HELP

HOUSING. EDUCATION. LENDING PROGRAMS

Dear Homeowner,

We are so glad you took that difficult first step and contacted us about your mortgage. We promise to work with you to provide a resolution to your situation. We are a ***HUD-approved, non-profit counseling agency.*** Our objective is to review your current economic situation and help you determine the best alternative, while providing advice on how to permanently improve your financial situation.

To assist us in providing you with the most effective and efficient service, please complete the Financial Information Worksheet and detailed budget as thoroughly as possible. Follow the document checklist closely, and provide us with all of the requested documentation and signatures. Your assigned adviser will work to review the information and respond with a plan of action in a timely manner.

You have taken the first step to resolving your situation. We thank you for placing your trust in us, and look forward to working with you.

Regards,

Housing Counseling Staff

3200 Bailey Lane Ste. 109 ● Naples, FL 34105 ● (239) 434-2397 ● Fax: (239) 430-2387 ● www.floridahelp.org

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Document Checklist for Mortgage Default Resolution Program:

- Hardship Letter detailing the reason(s) you are having difficulties – signed by all parties
- Most recent mortgage statement for all loans associated with the property
- Most recent, consecutive, complete statements for all personal bank accounts covering 2 months
- Most recent, consecutive paystubs to cover 60 days for ALL working members of household
- Most recent copy of all retirement or investment accounts, if applicable
- If unemployed, a copy of unemployment eligibility or evidence of completion of application for benefits, or a certification from previous employer of layoff or termination
- If self-employed:
    - Copy of the 2 most recent personal tax returns with all schedules, signed
    - Three months of business banks statements, if applicable
    - Year-to-Date Profit and Loss statement, signed
- Homeowner's Association dues statement, if applicable
- Homeowner's insurance statement (including flood), if not escrowed and applicable
- Most recent utility bill for the subject property
- Photo ID for each adult household occupant
- Complete Financial Information Worksheet
- Complete household budget, signed
- Signed Third Party Authorization by all parties on the mortgage loan
- Signed Mortgage Default Resolution Counseling Agreement including acknowledgement of receipt of Privacy Policy

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Disclosure to Client for HUD Housing Counseling Services
Housing Development Corp. of SW Florida, Inc., d/b/a HELP

Housing Development Corporation of SW Florida, Inc, d/b/a HELP (HELP), provides the following HUD-certified Housing Counseling Services: pre-purchase/homeownership counseling; rental topics; financial capability and budget counseling; and resolving or preventing mortgage delinquency or default counseling.

HELP's comprehensive pre-purchase counseling will cover the entire homebuying process from beginning to end. This includes budgeting, finding a lender, types of mortgages, predatory lending, down payment assistance, credit reporting and scores, PITIA, closing costs, closing documents, and any other homeownership topic relevant to successfully maintaining a home. You will also receive important material on home inspection, fair housing and lending, and pre-foreclosure.

HELP's financial capability/budget counseling includes establishment of a personalized, sustainable budget using the method best suited to your household. You will receive information on the options available to you for banking, establishing/repairing credit, borrowing, and the different types of savings accounts and methods used to grow wealth and stability. Your counselor will provide guidance on obtaining credit and personal reports and avoiding fraud. Personalized topics will be addressed as part of your individualized counseling.

HELP's mortgage delinquency or default counseling service will provide guidance on the consequences of default and foreclosure, your loss mitigation options, assist in preparing and delivering the loss mitigation package to your servicer, and reviewing the lender determination. Your counselor will examine your income, expenses, and circumstances to determine the cause of delinquency and how it can be avoided going forward. A comprehensive and sustainable budget is established, and an action plan is set to achieve goals and overcome obstacles. If necessary, your counselor will provide resources and referrals to outside agencies to address associated issues this agency is not equipped to address, including legal concerns. If it is established that you are unable to maintain your loan and stay in your home, your counselor will guide you through the process of home disposition.

HELP is a HUD-approved Housing Counseling Agency offering Home Buyer Education Classes online, in-person, and virtual. Attendees in live and virtual workshops or participants in online education will receive information on topics that will prepare the prospective homebuyer to make informed home purchase decisions. Topics include homebuyer readiness, money management, understanding credit, getting a mortgage loan, shopping for a home, keeping your home/managing your finances, and maintaining a home.

One-on-one housing counseling and homebuyer education classes are provided by a HUD-certified counselor. There is no obligation to receive, purchase, or use any product or service offered by this agency of any partner or affiliate in exchange for receiving HUD 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 may provide information on alternative services, programs, and products available to you, if applicable and known by our staff.

