

Centro Campesino Farmworker Center, Inc 35801 SW 186 Avenue, Florida City, FL 33034 Tel 305 245 7738 ext 227

> Email: housing@ccfcfl.org www.centrocampesino.org

<u>Homeownership Preservation Intake Form</u> (Foreclosure Intervention/Prevention Services)

The following forms need to be completely filled out, signed and dated:	
Applicant Profile	
Client Agreement	
Agency Disclosure/Privacy Policy	
Foreclosure Options	
Monthly Expense Worksheet /Loan profile	
Authorization to Release Information	
Lender's financial package (if applicable)	
Please bring legible copies of the following items. All documents need to have the loan number showing at the top of the page.	ber
Hardship Letter (if you have not written your letter your Counselor will explain what the needs to say.)	letter
Proof of Income (pay stubs for the last 30 days, SSI / retirement/ pension/ child support	t/ food
stamp award letter, rental income (lease agreement, cancel checks and proof monies deposited in to loan holder bank account, unemployment pay stubs and determination award letter) If self employed or 1099 please provide a year-to-date Profit & Loss State	
Last month of bank statements (checking, savings, 401k, Money Market/ CD statemen (Copied front and back)	ts
Most resent tax returns with W-2/1099 (must include all pages)	
Monthly Mortgage Statements (1 st) and (2 nd if applicable)	
Proof of homeowners insurance policy (if not escrowed with lender)	
Homeowners association letter showing current status of account (if applicable)	
Ledgible copy of Driver's License and Social Security Card per applicant on the same particles of Occupancy (i.e. FPL, AT&T landline, water bill)	ige
Any court document received (i.e. Lis Pendens, response to Lis Pendens, Attorney letter summons, Default Notice)	s,Court
Documents that help explain your request for assistance (unemployment, death cer	rtificate
of a co-borrower on your loan, divorce decree & property settlement agreement, alim	ony/
child support court document, medical/prescription expenses, other).	

____ Any correspondence received from your lender



APPLICANT	CO-APPLICANT	
(If Applicable)		
REFERRED BY (check all that apply)		
() Workshop Plyer () Bank/Le () Walk-In () Friend () Relative () Other	· 	
APPLICANT AND CO-APPLICANT INFORMAT	TION/EDUCATION/RACE/ETHNICITY	
<u>APPLICANT</u>	CO-APPLICANT (If Applicable)	
Gender: () Female () Male () Single () Divorced () Separate	() Married () Single	
Total Persons in Household: Number of Income Recipients: Number of Minors: Age of Minors Are you a farmworker:	:	
Current Address of Applicant	<u>Current Address of Co-applicant</u> (if applicable)	
City: Zip:	City: Zip:	
Applicant Education (Check one) () Attended High School () High School Diploma or Equivalent () 2-year college/Associates Degree () Bachelor's Degree () Master's Degree or Higher	Co-Applicant Education (Check one) (If Applicable) () Attended High School () High School Diploma or Equivalent () 2-year college/Associates Degree () Bachelor's Degree () Master's Degree or Higher	



Applicant Race/Ethnicity Hispanic Non-Hispanic	_	Co-Applicant Race/Ethnicity (If Applicabl Hispanic Non-Hispanic
Race:		Race:
() American Indian/Alaskar () African American () White () Asian () Other		() American Indian/Alaskan Native () African American () White () Asian () Other
SOURCE OF INCOME	APPLICANT	CO-APPLICANT (If Applicable
Salary	AFFLICANI	CO-AFFLICANT (II Applicable
Self-Employment		
Alimony/Child Support		
Social Security		
Disability / Pension		
Public Assistance		
Real Estate (Rental Income) Investment Dividends		
Unemployment Checks		
•		
TOTALINCOME		
Food Stamps Other TOTAL INCOME Total Household Income (com	nbined if applica	ble) \$
	CLIENT AGI	REEMENT
provide necessary information assistance from the counselor CCFC to take/use photographs recordings of me for documen	or documents wi will be provided. in motion picture tary and public runselor/coach to	te information or an unwillingness to timely II result in the closing of our file and no furthe Hereby consent and authorize the staff of s, television transmission, and/or videotape relations purposes. I understand that it will ro fix the problem but rather to provide fixing those issues
		Co-Applicant Signature Date



AGENCY DISCLOSURE

Centro Campesino Farmworker Center, Inc. (CCFC) provides counseling/coaching and education services to assist with credit rebuilding, creating a monthly expense plan to improve the financial capability and/or to purchase a home, preserve your home as well as other housing related issues. As a client of Homebuyer/Homeowner Solutions Department you have the right to know the following:

CCFC is a not-for-profit organization and does not charge fees for its housing counseling services; however, the client may be asked to pay for certain third-party service fees, such as the cost of obtaining a tri-merge credit report. If you wish to pursue any form of down payment assistance, CCFC will work with you to identify the approved lender for these programs.

CCFC is certified by the US Department of Housing and Urban Development (HUD). CCFC maintains partnership with national, state and local community public and private businesses. CCFC receives funding sources from these partnerships. Major funding includes, but is not limited to Miami-Dade County, UNIDOS US, NeighborWorks America, Bank of America, Citi Foundation, Wells Fargo Foundation, Chase, HSBC and others. CCFC is always seeking new partners and contributors whose generous support makes it possible for CCFC to offer housing counseling and classes free-of-charge to our clients

Clients have absolute freedom of choice in selecting and engaging with industry professionals working in the homeownership promotion and/or preservation services. Industry professionals (lenders, realtors, title companies, insurance companies, etc.) regularly assist CCFC by making presentations covering their areas of expertise in our workshops. Clients that are informed about these industry representatives are volunteers speaking generally about products and services and clients are under no obligation, nor is there any expectation by CCFC HHS counseling staff, for clients to contract with any of these individuals. Clients are expected to make voluntary and informed decisions based on their own preferences free of coercion, intimidation or pressure from CCFC or any industry representative to whom they may be introduced through their participation in our classes or programs. **Agency Disclosure:** As a client, you have the right to decide to terminate your relationship with CCFC. I/We understand that this needs to be done in writing via email, US Postal Service mailing, or delivered in person to CCFC's offices.

