



By choosing to participate in our foreclosure prevention program, you have taken the first step to resolving your situation. Community Home Solutions (CHS) is a nonprofit organization that has helped hundreds of homeowners in the Tri-Cities and surrounding areas for over twenty years. Please know we will keep your information private and confidential. At this time, CHS is receiving grant funds that allow us to provide this \$450.00 service at no charge.

Due to the increase in demand for our services, we would ask your cooperation with the following requests:

1. **Submit documentation A.S.A.P. via drop-off at our office, email (counseling@bahinc.org), fax or our locked drop-box located outside the main door. If necessary, call ahead for an appointment to bring in your required documents. It will take approximately ½ hour to get everything scanned in to our system.**
2. **If you have a mortgage - call your lender to request a financial package and to let them know you are working with a homeownership counselor. Once received, complete and submit to CHS.**
3. **When leaving a message or sending an email, please provide a detailed reason for your call/email so we can research the answer before calling or emailing you back.**
4. **Continue to save all updated pay stubs, bank statements, etc. so we have the most recent, consecutive at the time of your appointment.**
5. **Do not bring children to your appointment.**
6. **Know that we do NOT take walk-ins; you MUST have an appointment.**

In order to assist you, you must return ALL documents and forms as soon as possible. If anything is missing, you will be informed and need to bring to CHS before you are scheduled into the Mandatory Workshop.

If there is a foreclosure sale date please call our office immediately.

You must supply the following documents for ALL household members.

If you are bringing originals to our office, please remove from envelopes, remove staples and put in order.

If you do not have **ALL** of these documents in order we cannot process your file.

- Submit a copy of your credit report dated within 60 days – use either www.annualcreditreport.com or www.creditkarma.com. If you do not have either of these you will have to pay for your report using a credit/debit card at your appointment.
- Most recent household bills (Electric, water, gas, cell, cable, insurance, etc.)
- If self employed: Year to Date Profit & Loss Statement – This is a list of your business income and business expenses. **(MUST BE CREATED BEFORE APPOINTMENT)**
- If wage earner: Copy of 60 days most recent, consecutive pay stubs, if applicable.
- Unemployment Verification, if applicable. - You can access MARVIN online or obtain from Unemployment Office located at 614 Johnson St, Saginaw, MI 48607. You will also need proof of unemployment deposits.
- Current year's Social Security Benefit Letter, if applicable. Register online at www.socialsecurity.gov/myaccount and click on “Get a Benefit Verification Letter”
- Proof of any other income received, if applicable. (Alimony, FOC statements for child support, proof of pension, DHS award letter (all pages)or MIBridges print out using www.michigan.gov/mibridges, etc.)
- Most recent 2 yrs. **Federal** tax returns (page 2 must be signed) with all schedules **and W-2/1099's**.
- Most recent 3 months consecutive, complete bank statements. If page 3 of 3 is blank we still need a copy.
Transaction History will not be accepted!!
- Hardship letter – timeline of the events that occurred to change your financial situation leading up to the start of your delinquency. **You must have something written on paper.**
- Most recent mortgage statement
- **ANY AND ALL LENDER AND ATTORNEY (if applicable) CORRESPONDENCE** – this includes anything you have sent them AND items they have sent to you. Bring all items on their checklist, if applicable.
- State of Michigan issued Driver's license or identification Card.
- Recorded deed when you were put into title
- Most recent delinquent property tax bill from your county treasurer and most recent summer and winter bills **if your taxes are not paid by lender.**
- Divorce Decree and the recorded Quit Claim Deed (if you were married any time during ownership)
- Death Certificate (if anyone on the mortgage or deed has passed)
- Bankruptcy Discharge if within the last 5 years



Foreclosure Prevention Intake Form

Primary Client

Co-Client (if applicable)

Last Name: _____
 First Name: _____
 Middle: _____ Suffix: _____
 Date of Birth: _____
 Gender: _____
 Marital Status: _____
 (Married, Divorced, Single)

Last Name: _____
 First Name: _____
 Middle: _____ Suffix: _____
 Date of Birth: _____
 Gender: _____
 Marital Status: _____
 Relationship to Client: _____

CONTACT

Primary Phone Number: _____ Alt. #: _____
 Primary Email Address: _____
 Current Street Address: _____
 City: _____ State: _____ Zip: _____
 County: _____ Length of Occupancy: _____

HOUSEHOLD

Race (check all that apply):	<u>Client</u>	<u>Co-Client</u>
American Indian or Alaskan Native	_____	_____
Asian	_____	_____
Black or African American	_____	_____
Native Hawaiian or Pacific Islander	_____	_____
White	_____	_____
Other multile race	_____	_____
Choose not to respond	_____	_____
Ethnicity:		
Hispanic or Latino	_____	_____
Not Hispanic or Latino	_____	_____
Choose not to respond	_____	_____
US Veteran	_____	_____
Active Military	_____	_____
Disabled	_____	_____
Ever filed bankruptcy	_____	_____

Highest Education _____

Primary language spoken in household? _____

How many people live in your household? _____

Number of Dependents: _____

Gross **Monthly** Income for **ALL** adult members in household (+18 yrs not in high school): \$ _____

How did you learn about our services?

