

Homes on the Hill
Foreclosure Prevention Counseling Intake Form

Date of Orientation _____

Personal Information	Applicant	Co-Applicant
Name		
Address		
City, State, Zip Code		
County		
Social Security No.		
Date of Birth		
Home Phone		
Cell Phone		
Email Address		
Preferred Contact Method (home, cell, work)		
How long have you owned your home? ____ Years ____ Months		Please add me to HOTH's contact list <input type="checkbox"/>

Demographics	Applicant	Co-Applicant
Race <div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 10px; margin-right: 10px;"> Complete both sections </div> <div style="border-left: 1px solid black; padding-left: 10px;"> → → </div> </div>	____ American Indian/Alaskan Native ____ Asian ____ Black or African American ____ Native Hawaiian or Pacific Islander ____ White	____ American Indian/Alaskan Native ____ Asian ____ Black or African American ____ Native Hawaiian or Pacific Islander ____ White
Ethnicity Type	____ Hispanic or Latino ____ Non-Hispanic or Latino	____ Hispanic or Latino ____ Non-Hispanic or Latino
Marital Status	__ Married __ Separated __ Unmarried __ Widowed __ Divorced	__ Married __ Separated __ Unmarried __ Widowed __ Divorced
Gender		
No. of Adults in Household _____ No. of Dependents in Household _____		
Household Type	____ Single Adult ____ Female-Headed Single Parent Household ____ Male-Headed Single Parent Household ____ Married Without Dependents ____ Married With Dependents ____ Two or More Unrelated Adults ____ Other	

Demographics cont.	Applicant	Co-Applicant
Citizenship	<input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> U.S. Citizen
Country of Origin		
Preferred Language		
Are you disabled?		
Highest Education Level	<input type="checkbox"/> No High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> No High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree
Please check all that apply	<input type="checkbox"/> Female Head of Household <input type="checkbox"/> Single Head of Household <input type="checkbox"/> U.S. Veteran	<input type="checkbox"/> Female Head of Household <input type="checkbox"/> Single Head of Household <input type="checkbox"/> U.S. Veteran

Income	Applicant	Co-Applicant
List all sources of income (wages from employment, unemployment compensation, social security benefits, pension, child support, etc.) Provide both gross and net amounts.		
Income source: _____	\$ _____ gross \$ _____ net per week/bi-weekly/month (circle one)	\$ _____ gross \$ _____ net per week/bi-weekly/month (circle one)
Income source: _____	\$ _____ gross \$ _____ net per week/bi-weekly/month (circle one)	\$ _____ gross \$ _____ net per week/bi-weekly/month (circle one)
Income source: _____	\$ _____ gross \$ _____ net per week/bi-weekly/month (circle one)	\$ _____ gross \$ _____ net per week/bi-weekly/month (circle one)

Loan Information	
Date you purchased your home:	Refinance date/s (if applicable):
Lender Name:	Loan Number:
Loan Term:	Original Loan Amount:
Interest Rate:	Current Loan Balance:
Monthly Payment:	Current Amount Behind on Loan:
Check all that apply <input type="checkbox"/> 30-Year Fixed <input type="checkbox"/> 20-Year Fixed <input type="checkbox"/> 15-Year Fixed <input type="checkbox"/> 10-Year Fixed <input type="checkbox"/> 1-Year ARM <input type="checkbox"/> 3-Year ARM <input type="checkbox"/> 5-Year ARM <input type="checkbox"/> 7-Year ARM <input type="checkbox"/> 10-Year ARM <input type="checkbox"/> Interest Only <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> USDA/Rural Housing Serv.	
Do you have a: second mortgage/home equity loan/HELOC (circle all that apply)	
Date of your last mortgage payment:	
Have you recently contacted your lender?	
Have you participated in a prior repayment plan?	
Have you contacted any other counseling agencies?	
If so, what agency/agencies and when?	
How did you hear about Homes on the Hill (referred by Save the Dream, 211 Helpline, lender, etc.)?	
Is anyone in your household over the age of 62?	
Has anyone offered to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer? _____ If so, please explain: Has anyone guaranteed a loan modification or asked you to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payments? _____ If so, please explain: 	

