



COUNTY OF NASSAU
OFFICE OF HOUSING & COMMUNITY DEVELOPMENT
HOMEOWNERSHIP CENTER
40 MAIN STREET- FIRST FLOOR - SUITE B
HEMPSTEAD, NEW YORK 11550
(516) 572-1903/ FAX (516) 572-0843

Thank you for contacting Nassau County's Homeowners Default Counseling Services Hotline. In order to better assist you, it is important that you complete the enclosed Intake Form and provide us with photocopies of the required documents prior to setting up your 1:1 counseling session.

ACTION PLAN

DOCUMENTS REQUIRED FOR COUNSELING SESSION

- MONEY ORDER** for \$13.50 (individual) or \$27.00 (joint) for a credit report from all three major credit bureaus with a FICO score. (A copy will be provided after counseling session.)

***Please make the money order payable to:
CORE LOGIC CREDCO PO Box 509019
San Diego, CA 92150-9019***

- COMPLETED APPLICATION & SIGNED AUTHORIZATION** (Enclosed Form)
- PHOTOCOPY** OF SUMMONS & COMPLAINT (if applicable)
- PHOTOCOPY** OF UNIFORM LOAN APPLICATION (1003)
- PHOTOCOPY** OF MORTGAGE NOTE (contains several pages)
- PHOTOCOPY** OF TRUTH -IN- LENDING
- PHOTOCOPY** OF GOOD FAITH ESTIMATE
- PHOTOCOPY** OF HUD 1 FORM
- PHOTOCOPY** OF THE DEED
- PHOTOCOPY** OF A MONTHLY MORTGAGE STATEMENT
- HARDSHIP LETTER EXPLAINING REASON FOR DELINQUENCY AND ANY SUPPORTING DOCUMENTATION**
- PHOTOCOPIES** OF CURRENT PAYSTUBS AND/OR PROOF OF ANY ADDITIONAL INCOME (WORKER'S COMP, DISABILITY, SSI, SOCIAL SECURITY, ETC.)
- PHOTOCOPIES** OF LAST 2 YEARS INCOME FEDERAL TAX RETURNS, WITH W-2'S
- PHOTOCOPIES** OF LAST 2 MONTHS OF BANK STATEMENTS
- PHOTOCOPY** OF A CURRENT UTILITY BILL
- PHOTOCOPY** OF LISTING AGREEMENT (if property is currently on the market)

**THESE
DOCUMENTS CAN
BE FOUND IN THE
CLOSING PACKET
PROVIDED TO YOU
AT YOUR CLOSING**

**PLEASE PRINT CLEARLY ON TOP OF ALL YOUR DOCUMENTS YOUR
FULL NAME AND LOAN NUMBER**

★PLEASE NOTE WE WILL NOT ACCEPT ORIGINALS★

★ALL DOCUMENTS SUBMITTED MUST BE PHOTOCOPIED★

YOU MUST BRING A PHOTO ID TO THE COUNSELING SESSION





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Default Prevention Counseling Intake Form

(Office use)

HCO # **H. H. Counseling Specialist:**

Borrower's Name _____

Address _____
First M.I. Last

S.S. # _____ - _____ - _____
Street Address Town State Zip Code
Date of Birth _____ / _____ / _____
Gender: Female Male

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Email Address: _____

Marital Status: Married Divorced Separated Single Widowed

Co-Borrower (IF APPLICABLE)

Name _____

Address _____
First M.I. Last

S.S. # _____ - _____ - _____
Street Address Town State Zip Code
Date of Birth _____ / _____ / _____
Gender: Female Male

Home # (____) _____ Work # (____) _____ Cell# (____) _____

Email Address: _____

Marital Status: Married Divorced Separated Single Widowed

Relationship to Applicant _____

Name of Bank or financial institution servicing your mortgage: _____

Phone Number of Bank or financial institution servicing your mortgage: _____

What is the principal balance on your mortgage? \$ _____

Account number of current loan: _____

Monthly Mortgage Payment Amount: \$ _____

Is there a second mortgage? Yes No If "YES" what is the principal amount? _____

Name of Bank or financial institution servicing your **second** mortgage: _____

Phone Number of Bank or financial institution servicing your **second** mortgage: _____