- | | | | |
|--------------------|-------------------------|----------------------|--------------------|
| _____ CHS Outreach | _____ Lender | _____ Another person | _____ Step Forward |
| _____ HOPE Hotline | _____ Real Estate Agent | _____ Treasurer | _____ Other Agency |
| | | | Who? _____ |



Does your name appear on: Property Deed Mortgage Land Contract
 When did you purchase the property (month/year)? _____
 Was it your primary residence at the time of delinquency? Yes No
 Have you received Step Forward Assistance? Yes No

Mortgage information (if applicable)

Have you ever had a Loan Modification? Yes No If yes, what year? _____
 Name of current servicer: _____
 Loan number: _____
 Total monthly payment (including property taxes and insurance): \$ _____
 Do you have an Adjustable Rate Mortgage? Yes No If yes, has it reset? Yes No
 Do you have a Balloon Mortgage? Yes No If yes, when is it due? _____
 Current status of loan:
 Current 30-60 days late 61-90 days late
 91-120 days late 121+ days late
 If your mortgage is delinquent, what is the total delinquency? \$ _____
 Have you been notified of a date for a Sherriff's Sale? Yes No If yes, when? _____
 Has there already been a Sherriff's Sale? Yes No If yes, when? _____

All Clients

Are your property taxes delinquent? Yes No If yes, how much? \$ _____
 Do you have a current Homeowner's Insurance Policy? Yes No
 What was the date (month/year) of the event leading up to the delinquency? _____
 Select the primary reason for default:
 Reduction of income Medical issues Poor budget management
 Loss of income Major home repair Increase in loan payment
 Divorce/Separation Major vehicle repair Increase in expenses
 Business venture fail Death of family member Other: _____
 Do you feel that you have recovered from the situation? Yes No

Client Printed Name _____ Signature _____ Date _____

Co-Client Printed Name _____ Signature _____ Date _____

Intake/Counselor Name:	Intake Date:	Client ID #:



Community Home Solutions
114 Washington Ave., Bay City, MI 48708
Www.communityhomesolutions.us
(989) 686-6800 Fax: (989) 686-6948

Disclosure to Client for Housing Counseling Services

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

Our agency provides the following one-on-one housing counseling services:
pre-purchase/homebuying; rental topic; non-delinquency post-purchase; financial management for homeowners and resolving or preventing mortgage delinquency or default counseling.

Our agency also provides the following services and group education workshops:
financial literacy; pre-purchase/homebuyer education; and resolving or preventing delinquency.

Our agency has financial or exclusive relationships, or both, with specific industry partners, including HUD, MSHDA, City of Bay City, MI, Framework, Chemical Bank, Fifth Third, Huntington Bank and Independent Bank.

There is no obligation to receive, purchase or use any product or service offered by this agency or any services of its industry partners or other party in exchange for your receiving housing counseling services.

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we must provide information on alternative services, programs and products, if applicable and known.

Our staff may answer questions and provide information, but cannot give legal advice. However, you may request to be referred to an attorney for appropriate assistance.

I have read and received a copy of this disclosure.

Client signature

Co-Client signature (if applicable)

This disclosure was conveyed verbally via a virtual/telephonic session.

CHS representative

Date

THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE INFORMATION

Account Number:	
Name(s):	
Property Address:	

I/we do hereby authorize my lender/mortgage servicer to release or otherwise provide to:

Jessica Rivard and/or Diane Ackley of Community Home Solutions

Address: **Community Home Solutions**

114 Washington Ave
Bay City, MI 48708

Phone: 989-686-6800

Fax: 989-686-6948

Email: Jessica@bahinc.org
Diane@bahinc.org

Public and non-public personal financial information contained in my loan account which may included, but is not limited to: loan balances, final payoff statement, loan payment history, payment activity, and or property information. Jessica and/or Diane can also act on my/our behalf to negotiate modifications, payment or workout plans.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above but will have no responsibility or liability to verify the true identity of the requester when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information obtained concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above names requestor or person identifying themselves to be that requestor.

If you agree to this Authorization and the terms of the Release as stated above, please sign and date. THIS AUTHORIZATION IS GOOD FOR ONE YEAR FROM DATE BELOW.

Printed Name last 4 SSN Signature Date

Printed Name last 4 SSN Signature Date



Monthly Expense Worksheet

Housing Expense (PITI)	Annual	Balance	Monthly
First Mortgage	-	-	-
Other Liens	-	-	-
Summer Taxes	-	-	-
Winter Taxes	-	-	-
Homeowner's Insurance	-	-	-
HOA	-	-	-
TOTAL PITI			-

Secured Debt	Balance	Monthly
Auto Loan	-	-
Auto Loan	-	-
Camper/RV	-	-
Other	-	-
TOTAL SECURED DEBT		-

Unsecured Debt	Balance	Monthly
Credit Card	-	-
Credit Card	-	-
Credit Card	-	-
Credit Card	-	-
Credit Card	-	-
Pay Day Loans	-	-
Student Loans	-	-
Bank/Cedit Union Loans	-	-
TOTAL UNSECURED DEBT		\$ -

Utilities	Payment	
Electric	-	
Gas/Propane	-	
Water/Sewer	-	
Trash/Disposal	-	
Phone, Internet, Cable	-	
CellPhone	-	
Other	-	
TOTAL UTILITIES		\$ -

Flexible Expenses	Payment	
Groceries/Toiletries	-	
Eating Out	-	
Kid's Lunches	-	
Pet Food/Expense	-	
Gasoline	-	
Car Insurance	-	
Tabs/Maintenance	-	
Public Transportation	-	
Medical/Dental Bills	-	
Life Insurance	-	
Health Insurance	-	
Prescriptions/Co-Pays	-	
Hair/Nails	-	
Clothing	-	
Gym or other org.	-	
Entertainment/Movies	-	
Alcohol/Tobacco	-	
Gifts/Holidays	-	
Church/Charities	-	
Kid's Allowances/Day Care	-	
TOTAL FLEXIBLE EXP.		\$ -

Assets	Value	
Primary Residence	-	
Car 1	-	
Car 2	-	
Checking	-	
Savings	-	
Other	-	
TOTAL ASSETS		\$ -

Do you have any monies to put down? _____

If yes, how much? _____