Signature: _____ Date: _____

Signature: _____ Date: _____



HOTH CDC Foreclosure Prevention Agency Disclosure

Homes on the Hill (HOTH) CDC is a nonprofit organization providing decent, affordable housing for low and moderate income individuals and families and helping to strengthen their neighborhoods. Services include: rehabilitation of vacant properties into affordable owner occupied housing; new construction of single family homes; homeownership education programs in English and Spanish; one-on-one homebuyer, credit, and foreclosure counseling in English and Spanish; down payment assistance for qualified buyers; and community development. As a potential client of this organization, you have the right to know the following:

HOTH is a not-for-profit organization and works to provide all services free of charge.

Besides offering housing counseling services, HOTH is also a housing developer and offers new and rehabbed homes for sale. As a HOTH client, you are under **no obligation** to purchase property from HOTH.

HOTH also offers various down payment assistance programs, each with their own restrictions and guidelines, to qualified applicants. As a HOTH client, you are under **no obligation** to participate in our programs. HOTH will work to assist you in determining which program best fits your needs, including but not limited to programs offered by the City of Columbus, Franklin County, Homeport, CUL, HOTH, and any others available.

All information submitted to HOTH is considered **confidential** and will be kept confidential unless you consent to the disclosure of such information.

HOTH is certified by the U.S. Department of Housing and Urban Development. HOTH also maintains affiliations, funding sources, partnerships, and working relationships with other public and private community organizations which could create a conflict of interest. These community ties are listed in our brochure.

As a client, you have the **freedom of choice** in selecting and engaging in any and all business transactions with persons working in the financial, mortgage, real estate, homeowner education, housing counseling or other homeownership industry professionals. You have the right to make voluntary and informed decisions free of coercion, intimidation, or undue pressure.

If at any time you decide to terminate your relationship with HOTH, you have the right to request an **assessment** of your immediate or long term potential for successfully achieving or maintaining homeownership and a **description** of the recommended steps to attain your housing goal in the future.

Sign

Date

HUD Required

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Foreclosure Prevention Credit Report Authorization and Privacy Disclosure

I hereby authorize and instruct Homes on the Hill CDC (hereinafter "HOTH") **to obtain and review my credit report.** My credit report will be obtained from a credit reporting agency chosen by HOTH. I understand and agree that HOTH intends to use the credit report for the purpose of evaluating my financial situation.

My signature below also **authorizes the release to credit reporting agencies of financial or other information** that I have supplied to HOTH in connection with such evaluation. Authorization is further granted to the credit reporting agency to **use a copy of this form to obtain any information the credit reporting agency deems necessary** to complete my credit report. I also authorize HOTH to submit client-level information to the data collection system for our grantors, open files to be reviewed for program monitoring and compliance purposes, pull my credit record for purposes of program evaluation two additional times, and to conduct follow-up with me related to program evaluation.

HOTH may share with potential mortgage lenders and servicers, other counseling agencies, and grantors my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. **Mortgage lenders may share the information I provide to the lender with the counseling agencies.** These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying HOTH in writing.

Client's Name (Print)

Spouse's Name (Print)

Client's Signature

Spouse's Signature

Social Security Number

Social Security Number

Date

Date

Date of Birth

Spouse's Date of Birth

Address

Address

HUD Required
2



HOTH Privacy Policy

Homes on the Hill CDC (HOTH) 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 and signature on the Foreclosure Mitigation Counseling 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 send written notice to Homes on the Hill CDC, 3659 Soldano Blvd., Columbus, OH 43228

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.



HOTH Third Party Authorization

Date: _____

To Whom It May Concern:

I, _____, give the following people permission
(client's name)

to discuss, negotiate and receive all materials regarding my mortgage debt(s) with

(name of lender)

**Homes on the Hill CDC
Housing Counselors:**

Daniel Ruggiero
Mark Easterling

UnidosUS:

Eric Salazar
Daniel Guzman
Jorge Rivera

My attorney

including representatives
of my local Legal Aid
Society
(if applicable)

I acknowledge that the information obtained will be used solely by Homes on the Hill and my lender for the purpose of assisting in the creation of a housing counseling plan.

