE

CLIENT NAME: _____ Loan # _____

CLIENT ID: _____ CASE Number: _____ HUD #: _____

Date of Intake: _____ Date of Closing: _____

1	Telephone	
2	Email	
3	Female Head of HH?	
4	Age	
5	Race	
6	Gender	
7	Head of Household	Single adult, Female headed single parent, male headed single parent, married without dependents, married with dependents, two or more unrelated adults, other
8	Annual Gross Income	
9	Income Category (%AMI)	
10	Address	
11	Parcel view	
12	Lender	
13	Loan Number	
14	Date of Birth	
15	Social Security	
16	Credit Score	
17	Source of credit score	
18	Gross monthly Income	
19	Current Mortgage payment	
20	PITI at Intake First mortgage	
21	Is there a second mortgage?	
22	Second mortgage lender and loan number	
23	PITI at Intake second mortgage	
24	Housing debt (GMI divided PITI)	
25	Home value	
26	Amount owed	
27	LTV is (Home value divided by amount owed)	

Borrower _____ Date _____ Co-Borrower _____ Date _____

CLIENT ID: _____



28	Type of loan at intake	Fixed rate <8%, Fixed rate >8%, ARM <8%, ARM >8%, Fixed rate <8% because of recent modification, Fixed rate >8% because of recent modification, ARM <8% because of recent modification, ARM >8% because of recent modification
29	Interest only	
30	Hybrid ARM	
31	Option ARM	
32	FHA or VA Insured	
33	Investor Fannie or Freddie?	
34	Has rate reset?	
35	Current interest rate is	
36	Reason for Delinquency	Reduction in income, Poor budgeting, Loss of income, Medical issues, Increase in expenses, Divorce/separation, Death of family member, Business venture failed, Increase in loan payment, Not in default
37	Delinquent	Current, 30-60 days, 60-90 days, 90-120 days, over 120 days
38	Have you worked with anyone else?	
39	Served legal documents?	
40	When did you first get this loan?	
41	Credit Karma Username:	
42	Credit Karma Password:	

- Did anyone contact you offering assistance to modify your mortgage, either directly by telephone, or by other means such as by mail or flyer?
- Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payment, sign over title to your property, or stop making loan payments?
- Report scam to www.preventloanscams.org; 1-800-347-3735; Fax 202-708-4829; hotline@hudoig.gov.

Borrower _____ Date _____ Co-Borrower _____ Date _____

CLIENT ID: _____



Budget

CLIENT NAME: _____

Loan # _____

Category	Amount	Place check mark if Supporting Documents in the file
Net Income 1		
Net Income 2		
Total Income		
Mortgage		
Second mortgage		
Home owners Insurance		
Property Taxes		
Telephone/Cable/Internet		
Electricity/Gas		
Water/Sewer/Trash		
Car payments		
Car Insurance		
Fuel/Gasoline		
Maintenance/Parking/etc.		
Health Insurance		
Medical bills/Copays		
Groceries		
Eating out		
Pet food, groom, medical		
Charity		
Hair/Nails/Salon		
Clothes/Dry clean		
Health club		
Postage		
Cigarettes/Alcohol/Lottery		
Loans minimum payments		
Loans minimum payments		
Loans minimum payments		
Alimony/child support		
Other		
Other		
Total Expenses		

Borrower _____ Date _____ Co-Borrower _____ Date _____

CLIENT ID: _____



Third Party Authorization

Client Name: _____

Social Security Number: _____

Date of birth: _____

Property Address: _____

Telephone: _____

Mortgage Lender/Servicer Name ("Servicer") _____ [Account][Loan] Number _____

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above Servicer and the following third parties (individually and collectively, "Third Party") **DELAWARE COMMUNITY REINVESTMENT ACTION COUNCIL, INC. Lillian Harrison Lharrison@dcrac.org 302-298-3289 F: 888-891-7923 or Jaclyn Quinn JQuinn@dcrac.org 302-298-3251 F: 888-746-3530** to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. **This Authorization IS VALID FOR A PERIOD OF ONE (1) YEAR.** *Please read the attached Privacy Notice & Disclosures carefully and sign them.*

I understand and consent to the disclosure of my personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act. The Servicer will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information. This Third-Party Authorization is valid when signed by all borrowers and co-borrowers named on the mortgage and until the Servicer receives a written revocation signed by any borrower or co-borrower.