Relationships with Industry Partners:

HELP has financial or exclusive relationships, or both, with specific industry partners, including: Collier County Community and Human Services, Collier Community Foundation, United Way of Collier and the Keys, Fifth Third Foundation, Wells Fargo Foundation, Regions Bank, TIAA Bank, US Bank, BankUnited, Comerica Bank, First Horizon Bank, and Valley Bank.

HELP is affiliated with the Housing Alliance, Inc. and the Collier County Community Land Trust, Inc. (CCCLT). CCCLT is a non-profit developer of housing that serves those individuals/families up to 120% of Area Median Income (AMI).

I _____ and _____ understand and consent to the fact that I am under no obligation to purchase a housing unit through the CCCLT. If I qualify under the income guidelines for CCCLT housing, I understand that I have the choice to participate in the program or pursue housing options outside of CCCLT. I also understand that no matter which program I choose to participate in, it will have no impact on the housing counseling services provided by HELP. I also have the right to choose the lender, realtor, and/or any other individual providing housing services involved in my homebuying process. I understand if HELP refers me to any outside service, including services provided by any of its affiliates, they will offer a minimum of three (3) options for said service provided viable alternatives are available.

I have read and received a copy of this disclosure, and understand the client services provided and my obligations.

_____	_____
Client Signature Date	**Client Signature Date**
_____	_____
Print Name	**Print Name**

NOTE: *If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing forms or accessing information about our housing counseling program, please inform our housing counseling program staff so alternative accommodations may be arranged.*

Privacy Policy

HELP, dba HDC of SW Florida, Inc., 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 Agreement. 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 (**239-434-2397**) 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.

Financial Information Worksheet

Borrower: _____ SS# _____ DOB: _____

Co-Borrower: _____ SS# _____ DOB: _____

Address of subject property:_____

City, State, Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Borrower Employer: _____ Start Date: _____

Job Title: _____ Gross/Net Monthly Income $_____ /$ _____

Co-Borrower Employer: _____ Start Date: _____

Job Title: _____ Gross/Net Monthly Income $ _____ / $ _____

Additional Income (SSI, retirement, Unemployment, Disability, Child Support, Food Stamps, 2nd job, etc.)

Source: _____ Amount: $_____ Frequency: _____ Start Date: _____

Source: _____ Amount: $ _____ Frequency: _____ Start Date: _____

Race, Borrower: Asian ☐ Black ☐ Black/Hispanic ☐ Hispanic ☐ White Non-Hispanic ☐

Other: _____ Do Not Wish to Provide ☐

Race, Co-Borrower: Asian ☐ Black ☐ Black/Hispanic ☐ Hispanic ☐ White Non-Hispanic ☐

Other: _____ Do Not Wish to Provide ☐

Please check all that apply for Borrower: Foreign Born ☐ Veteran ☐ Disabled ☐

Co-Borrower: Foreign Born ☐ Veteran ☐ Disabled ☐

Number of People in Household_____

Marital Status, Borrower: Married ☐ Single ☐ Choose Not to Respond ☐

Co-Borrower: Married ☐ Single ☐ Choose Not to Respond ☐

Education Level, Borrower: College ☐ High School/GED ☐ Vocational ☐ Choose Not to Respond ☐

Co-Borrower: College ☐ High School/GED ☐ Vocational ☐ Choose Not to Respond ☐

Property Questions (Please read all questions carefully and provide appropriate answer)

Is this your primary residence? **Yes** ☐ **No** ☐ Do you own any other property? **Yes** ☐ **No** ☐

Property Type: **Single Family Home** ☐ **Town House** ☐ **Condo** ☐ **Other:** _____

Do you have HOA dues? **Yes** ☐ **No** ☐ If yes, amount & frequency of payment: _____

Are taxes and insurance escrowed? **Yes** ☐ **No** ☐ If no, are you current on taxes and insurance? **Yes** ☐ **No** ☐

Date home was purchased: _____ How many loans on the property: _____

Have you refinanced the loan since the date of purchase? **Yes** ☐ **No** ☐ Date of last refi: _____

Are you current on the mortgage? **Yes** ☐ **No** ☐ Date of last payment if not current: _____

Please list Loan information below:

1st mortgage lender: _____ Unpaid Balance: $_____ Pmt $ _____

2nd mortgage lender: _____ Unpaid Balance: $ _____ Pmt $ _____

Interest rate on 1st mortgage _____% Interest Rate on 2nd mortgage _____%

Who is on the mortgage? _____ Title? _____

Additional Questions:

Have you spoken to another counseling agency regarding this home? **Yes** ☐ **No** ☐

Are you in an active bankruptcy or in the process of filing? **Yes** ☐ **No** ☐ Date Filed: _____