I understand that this Release of Information is subject to revocation at any time (in writing), or one year of the date of signing, except to the extent that action has been taken in reliance thereon.

I hereby release the party from whom information is requested from any and all liability which might accrue as a result of the disclosure of such information to Homes on the Hill. I hereby certify that I have read the foregoing "Release" or it has been read to me and I fully understand its contents and meaning.

Thank you,

Signature _____ Soc. Sec. # _____

Printed name _____ Loan # _____

Address _____

HUD Required
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Action Plan

Case number:

Client Names: Homes on the Hill, CDC
Address:

Barrier Type	Projected Resolution Time	Actual Start Date	Actual End Date	Resolved	Recommended Action
Insufficient Documentation					Bring in additional information: Compile any missing documentation and bring copies to Homes on the Hill. All documentation must be received before HOTH will schedule a one-on-one appointment with you. Please bring updated bank statements and any new pay stubs that you receive prior to your scheduled one-on-one appointment.
Lack of household budget					Confirm budget: Look over household finances and confirm budget. Brainstorm ideas to decrease expenses and increase income (use your skills and talents to generate more income).
Other					Review orientation materials: Look over documents received during your orientation session and determine what options you may qualify for.
Lack of Information					Request information from lender: Contact lender and request a workout packet.
Savings Acct					Save as much as possible: If your mortgage company is no longer accepting payments from you, deposit these funds into a savings account as you would make normal payments. Save this money to work for you during negotiations with your lender. If you are not behind or if you are unable to save an entire payment, save as much as you can each month. Any funds that you have available will assist in negotiating with your lender.

Client Signature

Counselor Signature

Homes on the Hill

Monthly Budget Worksheet

Provide the dollar amount that you spend on each item **PER MONTH** for all household members.

Housing	
Mortgage/rent Payment	\$
Property taxes	\$
Property Insurance	\$
Condo or homeowner assoc. fees	\$
Home maintenance, supplies	\$
Electric	\$
Heating	\$
Water/Sewer	\$ /mo
Trash/recycling/yard waste	\$
Appliances, furniture, rent-to-own	\$
TOTALS	

Liabilities, Loans	
Alimony	\$
Child Support	\$
Bank fees	\$
Cashier's checks, payday loans	\$
Collections	\$
Credit card payments	\$
Legal fees	\$
Loan payments	\$
TOTALS	

Auto/Transportation	
Car loan	\$
Car insurance	\$
Car maintenance/repairs	\$
Gasoline	\$
Parking	\$
Bus/taxi fare	\$
TOTALS	

Healthcare	
Dental	\$
Doctor's visits	\$
Medical bills	\$
Health insurance	\$
Pharmacy, prescription drugs	\$
Vision	\$
Life insurance	\$
TOTALS	

Telephone, Telecom	
Basic phone service	\$
Cell phone	\$
Long distance	\$
Other	\$
TOTALS	

Food	
Groceries	\$
Eating out, delivery	\$
Snacks	\$
Alcohol	\$
TOTALS	

Monthly Budget Worksheet continued

Children and Elders	
Day Care	\$
School lunches	\$
School supplies	\$
School activities	\$
Elder care	\$
TOTALS	

Continuing Education	
Tuition	\$
Books, supplies	\$
Student Loans/Other	
TOTALS	

Personal Care	
Clothing, shoes	\$
Cosmetics	\$
Dry cleaning, laundry	\$
Haircuts	\$
Nails	\$
Toiletries	\$
TOTALS	

Donations	
Religious contributions	\$
Charities	\$
Union groups, professional dues	\$
TOTALS	

