

COMMUNITY DEVELOPMENT CORPORATION OF BROWNSVILLE

901 East Levee St.
Brownsville, TX 78520
Phone # (956) 541-4955 - Fax # (956) 982-1804

ITEMS YOU NEED TO BRING AT TIME OF APPLICATION

HEIC Housing Education and Information Center

PLEASE BRING ALL ITEMS [✓] CHECKED TO YOUR APPOINTMENT
POR FAVOR TRAIGA LO SIGUIENTE QUE ESTA [✓] MARCADO A SU CITA.

- ✓ **Last Income Tax Return (complete return with W-2's, 1099's, Schedule C etc.).**
Copia de la declaración de impuestos del últimos año.
- ✓ **Pay check stubs for the last 2 months (most recent 60 days).**
Talones de cheque recibidos durante los últimos 2 meses (últimos 60 día).
- ✓ **Proof of any other income for homeowner(s).**
Cualquier otro tipo de ingresos o dinero que recibe dueño(s) de la casa.
- ✓ **Checking and Savings Accounts: The last 2 bank statements on all accounts.**
Cuentas de cheques o ahorros: Copias de estados de cuenta del los últimos 2 meses en todas las cuentas.
- ✓ **Mortgage Statements for the last Three (3) months.**
Se requiere copias de estados de cuenta de los últimos (3) meses de su Hipoteca.
- ✓ **Original Social Security Card(s) for Homeowners.**
Cartas de Número Social de dueño(s) de la casa.
- ✓ **Valid Driver License/I.D. Card or Resident Alien I.D. Card.**
Valida Licencia de conducir / Tarjeta de Identificación o Tarjeta de residencia.
- ✓ **Award Letters from SSI Office (social security, disability etc.)**
Carta(s) de beneficios de número social.
- ✓ **List of Monthly Expenses (utilities, groceries, gasoline, car payments, etc.).**
Carta(s) de gastos mensuales.
- ✓ **Hardship Letter (This letter explains why you are in default and what will Be done to prevent it in the future.)**
Carta explicando la situación que causo el retraso de los pagos y que ha mejorado su situación.
- ✓ **\$18 FOR THE INDIVIDUAL OR JOINT CREDIT REPORT (TU ONLY)**
PARA EL REPORTE DE CREDITO (TRANSUNION SOLAMENTE)

How did you hear about CDCB?

- Workshop
- Fair
- Flyer
- HUD Hotline
- Web Site
- Word of mouth
- Television
- Other _____



*The application must be fully filled
 *La aplicación tiene que estar completa

Community Development Corporation of Brownsville
901 East Levee St. Brownsville, Texas 78520
(956) 541-4955 FAXES: (956) 982-1804

Main Borrower Name: _____

- Married/Casado
 U.S. Citizen/Ciudadano

- Separated/Separado
 Permanent Resident Alien/ Residente Permanente

DOB/Fecha de nacimiento: _____ Edad/Age: _____
 Unmarried :(Widowed, Divorced, Single, Common Law, Soltero, Divorciado, Viudo)
 Social Security #: _____

Co-Borrower Name: _____

- Married /Casado
 U.S. Citizen/Ciudadano

- Separated/Separado
 Permanent Resident Alien/ Residente Permanente

DOB/Fecha de nacimiento: _____ Edad/Age: _____
 Unmarried :(Widowed, Divorced, Single, Common Law, Soltero, Divorciado, Viudo)
 Social Security #: _____

CURRENT ADDRESS / DIRECCION ACTUAL: _____

TIME THIS MORTGAGE / TIEMPO CON ESTE PRESTAMO: _____

Lender/ Bank
 Hipotecario / Banco _____

Mortgage Payment \$
 Pagos de Hipoteca _____

Are you in Default? Yes (Si) or No
 Esta atrasado en su Pagos _____

Default Amount \$
 Pagos de Hipoteca atrasado _____

Reason for delinquency: _____

TELEPHONE NUMBERS / NUMEROS DE TELEFONO

CASA:
HOME: _____

TRABAJO:
WORK: _____

OTRO:
OTHER: _____

Family Members Dependents Name & Ages:
Nombres de todos los miembros de la familia y Edad

Family Member's Income, if any Source: SSI, Alimony,
Ingresos de los miembros de la familia

| Name | Relationship | Age | Date of Birth | Monthly Income / Source |
|-------|--------------|-------|---------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Employment history for the last 2 years for each of the borrowers / Historial de trabajo por los 2 últimos años

BORROWER :

***CURRENT JOB/ TRABAJO ACTUAL**

EMPLOYER / EMPLEADOR : _____
POSITION/ACTIVIDAD : _____

FROM (MO/YR) _____
TO (MO/YR) _____ # OF YEARS / AÑOS: _____

PAY RATE: HOURLY \$ _____ OR SALARY \$ _____

PAY PERIODS: WEEKLY, _____ BI-WEEKLY, _____ MONTHLY _____

*** PREVIOUS JOB / TRABAJO ANTERIOR**

EMPLOYER / EMPLEADOR : _____
POSITION/ACTIVIDAD : _____

FROM (MO/YR) _____
TO (MO/YR) _____ # OF MONTHS / YEARS: _____

PAY RATE: HOURLY \$ _____ OR SALARY \$ _____

PAY PERIODS: WEEKLY, _____ BI-WEEKLY, _____ MONTHLY _____

CO-BORROWER

*** CURRENT JOB / TRABAJO ACTUAL**

EMPLOYER / EMPLEADOR: _____
POSITION/ACTIVIDAD : _____

FROM (MO/YR) _____
TO (MO/YR) _____ # OF MONTHS / YEARS: _____

PAY RATE: HOURLY \$ _____ OR SALARY \$ _____

PAY PERIODS: WEEKLY, _____ BI-WEEKLY, _____ MONTHLY _____

EMPLOYER / EMPLEADOR: _____
POSITION/ACTIVIDAD : _____

*** PREVIOUS JOB / TRABAJO ANTERIOR**

FROM (MO/YR) _____
TO (MO/YR) _____ # OF MONTHS / YEARS: _____

PAY RATE: HOUR \$ _____ OR SALARY \$ _____

PAY PERIODS: WEEKLY, _____ BI-WEEKLY, _____ MONTHLY _____

OTHER COMMENTS:

√ - Explain if some of your work is seasonal. √ - Explain any employment gaps between jobs.



