

Neighborhood Housing Services of New Haven

**PLEASE SUBMIT ALL DOCUMENTS LISTED BELOW WITH THE APPLICATION PACKET**

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**PLEASE REMEMBER TO PROVIDE US WITH COPIES ONLY!!!!  
(WE WILL NOT MAKE COPIES FOR YOU IN THE OFFICE.)**

- Completed and signed **NHS Intake Application** (attached).
- Completed and signed **Authorization and Waiver of Confidentiality** (attached).
- Completed and signed **Foreclosure Mitigation Counseling & Privacy Agreement** (attached).
- Completed **Income & Expense Sheet (Contact your utility company and ask them “What was my average monthly bill during the past 12 months?”) Please provide a copy of a Utility Bill.**
- Copy of a **Utility Bill (i.e. Water, Gas, Oil, Sewer, Electric)** property address verification
- Copy of **foreclosure complaint (if applicable).**
- Copy of any written correspondence with lender or lender’s lawyer **(if applicable).**
- Copies of your **Income Tax Returns & W-2 Statements for 2016 & 2017. (If self-employed also include Profit & Loss Statements for 2016 & 2017.)**
- One (1) month of income verification (**paystubs, SSI Statement, etc.) Bring copies only.**
- Detailed **Hardship Letter (Please WRITE a letter explaining the cause for delinquency; for example – Loss of job, significant increase in expenses).**
- Current **Mortgage Statement(s).**
- Copy of valid **driver’s license or state-issued ID.**

**Staff Initial** \_\_\_\_\_

**Date Returned** \_\_\_\_\_

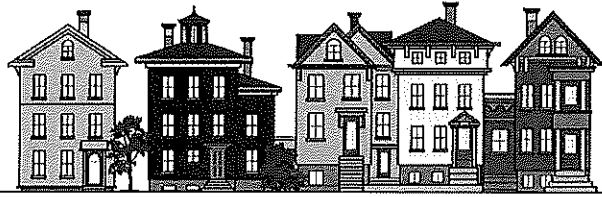
**Orientation Date** \_\_\_\_\_

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333 Sherman Avenue, New Haven, Connecticut 06511  
(203) 562-0598 | Fax: (203) 772-2876 | [www.nhsofnewhaven.org](http://www.nhsofnewhaven.org)  
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Updated 10/16





# Neighborhood Housing Services of New Haven

## INITIAL MORTGAGE INTERVENTION SET-UP FORM

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Borrower: \_\_\_\_\_ Name of Co-Borrower: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about us? *(Please check all that apply.)*

- Word of Mouth  Television  Newspaper  211 *(Info-Line)*  Agency Referral  Internet
- Lender  Realtor  R.O.O.F.  1 (800) HOPE Line  Other \_\_\_\_\_

Are you currently in foreclosure?  Yes  No Current delinquency status? *(Please check one)*

1 month  2 months  3 months  4 months  5 months  6 months or more

Delinquency amount? \$ \_\_\_\_\_ What year did you purchase your property? \_\_\_\_\_

Did you refinance?  Yes  No If so when, \_\_\_\_\_ Do you have any savings? \$ \_\_\_\_\_

What is the amount of your monthly mortgage payment (s)? 1<sup>st</sup> \$ \_\_\_\_\_ 2<sup>nd</sup> \$ \_\_\_\_\_

Type of property: *(Please check one)*

- Single Family  Multi-Family/# of units \_\_\_\_\_  Cooperative  Condominium

Current balance amount of 1<sup>st</sup> Mortgage: \$ \_\_\_\_\_ 2<sup>nd</sup> Mortgage: \$ \_\_\_\_\_

Lender(s) Name: 1<sup>st</sup> Mortgage \_\_\_\_\_ 2<sup>nd</sup> Mortgage \_\_\_\_\_

What type of mortgage do you have:  Fixed  Adjustable  Option-ARM

What is your interest rate? *(List for all if more than one)* \_\_\_\_\_

Are taxes and insurance included in your mortgage payment?  Yes  No

If they are not, are you delinquent on your taxes?  Yes  No If so, how much \$ \_\_\_\_\_

Reason for Delinquency? *(Please check all that apply)*

- Loss of Employment  Working less hours  Increase in General Expenses  Not delinquent yet
- Illness/Medical Expenses  Divorce/Separation  Other: \_\_\_\_\_

What is your goal? \_\_\_\_\_

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**Authorization and Waiver of Confidentiality**

This authorizes Neighborhood Housing Services of New Haven, Inc./New Haven HomeOwnership Center, Inc. to speak on my behalf to the following creditor or servicer concerning my accounts(s):

Name of Creditor/Loan Servicer: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

I further grant permission for the specialist at Neighborhood Housing Services of New Haven, Inc./New Haven HomeOwnership Center, Inc. to obtain records and/or other materials pertinent to my financial situation, including confidential information.

The counselors may also discuss and disclose this information when and where this disclosure or discussion is essential in resolving my debt and/or housing problems.

