



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.



In order to process your file you must submit the following documents for ALL household members along with the attached completed forms:

- RECENT MORTGAGE STATEMENT (if applicable) *(front & back)* providing loan number, borrower name(s), and mortgage servicing company name
- RECENT PAY STUB from all employment and income sources showing 30 days of year-to-date earnings
- If you are Self-Employed, provide your prior year FEDERAL TAX RETURNS and last quarterly profit/loss statement
- If you are receiving Bridge Card, Social Security, Disability or Unemployment income provide your most recent BENEFIT STATEMENT reflecting the award amount and proof of the most recent payment received
- RECENT BANK STATEMENT **** (all pages even if blank) **** showing the account holder name(s), financial institution name, current deposit amounts, and a recent 30 day history for any Checking, Savings, Money Market, and Certificates of Deposit accounts
- Most recent household bills (electric, gas, water, cell, cable, insurance, etc.
- Deed where you were put into title. If you don't have, you can pick up a copy of your deed for a small fee at the County Register of Deeds office.
- Most recent delinquent tax bill from the county treasurer along with the most recent summer and winter tax bills
- Hardship letter – timeline of the events that occurred to change your financial situation during the oldest delinquent tax year – **You must have something written on paper.**
- Copy of photo ID
- Bankruptcy Discharge if it was within the last 5 years
- 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)
- Other documentation as requested



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
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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

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? _____