

*How did you hear about Tallahassee Lenders Consortium?*

- Realtor     Lender     Radio     Walk-In     HOPE Now     Newspaper  
 Television     Brochure     Internet     Other: \_\_\_\_\_

Are you or have you worked with any other foreclosure counseling organization? \_\_\_\_\_

BORROWER	CO- BORROWER
----------	--------------

<b>Name</b>	<b>Name</b>
<b>SSN</b>	<b>SSN</b>
<b>D o B</b>	<b>D o B</b>
<b>Home Phone Number</b>	<b>Home Phone Number</b>
<b>Cell or Work Number</b>	<b>Cell or Work Number</b>
<b>E-mail</b>	<b>E-mail</b>
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (includes single, divorced, widowed) <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (includes single, divorced, widowed) <input type="checkbox"/> Separated
<b>US Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>US Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Disabled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>Race:</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Other	<b>Race:</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Other
<b>Education Level</b> Borrower:	<b>Education Level</b> Co-Borrower:
<b>Have you filed for Bankruptcy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13	
<b>Has your bankruptcy been discharged?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Filing Date:</b> _____	

**PROPERTY INFORMATION**

Property address: _____	Mailing Address: _____
_____	_____
_____	_____

(Circle)

**The property is my primary residence:**    Yes    No    **The property is:**    Occupied    Vacant

**How many people live in the household:**    \_\_\_\_ Adults    \_\_\_\_ Children

**Do you want to keep the home?** \_\_\_\_\_

## MORTGAGE INFORMATION

**Lender:** \_\_\_\_\_ **Current Principal Balance:** \_\_\_\_\_

---

**Loan Number:** \_\_\_\_\_ **Monthly Payment:** \_\_\_\_\_ **Interest Rate:** \_\_\_\_\_ **HOA Fees:** \_\_\_\_\_

---

**Loan Type:**  
 Conventional    FHA    VA    USDA    Owner Finance

---

Is your loan an adjustable rate mortgage?    Yes    No   If yes, has it adjusted?    Yes    No

---

Are you behind on your mortgage?    Yes    No   If yes, how many months? \_\_\_\_\_  
How much \$ \_\_\_\_\_

---

PMI? \_\_\_\_\_ Escrow Amount? \_\_\_\_\_ Previous Mod? \_\_\_\_\_ If so, when? \_\_\_\_\_ Terms \_\_\_\_\_

---

Have you refinanced? \_\_\_\_\_ Date of last refi? \_\_\_\_\_ Purpose? \_\_\_\_\_

---

Property Type? \_\_\_\_\_ Date of Loan \_\_\_\_\_ Term \_\_\_\_\_

---

Do you have a second mortgage? \_\_\_\_\_ **if yes, fill out JR Lein Form** \_\_\_\_\_

---

Condition of the property ? POOR   FAIR   GOOD   EXCELLENT (circle one)

### BORROWER

### CO-BORROWER

<b>Employer</b> _____	<b>Employer</b> _____
<b>Position</b> _____	<b>Position</b> _____
<b>Date of Hire</b> _____	<b>Date of Hire</b> _____

Income Source	Wages /Salary	Wages/Salary	SSI/RSDI/RETIRMENT	TANF /CASH ASSISTANCE	UI/WORKMANS COMP/ INS
Gross Amt					
Net Amt					
Who Receives?					

**Types of income: Social Security, Disability, Food Support, Retirement, Child Support, Alimony/Separation Maintenance, Per Capita, Pension, County Assistance, Family and Friends, Odd/side jobs, Self-Employment.**

**AMOUNT IN SAVINGS?** \_\_\_\_\_

# Explanation of Hardship

Start date of hardship \_\_\_\_\_

**What caused your situation? Please be honest – we can't help if you aren't truthful.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Please explain how you have tried to fix your financial situation.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Monthly Household Expenses

## Expenses

### Housing Expenses

Mortgage Payment \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 Electricity \$ \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Water/Sewer \$ \_\_\_\_\_  
 Home Telephone \$ \_\_\_\_\_  
 Cable/Satellite \$ \_\_\_\_\_  
 Internet \$ \_\_\_\_\_  
 Cell Phone \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

### Transportation Expenses

Auto Payment \$ \_\_\_\_\_  
 Auto2 Payment \$ \_\_\_\_\_  
 Auto Insurance \$ \_\_\_\_\_  
 Auto Gas \$ \_\_\_\_\_  
 Public Transportation \$ \_\_\_\_\_

### Non-Housing Expenses

Groceries & Personal Items \$ \_\_\_\_\_  
 Medical Expenses/Prescriptions \$ \_\_\_\_\_  
 Daycare/Tuition \$ \_\_\_\_\_  
 Life Insurance \$ \_\_\_\_\_  
 Alimony/Child Support \$ \_\_\_\_\_  
 Credit Card Payments \$ \_\_\_\_\_  
 Other loan payments \$ \_\_\_\_\_  
 Other loan payments \$ \_\_\_\_\_  
 Other loan payments \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

## Income

Net (take home pay) \$ \_\_\_\_\_

Net (take home pay) \$ \_\_\_\_\_

Disability / Social Security Benefits \$ \_\_\_\_\_

Pension / Retirement \$ \_\_\_\_\_

Veteran Benefits \$ \_\_\_\_\_

Public Assistance \$ \_\_\_\_\_

Alimony / Child Support \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

**Total Net Monthly Income** \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

**Income After Expenses** \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



NeighborWorks®  
Homeownership Center  
NMLS # 372580

# Combined Privacy Act Notice and Tennesen Warning



Client First Name

Client Last Name

We are committed to ensuring 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 the limitations of law. Please read carefully the disclosures and acknowledgements.

### Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in the Foreclosure Prevention Program if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

### Other Private Data

Under Florida Statutes, your name and address are public data. All other data we may ask about you is private data on individuals. Except for your social security number, providing and agreeing to share your private data is mandatory for participation in the Foreclosure Prevention Program under the terms of state and federal grants from NeighborWorks, HUD and the State of Florida that fund the program. If you do not agree to allow us to share the data with the entities identified below, we will not be able to provide services under Foreclosure Prevention Program.

We will share the data only with the following entities or their representatives for the purposes of program management, compliance monitoring, and program evaluation:

- Staff of this organization who need it to work on your case.
- United States Department of Treasury, HUD, Florida Housing Finance Corporation for purposes of reporting and escalation.
- NeighborWorks America, the entity mandated by Congress to account for how the program funds are used and determine the program's effectiveness, or its authorized representatives.
- The Florida Housing Finance Corporation, the recipient of the grant for the NFMC Program.
- Hope LoanPort, a web-based tool that streamlines home retention applications on behalf of homeowners at-risk of foreclosure.
- Any other entities properly authorized under law to view it.

If you agree to allow us to collect and share information as described above, please indicate your approval with your signature, below.

Client must sign if Information was provided by face-to-face counseling session.



Print Client Name	Client Signature	Date
-------------------	------------------	------

Print Client Name	Client Signature	Date
-------------------	------------------	------

Verbal Authorization is permissible if information was provided to client by non face-to-face counseling session.

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained herein and understood its nature and intended use of the released information. A copy of this notice with counselor’s signature has been mailed to the client.

Client Name	Date	Counselor’s Signature
-------------	------	-----------------------

**Sharing Data with Creditors**

Sharing some of your personal financial information with creditors may be necessary to effectively help you resolve your financial difficulties. If you agree that we may share private data, such as information on your total debt, income, living expenses and personal information concerning your financial circumstances with your creditors, program managers, and staff working on your case, please indicate your approval by signing below.

**Client must sign:** If information was provided by face-to-face counseling session.

The undersigned has been fully informed of and understands the information contained herein, and authorizes release of above confidential information.

Print Client Name	Client Signature	Date
-------------------	------------------	------

Print Client Name	Client Signature	Date
-------------------	------------------	------

Verbal Authorization is permissible if information was provided to client by non face-to-face counseling session.

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained herein and understood its nature and intended use of the released information. A copy of this notice with counselor’s signature has been mailed to the client.

Client Name	Date	Counselor’s Signature
-------------	------	-----------------------

**Note to Counselor:**  
**If the client chooses not to sign this form or provide verbal authorization, the Counselor may not provide Foreclosure Prevention counseling services.**



# Foreclosure and Default Counseling Agreement/Disclosure Form



NeighborWorks®  
HomeOwnership Center

NMLS # 372580

\_\_\_\_\_  
Client First

\_\_\_\_\_  
Client Last

I understand that the Tallahassee Lenders Consortium, Inc. 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 agencies as appropriate.

I understand that the Tallahassee Lenders Consortium, Inc. receives funds through NeighborWorks, HUD, the State of Florida and private funders and it is required to share some of my personal information with the entities as described and acknowledged in the "Combined Privacy Act Notice and Tennesen Warning," for the purposes of program monitoring, management, compliance, and evaluation.

I understand that a counselor may answer questions and provide information, but not give legal advice.

I understand that, in addition to foreclosure mitigation counseling,

The Tallahassee Lenders Consortium, Inc. also provides the following types of services:

- Down Payment Assistance
- Pre-purchase Counseling and Education
- Delinquency Counseling
- Hardest Hit Assistance

I understand that the Tallahassee Lenders Consortium, Inc. is required to fully disclose potential and actual conflicts of interest so that I am in a position to make fully informed decisions.

I understand that the Tallahassee Lenders Consortium, Inc. or one of its foreclosure mitigation counselors may have one of the following conflicts through referral or in fact:

- We hold or service a mortgage secured against your property and have a stake in the performance of the loan;
- We purchase, redevelop, and sell, for a fee, properties at risk of, or involved in foreclosure;
- We receive financial support from mortgage servicer or investor. Payment may be based on acceptance of a loss mitigation offer.
- Other (Specify)

I understand that I may be referred to other 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.

I acknowledge that I have received a copy of the Combined Privacy Act Notice and Tennessee Warning. If you choose to not sign or verbally acknowledge the Combined Privacy Act Notice and Tennessee Warning, your counselor may not provide Foreclosure Counseling Services.

I acknowledge that the Tallahassee Lenders Consortium, Inc. NeighborWorks America, and Treasury may conduct follow-up with me related to program evaluation.

Please check here if you do not want to be contacted by the Tallahassee Lenders Consortium, Inc. NeighborWorks America and Treasury for program evaluation purposes only. By checking this box you are only opting out of being contacted for program evaluation.

Client must sign **if information was provided by face-to-face counseling session.**

---

Print Name of Client	Client's Signature	Date
----------------------	--------------------	------

---

Print Name of Client	Client's Signature	Date
----------------------	--------------------	------

**Verbal Authorization is permissible if information was provided to client by non face-to-face counseling session.**

The undersigned verifies that the client was fully informed of the information contained herein and understood its nature. The client has given verbal authorization and acknowledgement. A copy of this notice with counselor's signature has been mailed to the client.

---

Client's Name	Date	Counselor's Signature
---------------	------	-----------------------

**Note to Counselor:**

**If the client chooses not to sign this form or provide verbal authorization, the Counselor may not provide Counseling services.**