



NeighborWorks®
HomeOwnership Center

*Dedicated to the
Revitalization and Growth of Neighborhoods*



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Utica, NY 13501
Tel. 315-724-4197
Fax. 315-724-1415
NYS TDD Relay # 800-622-1220
www.thehomeownershipcenter.org

Dear Homeowner:

We're so glad you took that tough first step and contacted HOPE hotline, HUD, or The HomeOwnership Center about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation.

To assist us in providing you with the most effective and efficient service, please complete the attached intake form as thoroughly as possible. This information is the key element of resolving your financial situation. If there are questions or information you don't understand, that's okay. Do your best with it and we will go through the rest of it together.

You will find there is an emphasis on being truthful. We can't help with a resolution unless we have a complete and accurate picture of your situation. A plan based on only part of your information is certain to fail.

There are some specific documents you will need to locate and bring to your appointment or send to me in the mail:

- Two most recent paycheck stubs for all household applicants;
- Other income documentation (including child support, social security, rental income or government assistance);
- Two most recent checking, savings, CD and/or Money Market account monthly statements;
- Drivers License or picture ID of applicant(s) & Social Security cards for applicants/co-applicants;
- Income tax returns for last year along with W-2 forms;
- Most recent utility bills (electric, gas/oil, trash, water, cable, phone, internet cell phone);
- Other debts (alimony/child support payments, aggregate negative net rental income from investment properties owned, past due income taxes, court-ordered separate maintenance, child-care expenses, life insurance, car insurance and health insurance. Please supply proof of all applicable debts.);
- A hardship letter that answers 1) What caused your situation? 2) Why do you want to keep or sell your home? and 3) How have you tried to fix your financial situation?;
- Divorce papers, if applicable;
- Most recent mortgage statement / year-end summary.;
- Most recent correspondence from Mortgage Company;
- Referral letter from court, lender or other referral source;
- Current property tax bill;
- Proof of Hazard (Homeowners) Insurance.

Below is a list of items included in this informational package that need to be reviewed, signed and returned to me with the documentation listed above:

- Please submit the signed authorization form that permits me to speak to the lender; ("AUTHORIZATION TO RELEASE INFORMATION")
- Please submit the signed "Counselor/Client Agreement.
- Please sign and submit the "FORECLOSURE MITIGATION COUNSELING AGREEMENT"

Also,

- Please read and review the Privacy Policy

We are a HUD-certified counseling agency and our services are free of charge. And, as a NeighborWorks® organization we have partnered with the HOPE NOW Alliance. If you would like to use their phone counseling service, also free of charge, you may do so by dialing 888-995-HOPE. If you choose to do so, please mention that you were referred by The HomeOwnership Center. In the meantime if you have any questions, please feel free to contact me at 315-724-4197 x232.

Thank you.

Rose Marie Roberts
HUD-Certified Housing Counselor



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Client/Counselor Agreement

UNHS NeighborWorks HomeOwnership Center and its counselors agree to provide the following services:

- Financial Literacy Education
- 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
- Assistance 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:

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 15 minutes late for an appointment, the appointment will be rescheduled or less time will be allotted, depending on the counselor's availability.

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.

 Homeowner

 Date

 Homeowner

 Date

 Counselor

 Date

Foreclosure Mitigation Counseling Agreement

1. I understand that UNHS NeighborWorks® HomeOwnership Center (HOC) 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 or resources as appropriate.
2. I understand that HOC 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.
3. I acknowledge that I have received a copy of HOC's Privacy Policy.

IN ADDITION:

1. 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 use any of the services offered to me.
2. 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.
3. I understand that HOC provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from HOC in no way obligates me to choose any of these particular loan products or housing programs.

Client's signature _____ Date _____

Client's signature _____ Date _____

TO: Mortgage Company: _____

Attention: Loss Mitigation Department

Address: _____

RE: Account No: _____

Borrowers: _____

Property Address: _____

AUTHORIZATION TO RELEASE INFORMATION

Dear Sir or Madam:

We are working with the UNHS NeighborWorks HomeOwnership Center (a HUD-certified counseling agency) on a plan to resolve our mortgage delinquency. We hereby authorize you to release any and all information concerning our account to the UNHS HomeOwnership Center at their request.

We further authorize you to discuss and/or negotiate our case with Rose Marie Roberts, Julie Howarth, or any staff person at The HomeOwnership Center. They are working to help us address our financial problems and to propose a loss mitigation plan that is within your guidelines.

At present, we also request that you fill out the request for loan information that accompanies this letter. Please return it to HomeOwnership Coordinator by fax (315-724-1415) as soon as possible. You may release additional information to the UNHS NeighborWorks HomeOwnership Center in the future without further authorization.

Thank you taking the time to deal with this request.

Very truly yours,

Print Name

Signature

Print Name

Signature

Privacy Policy

UNHS NeighborWorks® HomeOwnership Center (HOC) 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 personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. 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 315-724-4197 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 which 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.