I understand that DCRAC receives funding from various sources including Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and as such I authorize:

- 1. DCRAC to submit client-level information to the Data Collection System for the NFMC grant**
- 2. NFMC to open files to be reviewed for program monitoring and compliance purposes**
- 3. NFMC to conduct follow-up with the client related to program evaluation.**

_____ Check here if you do not want to be contacted by NFMC (#3 above).

Beware of foreclosure rescue scams and anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

Borrower _____ Date _____ Co-Borrower _____ Date _____

CLIENT ID: _____



Certification & Authorization

Client Name: _____

Social Security Number: _____

Date of birth: _____

Property Address: _____

- **CREDIT REPORTS:** I/We hereby authorize the **DELAWARE COMMUNITY REINVESTMENT ACTION COUNCIL, INC.** and/or its assigned agents to order a consumer credit report on me/us and discuss my/our current situation with appropriate lenders and other professionals. It is understood that the information on my/our credit report will be used as necessary to evaluate my/our acceptance into foreclosure prevention program. **DELAWARE COMMUNITY REINVESTMENT ACTION COUNCIL, INC.** and its agents may obtain any or all documentation or information that they request for investigation and submission into their program. No other use of my/our credit information is authorized by me/us.
- **Written Action Plan:** I understand that **DELAWARE COMMUNITY REINVESTMENT ACTION COUNCIL, INC.** agent 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 counseling agencies as appropriate.
- **NFMC:** I understand that **DELAWARE COMMUNITY REINVESTMENT ACTION COUNCIL, INC.** 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 and/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 purpose of program evaluation.
- **REFERRALS:** I may be referred to other housing services of the organization 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.
- **NO LEGAL ADVICE:** A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
- **DCRAC Programs:** I understand that **DELAWARE COMMUNITY REINVESTMENT ACTION COUNCIL, INC.** provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from **DELAWARE COMMUNITY REINVESTMENT ACTION COUNCIL, INC.** agent in no way obligates me to choose any of these particular loan products or housing programs.

By signing below, I acknowledge that I have read this disclosure and have received a copy of **DELAWARE COMMUNITY REINVESTMENT ACTION COUNCIL, INC.** privacy policy to participate in this program.

Borrower _____ Date _____ Co-Borrower _____ Date _____

CLIENT ID: _____



DISCLOSURES

CLIENT NAME: _____

Counselor: Lillian Harrison 302-298-3289 F: 888-891-7923 or Jaclyn Quinn 302-298-3251 F: 888-746-3530

PLEASE READ THE DISCLOSURES CAREFULLY

You are required to sign this Disclosure before we can provide Foreclosure Mitigation Counseling.

I understand that DCRAC receives funding from various sources including Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and as such I authorize:

- 1. DCRAC to submit client-level information to the Data Collection System for the NFMC grant**
- 2. NFMC to open files to be reviewed for program monitoring and compliance purposes**
- 3. NFMC to conduct follow-up with the client related to program evaluation.**

You may opt out of (3) above only, but proof of this opt-out must be recorded by signing this Disclosure. If you choose to "opt out" of (1) or (2) above we cannot upload your file into the NFMC Data Collection System. We cannot provide you with NFMC Foreclosure Mitigation Counseling.

Sharing Data with Creditors Sharing some of my personal information with creditors may be necessary to effectively help resolve my financial difficulties. Information DCRAC may share include my total debt, income, living expenses, and personal information concerning my financial circumstances **with my creditors.**

I understand that

1. I will receive a written Action Plan consisting of recommendations for handling my finances.
2. DCRAC may share my personal information with its funders.
3. A DCRAC counselor may answer questions/provide information, but not give legal advice.
4. DCRAC also provides **BUDGET & CREDIT COUNSELING** and **TAX REPRESENTATION**. I am not obligated to use any of these services.
5. DCRAC receives financial support from a variety of sources: HUD, IRS, New Castle County, City of Wilmington, Bank of America, Capital One, Citi Foundation, Discover Bank, and JPMorgan Chase.
6. I may be referred to other services of the organization or another agency or agencies. **I AM NOT OBLIGATED TO ACCEPT/CHOOSE ANY SERVICE OFFERED BY DCRAC OR ITS PARTNERS.**

Borrower _____ Date _____ Co-Borrower _____ Date _____

CLIENT ID: _____



PRIVACY NOTICE

CLIENT NAME: _____

Counselor: Lillian Harrison 302-298-3289 F: 888-891-7923 or Jaclyn Quinn 302-298-3251 F: 888-746-3530

PLEASE READ THE DISCLOSURES CAREFULLY

You are required to sign this notice before we can provide Foreclosure Mitigation Counseling.