PRIVACY POLICY

Centro Campesino Farmworker Center, Inc. values your trust and is committed to the responsible management, use and protection of personal information. We 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. 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 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.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.

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/coaching you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you 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.

By signing here, I/we indicated our understanding of the privacy policy described above.

Applicant Signature	Date	Co-Applicant Signture	Date	5



PREVENTIVE OPTIONS

Please check the option you think best suits your specific situation

Forbearance ()	If you are currently unemployed or experiencing a loss of		
	household income, your lender may approve you for a		
	forbearance plan in which no payments are required. The		
	forbearance period is usually for 3 months. Extensions can		
	be granted on a case by case basis.		
Reinstatement ()	Your lender will accept payment for the amount in arrears.		
Repayment Plan ()	Your lender will accept repayment of the amount in arrears		
	spread over a series of months, usually six, plus your		
	normal monthly mortgage payment.		
Loan Modification ()	If your income has been restored, your lender will review		
	you for a 3-month Trial Payment Plan which, if successfully		
	completed, will result in a loan modification agreement.		
Short Sale ()	If your lender does not approve you for a loan		
	modification you will be instructed to contact an		
	approved short sale realtor who will place the property up		
	for sale. Proceeds of the sale go to pay all existing		
	mortgages and the realtor's commission.		
Deed-In-Lieu ()	If there are no offers acceptable to your lender you will be		
	instructed to sign over the property to your lender.		
Foreclosure ()	If you cannot resolve your mortgage delinquency by any of		
	the listed options your lender will petition the court for a		
	sale date. The sale date will terminate your ownership of the		
	property and your lender will legally take possession.		
Type of Property:			
() Single Family () Town	house () Condo () 2-4 Unit () Duplex () Mobile		
Type of Loan:			
() FHA () Interest Only		
() VA (_	Option ARM		
() Conventional N	ame of the MI Company:		
Have you previously received a	a Loan Modification? () Yes ()No		
No If yes, what year?			



MONTHLY FAMILY BUDGET

Monthly Income	Secured Debts (Monthly Payments)
Salary / Wages / Business Draw	
Salary or Wages (Spouse)	1st Mortgage
Social Security	2nd Mortgage
Pension / Retirement	Land Lease (Trailer Park, Other)
Interest on Accounts	Student Loans
Alimony / Child Support	Auto Loans / Leases
Real Estate Rent (Income)	Recreation (Boat, ATV, etc.)
Investment Dividends	Past Due Taxes
Unemployment / Food Stamps	Other Debts
Other	Other Debts
Total Take Home Income	Other Loans
Monthly Expenses	Total Monthly Fixed Expenses
Alimony / Child Support (Outgoing)	
Auto Gasoline	Unsecured Debt
Auto Insurance	Credit Card 1 minimum payment
Cable TV / Satellite Fees	Credit Card 2 minimum payment
Charitable Contributions	Credit Card 3 minimum payment
Child Care	Credit Card 4 minimum payment
Children's' Activities/Allowance	Credit Card 5 minimum payment
Laundry / Dry Cleaning	Credit Card 6 minimum payment
Clothing Purchases	Credit Card 7 minimum payment
Electric Bill	Credit Card 8 minimum payment
Food (In-Home / Groceries)	Personal Loan 1
Food (Out of Home - Lunch, Dining)	Personal Loan 2
Health and Dental Insurance	Medical Bill Payment
Homeowner / Condo Fees	Other
Homeowners / Renters Insurance	Other
Household Items	Total Monthly Variable Expenses
Internet Access	
Life and Disability Insurance	Summary
Membership (Health Club etc.)	Total Take Home (Income)
Barber/Beauty Shop	Total Living Expenses (-)
Prescriptions	Total Secured Debt Payments (-)
Personal Items/Toiletries	Total Unsecured Debt Payments (-)
Property Services (Gardener, Pool)	Disposable Income
Security Services / Alarm	Disposable Income as Percent
Subscriptions	
Telephone (Home, Cell, Pager)	A healthy budget will have 5-10% disposable income.
Trash Disposal	If your calculations reveal a deficit you should seek help.
Tuition and School Supplies	It may mean you may be in serious debt and may need help.
Water Bill	Buying a home now may not be the right thing!
Other Expenses	

Applicant Signature	Date	Co-Applicant Signature	Date

Counselor Signature Date

AUTHORIZATION TO RELEASE INFORMATION



Centro Campesino Farmworker Center 35801 SW 186 Avenue, Florida City, FL 33034 Tel 305 245 7738 www.centrocampesino.org

Date:			
To:			
Loan Number:			
Borrower's Name:			
Co-Borrower's Name:			
Address:			
-			
Dear	:		
I am currently working Solutions Department.	with Centro Campesino	Farmworker Center, Inc. Hon	nebuyer/Homeowner
	er Center, Inc. Homebuyer	nation concerning my financial in /Homeowner Solutions Departm	
Housin	ng Counselor	Housing Cou	nselor
	dditional information regar om me until my request is i	ding my situation and/or accoun resolved.	t details without
Sincerely,			
Applicant Signature	Date	Co-Applicant Signatur	e Date