Do you want to keep the home? **Yes** ☐ **No** ☐

Is the property actively listed for sale? **Yes** ☐ **No** ☐

Have you been in contact with your lender regarding options to avoid foreclosure? **Yes** ☐ **No** ☐

If yes, date of last contact: _____

Name and contact number of assigned customer service representative at lender if applicable:

_____

HOUSEHOLD BUDGET

NET MONTHLY INCOME	
W2 Wages 1	$
W2 Wages 2	$
Self-Employment	$
SSI/Disability	$
Child Support/Alimony	$
Food Stamps	$
Other:_____	$

FIXED EXPENSES	
Auto Insurance	$
Auto Loan	$
Auto Tags/Registration	$
Auto Repair/Maintenance	$
Gasoline	$

Child Support	$

Credit Card Min Payments	$
Credit Collections	$

School Lunches	$
Tuition	$
Books/supplies	$
Athletic Events/Hobbies	$

Groceries	$
Cleaning Supplies	$
Laundry Cleaning	$
Personal Items/Toiletries	$
Dining Out	$
Meals at Work	$

Housing Rental	$
1st Mortgage	$
2nd Mortgage	$
HOA	$
Homeowners Insurance	$
Renters Insurance	$
Property Tax	$
Lawncare	$

Installment Loan	$
Personal Loan	$
Student Loan	$

Health Insurance	$
Life Insurance	$

Dentist	$
Doctor/Co-pay	$
Medications	$

Savings	$
Taxes	$

Internet	$
Cable TV	$
Cell Phone	$
Electricity	$
Water/Sewer	$
Telephone	$

DISCRETIONARY EXPENSES	
2nd Auto Loan	$
Church Donations	$
Other Gifts/Donations	$
Subscriptions	$
Lottery	$
Movies	$
Alcholic Beverages	$
Allowance for Children	$
Barber/Beauty Shop	$
Child Care	$
Clothing	$
Pest Control	$
Pet Supplies	$
Public Transportation	$
Security System	$
Miscellaneous:_____	$
Miscellaneous:_____	$

The figures above are true and accurate to the best of my/our knowledge:

Borrower Co-Borrower Date

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Mortgage Delinquency and Default Resolution Counseling Agreement

1. I understand that HDC of SW Florida, Inc., d/b/a HELP, provides mortgage delinquency and default resolution 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.

2. I understand that HELP may receive funding through local, state, and federal sources and, as such, may be required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance, and evaluation.

3. I give permission for program administrators and/or their agents to follow up with me for the next 3 years for the purposes of program evaluation.

4. I acknowledge that I have received a copy of the HELP Privacy Policy.

5. I may be referred 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 have received a list of all current service offerings available by HELP. I understand I am under no obligation to participate in any other education or counseling program in order to receive foreclosure mitigation counseling. I further understand HELP does not currently have any financial relationships with outside agencies, and I am not obligated to use any outside agencies or services as a condition of accepting counseling.

6. 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.

7. I understand that HELP provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from HELP in no way obligates me to choose any of these particular loan products or housing programs.

By my signature below, I authorize the specified counselor of HELP to obtain my tri-merge credit report and to speak on my behalf to all affected creditors. Additionally, HELP may share my demographic information with appropriate local, state, and federal funding agencies.

Client's Signature: _____ Date: _____

Client's Signature: _____ Date: _____

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THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE INFORMATION

Account Number: _____

Name(s): _____

SSN: **Bor: XXX-XX-** _____ **Co-Borr: XXX-XX** _____

Property Address: _____

_____

I/we hereby authorize _____ **to discuss my/our mortgage account with the**
(Lender/Mortgage Servicer)

Individuals listed below:

Name(s): _____ **- HELP, d/b/a HDC of SW Florida, Inc.**
(Counselor)

Address: 3200 Bailey Lane Ste 109, Naples, FL 34105

Phone: (239) 434-2397 **Relationship: HUD-approved Housing Counselor** **PIN:** ***5928***

I/we hereby release _____**, its affiliates, employees, officers, agents & directors from any claims that might arise in connection with this authorization. I/we do hereby authorize the release of public and non-public financial information contained in my/our loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.**

I/we understand that the 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 requestor when he/she asks to discuss my mortgage loan account or seeks information about my mortgage loan account. I/we further understand that the lender/mortgage servicer will have no responsibility or liability for what the requestor may do with the information he/she obtains concerning my/our account.

I/We agree to this Third Party Authorization and Agreement to Release Information:

_____	_____	_____
Borrower Signature	**Printed Name of Borrower**	**Date**
_____	_____	_____
Co-Borrower Signature	**Printed Name of Co-Borrower**	**Date**