Account number of **second** loan: _____

Monthly Mortgage Payment Amount of **second** mortgage: \$ _____

What is the interest rate? First Mortgage: _____% **Second** Mortgage: _____%

Are your taxes and insurance included? Yes No

What kind of loan do you have? ARM 30 year fixed Interest only ARM Reset
 Option ARM Hybrid 1st & 2nd Loan Other _____

What is the status of your mortgage payment(s)? Current Yes No _____ months behind

How many income-earning people live in the household? _____ How long have you lived in the home? _____

How long have you been in this current mortgage? _____

Have you received any paperwork from the bank? Yes No If "YES" please provide us with copies.

Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer?
 Yes No If "YES" Who? _____

Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payments? Yes No Did you? Yes No
Explain: _____



List each person who lives with you in the household, starting with yourself:

#	Last Name	First Name	D.O.B	Gender	Relationship
1.					
2.					
3.					
4.					
5.					
6.					

Borrower check all that apply:

- Female head of household
 Single Head of Household
 US Veteran
 Disabled
 Homeownership Voucher Program: Yes No
 Family Self Sufficiency
 Section 8 _____

Highest Education Level:

- Some HS
 HS Diploma
 GED Diploma
 Vocational Certificate
 Some College
 Associates Degree
 Bachelor's Degree
 Master's Degree
 Doctoral Degree

Ethnicity of Head of Household (select only one)

- Hispanic or Latino
 Not Hispanic or Latino

Race:

- White
 Black or African America
 American Indian
 Asian
 Native Hawaiian or other Pacific Islander
 Other
 (Specify) _____

Information not provided _____ (initial)

Citizenship:

- US Citizen
 Permanent Resident Alien
 Non-Resident Alien
 Other (Specify) _____

Co-Applicant (if applicable): Check all that apply:

- Female head of household
 Single Head of Household
 US Veteran
 Disabled
 Homeownership Voucher Program: Yes No
 Family Self Sufficiency
 Section 8 _____

Highest Education Level:

- Some HS
 HS Diploma
 GED Diploma
 Vocational Certificate
 Some College
 Associates Degree
 Bachelor's Degree
 Master's Degree
 Doctoral Degree

Ethnicity of Head of Household (select only one)

- Hispanic or Latino
 Not Hispanic or Latino

Race:

- White
 Black or African America
 American Indian
 Asian
 Native Hawaiian or other Pacific Islander
 Other
 (Specify) _____

Information not provided _____ (initial)

Citizenship:

- US Citizen
 Permanent Resident Alien
 Non-Resident Alien
 Other (Specify) _____

EMPLOYMENT

List each current employer for each member of the household over eighteen (18) years of age who is receiving any type of income.

Name of Family Member	Name & Address of Employer <input type="checkbox"/> Self Employed	Start date of employment: ____/____/____
		Yrs. Employed in this line of work/profession
Position/Title/Type of Business	Business Phone	Salary \$ Check which applies: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Yearly

Name of Family Member	Name & Address of Employer <input type="checkbox"/> Self Employed	Start date of employment: ____/____/____
		Yrs. Employed in this line of work/profession
Position/Title/Type of Business	Business Phone	Salary \$ Check which applies: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Yearly

Name of Family Member	Name & Address of Employer <input type="checkbox"/> Self Employed	Start date of employment: ____/____/____
		Yrs. Employed in this line of work/profession
Position/Title/Type of Business	Business Phone	Salary \$ Check which applies: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Yearly

Note: These questions are being asked for statistical purposes to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect, in any way, your selection for the program.



ANNUAL INCOME

Income	Borrower	Co-Borrower
Annual wages, salary, tips, etc.	\$	\$
Social Securities and/or Pension Income	\$	\$
Public Assistance (Aid to Families with Dependent Children, AFDC, SSI, etc.)	\$	\$
Alimony and/or Child Support Allotments	\$	\$
Unemployment Compensation	\$	\$
Net Income from Operating a Business or Real Estate	\$	\$