Pets	
Food	\$
Veterinarian bills	\$
TOTALS	

Entertainment	
Magazines, newspapers, books	\$
Cable/satellite television	\$
Internet	\$
Cigarettes, tobacco	\$
Fitness	\$
Hobbies, sports	\$
Holidays, events	\$
Movies, movie rentals, music	\$
Vacations, travel	\$
Lottery, bingo	\$
Memberships	\$
TOTALS	

Savings	
Savings Account	\$ /mo
IRA, retirement	\$ /mo
Investments	\$ /mo
TOTALS	

Other Expenses	
	\$ /mo
	\$ /mo
TOTALS	

Gross Monthly Income _____

Total Monthly Expenses (-) _____

Total Monthly Balance (-/+) _____

Homeowner **Date**

Homeowner **Date**



Questionnaire

NAME OR NUMBER

Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me

Signature

Date

Signature

Date

Example Hardship Letter

January 1, 2015

Joe Smith
123 Maple St.
Anytown, USA 43000

USA Bank & Mortgage Co.
Loan #1234567890

To Whom It May Concern:

I am writing this letter to explain the unfortunate set of circumstances that have caused me to become delinquent on my mortgage. I have done everything in my power to make ends meet but unfortunately I have fallen short and would like you to consider working with me to modify my loan. My number one goal is to keep my home and I would really appreciate the opportunity to do that.

The main reason that caused me to be late is *(insert reason here and don't be too lengthy and long-winded)*. Soon after being late and my income not being nearly enough, I had fallen further and further behind. Now, it's to the point where I cannot afford to pay what is owed to *(name of lender)*. It is my full intention to pay what I owe. But, at this time I have exhausted all of my income and resources, so I am turning to you for help.

(Provide the approximate date of hardship and whether you believe that your situation is temporary or will be permanent.)

My situation has gotten better because *(give reason here)* and I feel that a loan modification *(or list other workout option being requested)* would benefit us both. I would appreciate it if you can work with me to lower the amount owed on my payment amount so that I can keep my home and also afford to make amends with your firm.

I truly hope that you will consider working with me- I am anxious to get this settled so we can move on.

Sincerely,

Borrower's Signature

Co-Borrower's Signature if applicable

Suggested Contents of a Hardship Letter

An effective hardship letter will include the following:

- Identifying information: This will include the homeowners' names, address, and account number.
- The introductory paragraph should state the foreclosure prevention tool that the homeowner is seeking.
- The second paragraph should describe the hardship and the reason for the hardship in detail.
- The next paragraph should give an overview of the homeowners' income and expenses and explain any anticipated changes in income or expenses and when the changes may occur. It should also state whether the homeowner has a lump sum saved to offset any delinquency.
- Describe the proposed plan. The description should state when the plan will be effective, list the reasons why the homeowner believes it will work, and include a statement about why the homeowner is committed to see the plan through to its conclusion.
- The closing paragraph should state the methods and times to contact the homeowner(s) and counselor.
- Attachments:
 - Financial Statement/Budget Sheet
 - Income and expense verifications
 - Hardship verification (e.g. medical documents, separation papers, court documents, etc.)
 - Verification for anticipated changes to income and expenses.



• 3659 Soldano Blvdl • Columbus, OH 43228 • Phone: 614-275-HOME • Fax: 614-275-3060 • www.hoth-cdc.org •

Homes on the Hill CDC wants your input!

To help us identify the things that make neighborhoods places people enjoy living and the services related to housing that people need, we seek input from people like you. Please take a few moments to answer the following questions.

What is your current zip code?

What do you like about the neighborhood where you currently live?

What do you wish you could find in your neighborhood?

What is your perception of the Hilltop?

What needs to change in the Hilltop to make it a more appealing place to live, work, and/or own a business?

Please circle or mark the 3 ideas you think are most important for the Hilltop

Remove blighted homes	Focus on business strip revitalization	Rehabilitate blighted homes	Assist current homeowners with repairs	Target absentee owners for repair
Build new homes	Park and green space improvements	Other:		

We welcome other comments that might help us decide what projects and programs to support in the Hilltop neighborhood.

Thanks for your time!