DCRAC is committed to ensuring your privacy and we take all precautions to protect your information. **However; as a federally funded program, we are required to share your private information with our funders.**

Social Security Numbers The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Foreclosure Mitigation Counseling Program if you refuse to provide your social security number. If you do not provide your social security number, services to you may be more limited. You will continue to receive the services we can provide without a social security number.

Other Private Data Your name and address are public data. All other data we may ask about you is private data. **Except for your social security number, providing and agreeing to share your private data is mandatory for participation in this Foreclosure Mitigation Counseling program under the terms of the federal grant from Neighbor-Works that funds the program.**

I understand that DCRAC receives funding from various sources including Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and as such:

- 1. DCRAC submits client-level information to the Data Collection System for the NFMC grant**
- 2. NFMC opens files to be reviewed for program monitoring and compliance purposes**
- 3. NFMC may conduct follow-up with the client related to program evaluation.**

Sharing Data with Creditors Sharing some of your personal information with creditors may be necessary to effectively help you resolve your financial difficulties. Information we may share include your total debt, income, living expenses, and personal information concerning your financial circumstances **with your creditors.**

DCRAC cannot provide NFMC Counseling without Client signature on the Privacy Notice.

Borrower _____ Date _____ Co-Borrower _____ Date _____

CLIENT ID: _____



NFMC Client Privacy Policy

CLIENT NAME: _____

Counselor: Lillian Harrison 302-298-3289 F: 888-891-7923 or Jaclyn Quinn 302-298-3251 F: 888-746-3530

PLEASE READ THE DISCLOSURES CAREFULLY

You are required to sign this notice before we can provide Foreclosure Mitigation Counseling.

Delaware Community Reinvestment Action Council, Inc. and its agents 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 personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Certification and Authorization Agreement. 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

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 your “opt-out”, you may call us at (phone number) and do so.

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 that make our services possible.
2. 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).
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.

Borrower _____ **Date** _____ **Co-Borrower** _____ **Date** _____

CLIENT ID: _____



WRITTEN ACTION PLAN

CLIENT NAME: _____

Plan Start Date: _____

- Discussed Reverse Mortgage? _____ *Over 62 years old*
- Discussed Refinance? _____ *Current, good credit*
- Discussed Modification? _____ *HAMP Checklist*
- Discussed Sale, Short sale, Deed in lieu? _____ *Explain FC timeline*
- Housing is not the problem, debt is? _____ *Housing debt <33%*

Homeowner goal is:

Home Preservation

Other Alternatives

Counselor's Assessment: _____

Documents Needed	Responsible	Due Date	Date Received
Most recent ALL bank statements (3 months)	Client		
Most recent proof of ALL income (3 months)	Client		
Most recent proof of ALL expenses (2 months)	Client		
Most recent Tax Return	Client		
Most recent mortgage statement	Client		
Most recent mortgage closing document	Client		
Hardship letter and documentation if required	Client		
Homeowner's Insurance declaration page	Client		
Homeowner Association dues invoice	Client		
If victim of modification scam to www.preventloanscams.org ; 1-800-347-3735; Fax 202-708-4829; hotline@hudoig.gov .	Client		
Complete Lender RMA Form (ask Counselor for help if needed)	Client		
Submit modification request	Counselor		
Keep each other updated on changes	Both		

Counselor Signature: _____

Date: _____

Borrower _____ Date _____ Co-Borrower _____ Date _____

CLIENT ID: _____



NAME _____

Client Contact Log		File Organization Checklist	
Date	Notes	Package Checklist	Place v here
		Intake	
		Third Party Authorization	
		Privacy Notice	
		Certification and Authorization	
		Disclosures	
		Options and Alternatives	
		Written Action Plans	
		Budget	
		Bank Statements	
		Proof of Income	
		Proof of Expenses	
		Tax Returns	
		Credit reports	
		Request for Mortgage Assistance	
		Hardship Documentation	
		Mortgage Statement	
		Homeowner's Ins.	
		Mediation/Foreclosure notice	
		Closing documents review—copy for our files	
		Close-out Survey—copy for our files	

Borrower _____ Date _____ Co-Borrower _____ Date _____

CLIENT ID: _____