ASSETS

List Checking and Savings Accounts below (check which applies)	(✓) Borrower	(✓) Co-Borrower
Name and address of Bank, S&L, or Credit Union: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____		
Acct. no. \$		
Name and address of Bank, S&L, or Credit Union: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____		
Acct. no. \$		
Name and address of Bank, S&L, or Credit Union: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____		
Acct. no. \$		
Stocks & Bonds (Company name/number & description)	\$	
Life insurance net cash value	\$	
Face amount: \$	\$	

BUDGET

Primary Mortgage (including taxes & insurance)	\$	Child/Dependent Care	\$
Other Mortgages	\$	Utilities (water, electricity, gas, cable, etc.)	\$
Maintenance/ Homeowners Assoc. Fee	\$	Alimony/child support	\$
Other Loans	\$	Telephone (Land line and Cell phone)	\$
Credit Cards (minimum payment)	\$	Groceries and Toiletries	\$
Automobile Loans	\$	Dry Cleaning and Clothing	\$
Car expenses (gas,maintenance,parking)	\$	Medical Expenses (uninsured)	\$
Insurance (automobile)	\$	Spending Money/Entertainment	\$
Insurance (life & health)	\$	Other Monthly Expenses (explain)	\$

CREDIT AUTHORIZATION FORM

I _____, residing at _____,
 (First & Last Name) (Address)

hereby authorize and instruct Nassau County's Office of Housing and Intergovernmental Affairs (hereafter OHIA) and Office of Housing and Homeless Services, to obtain and review my credit report. My credit report will be obtained from the following credit reporting agencies: TransUnion, Experian, and Equifax. I understand and agree that OHIA intends to use the credit report for the purpose of assisting me construct a plan to repair my current credit status and evaluating my financial situation for Default Prevention counseling purposes.

 Authorized Signature of Applicant

 Date

 Authorized Signature of Co-Applicant

 Date





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FORECLOSURE COUNSELING
RELEASE AND AUTHORIZATION FORM

Nassau County Office of Housing and Homeless Services, Homeownership Center (NCHOC) is a certified HUD counseling agency which provides counseling to residents of Nassau County in the following general areas: Housing counseling/affordable development, Pre-occupancy/Pre-purchase; post purchase; reverse mortgage counseling; rental counseling, mortgage default counseling, rent-delinquency, rent-occupancy, post-occupancy, rehabilitation (if applicable); money management counseling and mortgage product counseling.

Your “non-public personal information,” such as your total debt information; income; living expenses and personal information concerning your financial circumstance, will be provided to creditors; program monitors; grant providers and others only with your authorization and signature to address your housing situation. We may also use anonymous aggregated case file information for the purpose of evaluating our services; gathering valuable research information and designing future programs. This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in improving your housing situation. Examples of such entities include mortgage servicers, mortgage investors, public agencies and other nonprofit organizations and/or any relevant entity/agency. If necessary, information on file at another entity may also be released to us for the purposes of your housing situation. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.

All applicants for Housing Counseling services agree to provide their housing counselors with true and accurate information and documentation upon which NCHOC will base its counseling services. The information provided will be utilized to fully assess your housing needs and provide referrals where we are unable to meet your needs. It is expressly understood that the advice, counseling information; option provided to the applicant by NCHOC, its agents, servants or employees shall not replace the applicant’s own independent inquiry and investigation to determine his/her course of action.

This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in improving your housing situation. Examples of such entities include mortgage servicers, mortgage investors, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.

I understand the contents to be released/exchanged; the need for the information and that there are statutes and regulations protecting the confidentiality of authorized information. I understand that the provision of services at this agency/organization is not contingent upon my decision concerning the release/exchange of information.

1. I understand that Nassau County Office of Housing and Homeless Services, Homeownership Center (NCHOC) 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.
2. I understand that NCHOC receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program as a grantee under New York State Homes and Community Renewal and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Nassau County Office of Housing and Homeless Services, Homeownership’s Privacy Policy.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent in writing at any time except to the extent that action based on this consent has been taken. I also acknowledge that a copy of this form is as valid as the original. I hereby authorize _____ from the Nassau County Homeownership Program to release/exchange information from my records in order to assist me in resolving a mortgage default.

Loan # _____

Borrower (printed) _____

S.S. # ____ - ____ - ____

Borrower (signed) _____

Date _____

Co-Borrower (printed) _____

S.S. # ____ - ____ - ____

Co-Borrower (signed) _____

Date _____

