



Neighborhood Housing Services of the South Shore Pre-Foreclosure Program Assistance Package*

68 Legion Parkway, Brockton, MA 02301
Phone: 508-580-0902 Fax: 508-580-0951

and

80 Rivet Street, New Bedford, MA 02744
Phone: 774-328-9925 Fax: 774-328-9927

www.neighborhoodhousing.org

BEFORE INITIAL MEETING or CLINIC:

1. **Fill out Profile Package** (including Program Participant Profile, Authorization to Release Information, Authorization to Access Credit Report, Privacy Posting Notice, Disclosure Statement and Budget Sheet, all attached)
2. **Make a copy of your current Mortgage Statement**
3. **Call Rosa Evora at 508-580-0902 to reserve a space in an upcoming clinic.**
For the New Bedford area call Jackie Pina at 774-328-9925.

AFTER INITIAL MEETING or CLINIC:

1. **Gather the following documents and make photocopies of them. (A separate document checklist has been provided for your convenience.)**
 - Most recent signed tax return with W2s and 2 most recent pay stubs.
 - Two months consecutive complete Bank Statements. (*bank account transaction history printouts are not acceptable*)
 - All supporting documents for income received including family support.
 - Hardship Letter (detailing your current situation)
 - All Utility Bills (with payment coupon attached)
 - Written Rental/Lease Agreement(s) if home is multifamily or you rent rooms.
 - Credit report. To get a free credit report, go to www.annualcreditreport.com.
 - Documentation of all debt and other expenses.
2. **AFTER you make the photocopies call Rosa at 508-580-0902 or email her at r.evora@neighborhoodhousing.org to make an appointment with a counselor.**
For the New Bedford area call Jackie Pina at 774-328-9925 or email her at j.pina@neighborhoodhousing.org to make an appointment.

CLIENT RESPONSIBILITIES

If you receive anything from your lender please let us know as soon as possible. **It is the client's responsibility to provide all required documentation. If your lender offers you any type of a workout solution please contact us.** You should call your lender to check on your File to make sure that they have received everything and to check on the progress of your request.

For information on the Home Affordable Mortgage Plan go to www.makinghomeaffordable.gov.

WE DO NOT CHARGE FOR OUR SERVICES

*These forms are not an application for a mortgage modification. Modification application forms should be obtained from your mortgage servicer.



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Pre-Foreclosure Program Assistance**

DOCUMENT CHECKLIST

Please make photocopies of the following documents.

- Most recent signed Income Tax Return with W2s
- 2 most recent pay stubs
- Two months consecutive complete Bank Statements. (*bank account transaction history printouts are not acceptable*)
- All supporting documents for income received including family support
- Hardship Letter (detailing your current situation)
- All Utility Bills (with payment coupon attached)
- Written Rental/Lease Agreement(s) if home is multifamily or if you rent rooms
- Credit Report. **To get free credit report, go to www.annualcreditreport.com.**
- Documentation of all debt and other expenses

***AFTER* you make the photocopies:**

Call Rosa at 508-580-0902 or email her at r.evora@neighborhoodhousing.org to make an appointment with a counselor.

or for the New Bedford area call Jackie Pina at 774-328-9925 or email her at j.pina@neighborhoodhousing.org to make an appointment.

Bring the photocopies with you when you come to your appointment.

Please do not fax, mail or email them.

PRE-FORECLOSURE PROGRAM PARTICIPANT PROFILE

Date: _____ Location of Clinic: _____ How did you hear about us? _____

Are we allowed to contact you by phone: Yes ___ No ___ Phone Number: _____ Email: _____

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Education: College: ___ High School: ___ None: ___ Veteran: ___

Property Address: _____ City: _____ State: ___ Zip Code _____

Mailing Address (if different) _____ City: _____ State: ___ Zip Code _____

Employment/Unemployment: _____ Position: _____ Month/Year began: _____

RACE: Caucasian: ___ African-American: ___ Hispanic/Latino: ___ Other: _____

What year did you purchase your home: _____ Has a Foreclosure Notice Been Received: Yes: ___ No: ___

Has your loan ever been modified: YES: ___ NO: ___ If YES, Date Modified: Month ___ Year ___

SPOUSE OR CO-BORROWER (if applicable): First: _____ MI: _____ Last: _____

Date of Birth: _____ Gender: _____ Education: College: ___ High School: ___ None: ___ Veteran: ___

Employment/Unemployment: _____ Position: _____ Month/Year began: _____

RACE: Caucasian: ___ African-American: ___ Hispanic/Latino: ___ Other: _____

HOUSEHOLD TYPE: (circle one) Single Female-Single Parent Household Separated Divorced Widowed
Male-Single Parent Household Married w/Children Married w/o Children Unrelated Adults

TOTAL # OF PEOPLE LIVING IN HOUSEHOLD: _____ ANNUAL HOUSEHOLD INCOME: _____

TYPE OF PROPERTY: Single Family ___ Two Family ___ Three Family ___ Condominium ___ Other ___

PROPERTY CONDITION: Excellent ___ Good ___ Fair ___ Poor ___

NAME OF LENDER: (1st Mortgage) _____ Loan Number: _____

Months past Due: _____

Monthly Mortgage Payment: \$ _____ Does this include Tax & Insurance? Yes ___ No ___

Interest Rate: _____ ARM or Fixed (circle one) Mortgage Balance: \$ _____ Home Value: \$ _____

NAME OF LENDER: (2nd Mortgage) _____ Loan Number: _____

Months past Due: _____

Monthly Mortgage Payment: \$ _____ Interest Rate: _____ Type of mortgage: ARM or Fixed (circle one)