Program Disclosure Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: The mission of the Community Development Corporation of Brownsville (CDCB) is to be the trendsetter in creating model communities, where every person will be valued, provided options, interconnected within sustainable communities, and assured a high quality of life through excellence in education and responsible decision making. CDCB is a nonprofit, HUD-approved housing counseling agency. We provide free housing counseling, financial coaching and education services, including: Mortgage Delinquency & Default Resolution Counseling, Pre-purchase Counseling, and Pre-purchase Homebuyer Education Workshops. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

| Counselor's Roles & Responsibilities | Client's Roles & Responsibilities |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Reviewing your housing goal and your finances • Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. • Preparing a household budget. • Your counselor is not responsible for achieving your housing goal but will provide guidance and education in support of your goal. • Neither your counselor nor agency employees agents, or directors may provide legal advice. | <ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying your counselor when changing a housing goal. • Attending educational workshops as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection. |
| <p>Termination of Services: Failure to work cooperatively with housing counselor and/or CDCB will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</p> <p>INITIALS: /</p> | |

Agency Conduct: No CDCB employee, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationship: CDCB has financial affiliation with HUD, USDA, FHLB of Dallas, TDHCA, TSAHC, City of Brownsville, City of Harlingen, NeighborWorks America and CDCB's Private Operational Funds. As a housing counseling program participant, you are not obligated to use the products and services of CDCB or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: In the interest of full disclosure, CDCB also provides: financial coaching, mortgage lending, real estate services, and interim construction financing to builders. As a housing counseling client, you are not obligated to participate in any of these services. You are entitled to choose whatever services and/or products best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines regional services available to meet a variety of needs, including utility assistance, food banks, and legal aid assistance, among others. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by CDCB.



Program Disclosure Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Privacy Policy: I/we acknowledge that I/we received a copy of CDCB's Privacy Policy. INITIALS ____ / ____

Home Inspection: I/we acknowledge that I/we received a copy of 'For Your Protection: Get a Home Inspection' and '10 Important Questions to Ask Your Home Inspector'. INITIALS ____ / ____

Errors and Omissions and Disclaimer of Liability: I/we agree that CDCB, its employees, agents, and directors are not liable for any claims and causes of actions arising from errors or omissions by such parties or related to my participation in CDCB's counseling; and I hereby release and waive all claims of action against CDCB and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law. Please note that representatives of CDCB do not provide tax or legal advice and that you should consult your tax advisor or attorney for such guidance.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, CDCB or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with CDCB's grantors such as HUD. By signing this Disclosure Statement, I give CDCB authorization to share my information with HUD and other third parties, as applicable.

I/we acknowledge that I/we received, reviewed, and agree to CDCB's Program Disclosures.

| | | | |
|---------------------|------|------------------|------|
| Name 1 Signature | Date | Name 2 Signature | Date |
| Counselor Signature | Date | | |

If acceptance of Program Disclosure Form is taken by phone:

Counselor's signature above acknowledges that this Program Disclosure Form was read to client and client has verbally agreed to CDCB's Program Disclosures. A hard copy of the disclosure was sent to the client on _____.

Authorization to Release Information and Pull Credit Report

I/We authorize you to provide to Community Development Corporation of Brownsville (CDCB) any and all information that they request. Such information includes, but is not limited to: employment history and income, bank accounts balances, credit history and copies of tax returns.

I/We authorize CDCB to pull my/our credit report.

I/We understand that the credit report fee charged by CDCB is a NON-REFUNDABLE fee.

Applicant's Signature

Co-applicant's Signature

Applicant's Printed Name

Co-applicant's Printed Name

Address

Address

Date of Birth

Date of Birth

Social Security Number

Social Security Number

Date

Date



Foreclosure Mitigation Counseling Authorization

1. I understand that Community Development Corporation of Brownsville (CDCB) 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 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. I understand that CDCB receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program. I give permission for NFMC program administrators and/or their agents to follow-up with me for purposes of program evaluation.
3. I authorize CDCB to submit client-level information to the Data Collection System for the NFMC grant and NFMC to open file to be reviewed for program monitoring and compliance purpose.
4. 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.
5. I understand that CDCB provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from CDCB in no way obligates me to choose any of these particular loan products or housing programs.

CDCB provides a variety of housing and mortgage loan and down payment assistance programs, including Self Help Housing. CDCB provides first and second lien mortgage financing in association with private, Federal, State, and local funds that assist families seeking homeownership. CDCB also provides interim construction financing to builders constructing and selling homes in CDCB affordable housing subdivisions.

Signature _____

Date _____

Signature _____

Date _____

Privacy Policy

Community Development Corporation of Brownsville 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 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 956-541-4955 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.

I (We) acknowledge that I (we) have received a copy of CDCB Privacy Policy.

Signature

Date

Signature

Date