Client Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Co-borrower Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_

Property address: \_\_\_\_\_

\_\_\_\_\_

This authorization certifies that Alice Steinhardt, Clara Quinones, of Neighborhood Housing Services of New Haven, Inc. / New Haven HomeOwnership Center, Inc. are authorized to speak on behalf of the above named customer.

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## FORECLOSURE MITIGATION COUNSELING AGREEMENT

I understand that Neighborhood Housing Services of New Haven, Inc. and the New Haven HomeOwnership Center, Inc. provide the foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendation(s) for handling my finances, possibly including referrals to other housing agencies as appropriate.

I understand that Neighborhood Housing Services of New Haven, Inc. and the New Haven HomeOwnership Center, Inc. receive Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, are required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I give permission to Neighborhood Housing Services of New Haven, Inc. and the New Haven HomeOwnership Center, Inc. to pull my credit report.

I give authorization for NFMC program administrators and/or their agents to follow-up with me between now and December 31, 2020 for purposes of program evaluation.

I acknowledge that I have received a copy of the Neighborhood Housing Services of New Haven, Inc. and the New Haven HomeOwnership Center, Inc. Foreclosure Mitigation Counseling Agreement/Privacy Policy and accept its provisions.

I may be referred to other agencies of the organization, 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.

A housing counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred to the appropriate source of such assistance.

Neighborhood Housing Services of New Haven, Inc. and the New Haven HomeOwnership Center, Inc. are committed to assuring the privacy of the individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations.

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## Neighborhood Housing Services of New Haven

### Privacy Policy

Types of information that we gather about you:

- Information we receive from you orally, on application or other forms, such as your name, address, social security number, assets, and income;
- Information we receive from a credit reporting agency, such as your credit history.

### Opting Out

- You have the opportunity to “opt out” of disclosures of your non-public personal information to third parties (such as your creditors), that is direct us not to make those disclosures.
- 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 203-777-6925 Ext. 226 and do so.

### Release of information to 3<sup>rd</sup> parties

- 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.
- We may also disclose any non-public personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to non-public 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 non-public personal information.

I understand that Neighborhood Housing Services of New Haven, Inc. and the New Haven HomeOwnership Center, Inc. provide information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Neighborhood Housing Services of New Haven, Inc. and the New Haven HomeOwnership Center, Inc. in no way obligates me to choose any of these particular loan products or housing programs.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Name (print) \_\_\_\_\_

Co-Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant’s Name (print) \_\_\_\_\_

A copy of this authorization may be accepted as an original.

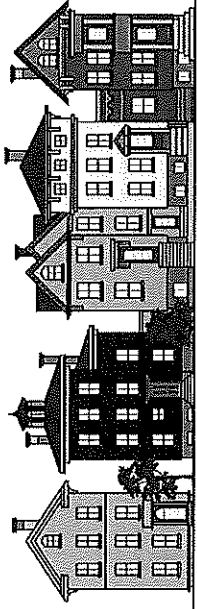
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## Neighborhood Housing Services of New Haven

### Income and Expense Analysis Sheet

Monthly Income	Average Monthly Amount	Monthly Expenses	Average Monthly Expenses
Gross Pay	\$	Mortgage	\$
Net Pay (after taxes & other deductions)	\$	Utilities: Gas	\$
Overtime/Part-time/Seasonal Commission	\$	Utilities: Oil	\$
Income	\$	Utilities: Electric	\$
Bonuses/Tips	\$	Utilities: Water & Sewer	\$
Pension/Social Security	\$	Day Care	\$
VA Benefits	\$	School Expenses (lunch, sports, etc.)	\$
Unemployment Compensation	\$	Car: Loan	\$
Public Assistance	\$	Car: Insurance	\$
Alimony/Child Support Received	\$	Car: Fuel	\$
Other	\$	Health Insurance	\$
<b>Total Monthly Income</b>	<b>\$</b>	Health Care (co-pay, medications, etc.)	\$
		Credit Cards	\$
		Installment loan payments	\$
		Student Loan (deferred or paying)	\$
		Alimony/Child Support Paid	\$
		Real Estate Taxes (if not incl. in mortgage)	\$
		Automobile Taxes	\$
		Telephone/Cable/Internet	\$
		Cell Phone	\$
		Homeowner's Ins. (if not incl. in mortgage)	\$
		Food	\$
		Other	\$
		<b>Total Monthly Expenses</b>	<b>\$</b>

Total Monthly Income: \$ \_\_\_\_\_ Total Monthly Expenses: \$ \_\_\_\_\_ Surplus/Deficit: \$ \_\_\_\_\_

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MORTGAGE INTERVENTION PERSONAL INTAKE FORM

Service # \_\_\_\_\_

Name: \_\_\_\_\_  
First MI Last

Mailing Address:

Street \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ City State Zip Code  
Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Social Security Number  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- ITIN  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_- Birth Date

Race (please check):

- White
- American Indian / Alaskan Native
- Native Hawaiian / Other Pacific Islander
- Asian and White
- American Indian / Alaskan Native & Black
- Black or African American
- Asian
- American Indian / Alaskan Native & White
- Black / African American and White
- Other

