



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

Homeownership Preservation Intake Form
(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.

- _____ Hardship Letter (if you have not written your letter your Counselor will explain what the letter needs to say.)
- _____ Proof of Income (pay stubs for the last 30 days, SSI / retirement/ pension/ child support/ 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 Statement

- _____ Last month of bank statements (checking, savings, 401k, Money Market/ CD statements (Copied front and back)
- _____ Most resent tax returns with W-2/ 1099 (must include all pages)
- _____ Monthly Mortgage Statements (1st) and (2nd 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 page
- _____ Proof of Occupancy (i.e. FPL, AT&T landline, water bill)
- _____ Any court document received (i.e. Lis Pendens, response to Lis Pendens, Attorney letters, Court summons, Default Notice)
- _____ Documents that help explain your request for assistance (unemployment, death certificate of a co-borrower on your loan, divorce decree & property settlement agreement, alimony/ child support court document, medical/prescription expenses, other).
- _____ Any correspondence received from your lender



Homeowner Profile

APPLICANT _____

Social Security #: XXX XX _____

CO-APPLICANT _____

Social Security #: XXX XX _____

REFERRED BY (check all that apply)

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Workshop Plyer | <input type="checkbox"/> Bank/Lender | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Friend | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other | |

APPLICANT AND CO-APPLICANT INFORMATION/EDUCATION/RACE/ETHNICITY

APPLICANT

CO-APPLICANT (If Applicable)

- | | | | |
|---|------------------------------------|---|------------------------------------|
| Gender: <input type="checkbox"/> Female | <input type="checkbox"/> Male | Gender: <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Single |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated |

Total Persons in Household: _____

Number of Income Recipients: _____

Number of Minors: _____ **Age of Minors:** _____

Are you a farmworker: _____

Current Address of Applicant

Current Address of Co-applicant (if applicable)

City: _____
State: _____ Zip: _____

City: _____
State: _____ 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 ____

Race:

- () American Indian/Alaskan Native
() African American
() White
() Asian
() Other

Co-Applicant Race/Ethnicity (If Applicable)

Hispanic ____ Non-Hispanic ____

Race:

- () American Indian/Alaskan Native
() African American
() White
() Asian
() Other

SOURCES OF INCOME

SOURCE OF INCOME	APPLICANT	CO-APPLICANT (If Applicable)
Salary		
Self-Employment		
Alimony/Child Support		
Social Security		
Disability / Pension		
Public Assistance		
Real Estate (Rental Income)		
Investment Dividends		
Unemployment Checks		
Food Stamps		
Other		
TOTAL INCOME		

Total Household Income (combined if applicable) \$ _____

CLIENT AGREEMENT

Understand that deliberately providing inaccurate information or an unwillingness to timely provide necessary information or documents will result in the closing of our file and no further assistance from the counselor will be provided. Hereby consent and authorize the staff of CCFC to take/use photographs, motion pictures, television transmission, and/or videotaped recordings of me for documentary and public relations purposes. I understand that it will not be the responsibility of the counselor/coach to fix the problem but rather to provide guidance and education to empower me/us in fixing those issues

Applicant Signature

Date

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 Signature

Date

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 (___) Townhouse (___) Condo (___) 2-4 Unit (___) Duplex (___) Mobile

Type of Loan:

(___) FHA (___) Interest Only

(___) VA (___) Option ARM

(___) Conventional Name of the MI Company: _____

Have you previously received a Loan Modification? (___) Yes (___) No

No If yes, what year? _____

HOUSEHOLD BUDGET

Sources of income:	Name 1:	Name 2:
1. Salary/self-employment (net)	\$	\$
2. SSI/Child support	\$	\$
3. Other _____	\$	\$
Average Monthly Debts:		
1. Rent	\$	\$
2. Mortgage (Principal and Interest)	\$	\$
3. Property Taxes, HOA, Insurance	\$	\$
4. Car Payment(s)	\$	\$
5. Car Insurance	\$	\$
6. Gas/ Public Transportation	\$	\$
7. Childcare/daycare	\$	\$
8. Alimony/Child Support	\$	\$
9. Student Loans/ Installment loans	\$	\$
10. Credit cards (totals minimum payment)	\$	\$
11. Health & Life Insurance	\$	\$
12. Internet/Streaming services	\$	\$
13. Cable TV	\$	\$
14. Electricity	\$	\$
15. Water/Sewer	\$	\$
16. Cell Phone/Telephone	\$	\$
17. Gym/Other subscriptions	\$	\$
18. Food (groceries)	\$	\$
19. Eating out	\$	\$
20. Family Support/Donations	\$	\$
21. Medicines/Doctor co-payments:	\$	\$
22. Clothing/Toiletries/Dry cleaning	\$	\$
23. Beauty Salon/Barber	\$	\$
24. Tolls/Sun pass	\$	\$
Total COMBINED costs:	\$	

COMBINED costs as added on the right. This represents your monthly cash flow. Complete the calculation below.

Taking my combined monthly net income of \$_____

and subtracting my combined monthly costs of \$_____

equals \$_____

I/we have ☐ POSITIVE or ☐ NEGATIVE cash flow.

A healthy cash flow should show from 10 to 15% discretionary income

Name 1 Signature: _____ Date: _____

Name 2 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: _____

Authorization end date _____

Dear _____:

I am currently working with **Centro Campesino Farmworker Center, Inc.** Homebuyer/Homeowner Solutions Department.

I hereby authorize you to release any and all information concerning my financial information to Centro Campesino Farmworker Center, Inc. Homebuyer/Homeowner Solutions Department housing counseling staff listed below at their request.

Housing Counselor

Housing Counselor

You may release any additional information regarding my situation and/or account details without further authorization from me until my request is resolved.

Sincerely,

Applicant Signature

Date

Co-Applicant Signature

Date