PRIMARY REASON FOR DELINQUENCY? (Circle all that apply)

- Reduction in income Poor budget management skills Loss of income Medical Issues
- Increase in expenses Divorce/Separation Death of family member Failed business venture
- Increase in loan payment Other: _____

SIGNATURE: _____ DATE: _____



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To: _____

RE: Account Number: _____

Borrower's Name: _____

Address: _____

(Above section to be completed by staff)

AUTHORIZATION TO RELEASE INFORMATION

(Homeowner, please read, sign and provide SS# below only)

Dear Sir or Madam:

I am currently working with Neighborhood Housing Services of the South Shore (NHSSS). I hereby authorize you to release any and all information concerning my financial information to _____ of NHSSS at the counselors' request. This authorization is good through _____.

- I understand that NHSSS 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 understand that NHSSS 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 my 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.
- I acknowledge that I have received a copy of NHSSS's privacy policy.
- 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.
- 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.
- I understand that NHSSS provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from NHSSS in no way obligates me to choose any of these particular loan products or housing programs.

Borrower's signature

Date

SS#

Co-Borrower's signature

Date

SS#



Monthly Income and Expense Budget

Name: _____

Property Address: _____

Lender: _____

Loan #: _____

Monthly Living Expenses	ESTIMATE	Monthly Income	NET	GROSS
Fixed Expenses		Salary/Wages	\$ -	\$ -
Mortgage Payment	\$ -	Salary/Wages (Spouse)	\$ -	\$ -
Second Mortgage	\$ -	Tips	\$ -	\$ -
Real Estate Taxes (if not escrowed)	\$ -	Self Employment	\$ -	\$ -
Homeowner's Ins. (if not escrowed)	\$ -	Real Estate Rental (income)	\$ -	\$ -
Condo Fee/HOA Fee	\$ -	Investment Income	\$ -	\$ -
Car Payment #1	\$ -	Pension/Retirement	\$ -	\$ -
Car Payment #2	\$ -	Social Security	\$ -	\$ -
Monthly Credit Card Minimum Payment	\$ -	Unemployment	\$ -	\$ -
Student Loans	\$ -	Transitional Assistance	\$ -	\$ -
Personal Loans	\$ -	Fuel Assistance	\$ -	\$ -
Tax Installments	\$ -	Child Support (received)	\$ -	\$ -
Child Support (paid out)	\$ -	Alimony	\$ -	\$ -
Alimony (paid out)	\$ -	Family Support	\$ -	\$ -
Total Fixed Expenses	\$ -	Total Monthly Income	\$ -	\$ -

Flexible Expenses	ESTIMATE	Enter Totals Here	NET	GROSS
Food	\$ -	Monthly Income	\$ -	\$ -
Electric	\$ -	Monthly Living Expenses	\$ -	\$ -
Heat (Oil/Gas)	\$ -	Total (Over/Short)	\$ -	\$ -
Water/Sewer/Garbage	\$ -			
Telephone	\$ -			
Cell Phone	\$ -	Periodic Expenses		
Cable TV	\$ -	Life Insurance	\$ -	
Internet	\$ -	Health & Accident Insurance	\$ -	
Gasoline	\$ -	Auto Insurance	\$ -	
Public Transportation	\$ -	Auto Maintenance	\$ -	
Parking	\$ -	Total Periodic Expenses	\$ -	
Medication	\$ -	Total Expenses	\$ -	
Dental	\$ -			
Church	\$ -			
Charities	\$ -			
Cigarettes/Tobacco/Alcohol/Lottery	\$ -			
Pet Care	\$ -	Front End DTI		
Home Maintenance	\$ -	Back End DTI		
Laundry	\$ -			
Child Care	\$ -			
Other	\$ -			
Other	\$ -			
Total Flexible Expenses	\$ -			

Signature: _____

Date: _____

Signature: _____

Date: _____



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Privacy Posting/Notice

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY

Effective Date: 10/1/2007

Our Duty to Safeguard Your Protected Information

Neighborhood Housing collects information about who accesses our services. When we meet with you we will ask you for information about you and your family and enter it into a computer program called CounselorMax. Although CounselorMax helps us to keep track of your information, individually identifiable information about you is considered "Protected Information". We are required to protect the privacy of your identifying information and to give you notice about how, when, and why we may use or disclose any information you may give us.

We are also required to follow the privacy practices described in this Notice, although **Neighborhood Housing Services reserves the right to change our privacy practices and the terms of this Notice at any time.** You may request a copy of the current notice from us.

How We May Use and Disclose Your Information

We use and disclose collective information for a variety of reports. We have a limited right to include some of your information for reports on housing and services needed by our clients. Information that could be used to tell who you are will never be used for these reports. We will not turn your protected information over to a national database. For uses beyond reports, we must have your written consent unless the law permits or requires us to make the use or disclosure without your consent.

Your Rights Regarding Your Information

- You have the right to ask for information about who has seen your information.
- You have the right to see your information and change it if it isn't correct.

Initials: _____

Date: _____



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DISCLOSURE STATEMENT

I understand that Neighborhood Housing Services of the South Shore (NHSSS) provides mortgage modification and foreclosure assistance counseling and that NHSSS has a financial relationship with NeighborWorks America.

I understand that I am not obligated to receive any other services offered by Neighborhood Housing Services of the South Shore or its exclusive partners.

I have read and understand this disclosure.

Signature: _____ **Date:** _____