Ethnicity (please select "yes" or "no" for Hispanic Origin.) You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

Hispanic:  Yes  No

(Please check):  Cuban  Mexican/Chicano  Puerto Rican  Other Hispanic/Latino

Immigrant Status: (Please check all that apply)

- US Citizen
- Foreign born
- Non-resident Alien
- Permanent Resident Alien

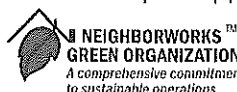
Marital Status (Please check)  Single  Married  Divorced  Separated  Widowed

Head of Household (Please Check):  Yes  No Gender (Please Check):  Male  Female

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# Neighborhood Housing Services of New Haven

Handicapped (Please Check)  Yes  No

Migrant Farm Worker:  Yes  No

**Household Type:** (Please check the most accurate)

Female head, single parent household  Male head, single parent household

Single adult  Two or more unrelated adults  Married with Children

Married no children  Other: \_\_\_\_\_

**Family/Household Size:** \_\_\_\_\_

How many dependents (Not those listed by Co-Applicant) \_\_\_\_\_

What ages are they: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Annual Family or Household Income:** (Everyone's income in the home)

\$ \_\_\_\_\_

**Education** (Please check one):  Below High School Diploma  High School Diploma or Equivalent

Associate's Degree  Bachelor's Degree  Master's Degree  Above Master's Degree

Active Military  Yes  No Veteran  Yes  No

**English Proficiency:**  Is English Proficient  Is not English Proficient

**Rural Status:**  Lives in rural area  Does not live in rural area  Chose not to respond

**APPLICANT'S EMPLOYMENT – Last 2 Years** Please Print Clearly

Primary Employer: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Title Hire Date

\_\_\_\_\_ Street City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time  Full-Time (Please check one)

**Gross Income** (before taxes): \$ \_\_\_\_\_

Is this amount paid (Please Check)  Hourly  Weekly  Every Two Weeks  Twice a Month  
 Monthly

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**CO-APPLICANT'S INFORMATION** Please Print Clearly

Co-Applicant's Name \_\_\_\_\_  
  First  MI  Last

Mailing Address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_-                      \_\_\_\_-\_\_\_\_-\_\_\_\_-                      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security Number                      ITIN                      Birth Date

Race (please check):

- White
- Black or African American
- American Indian / Alaskan Native
- Asian
- Native Hawaiian / Other Pacific Islander
- American Indian / Alaskan Native & White
- Asian and White
- Black / African American and White
- American Indian / Alaskan Native & Black
- Other

Ethnicity (please select "yes" or "no" for Hispanic Origin.) You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

Hispanic:  Yes  No

(Please check):  Cuban  Mexican/Chicano  Puerto Rican  Other Hispanic/Latino

Immigrant Status: (Please check all that apply)

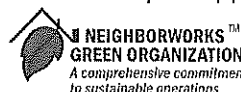
- US Citizen
- Foreign born
- Non-resident Alien
- Permanent Resident Alien

Marital Status: (Please Check)  Single  Married  Divorced  Separated  Widowed

Head of Household (Please Check):  Yes  No      Gender (Please Check):  Male  Female

Handicapped (Please Check)  Yes  No                      Migrant Farm Worker:  Yes  No

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Household Type: (Please check the most accurate)

- Female head, single parent household
Male head, single parent household
Single adult
Two or more unrelated adults
Married with Children
Married no children
Other:

Family/Household Size:

How many dependents (Not those listed by Applicant)

What ages are they:

Annual Family or Household Income: (Everyone's income in the home)

\$

- Education (Please check one): Below High School Diploma, High School Diploma or Equivalent, Associate's Degree, Bachelor's Degree, Master's Degree, Above Master's Degree
Active Military: Yes/No
Veteran: Yes/No

English Proficiency: Is English Proficient / Is not English Proficient

CO-APPLICANT'S EMPLOYMENT- Last 2 Years Please Print Clearly

Primary Employer:

Title Hire Date

Street City State Zip Code

Phone: ( ) -

- Part-Time Full-Time (Please check one)

Gross Income (before taxes): \$

- Is this amount paid (Please Check) Hourly Weekly Every Two Weeks Twice a Month Monthly

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**AUTHORIZATION**

I/We authorize Neighborhood Housing Service of New Haven, Inc. and New Haven HomeOwnership Center, Inc. to:

Pull my/our credit report to review my/our credit file for counseling purposes in connection with my/our application for mortgage counseling assistance. I/We further authorize NHS to share my information with the National Foreclosure Mitigation Counseling Program for the purpose of tracking the clients who have been helped by our services. I/We understand that a portion of the counseling services performed by NHS has been funded by a National Foreclosure Mitigation Counseling Grant.

I/We understand that any intentional or negligent representation(s) of information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Primary Applicant's Signature	Date
Co-Applicant's Signature	Date

Internal Use Only

Date Application Received: \_\_\_\_\_ Processing Fee: \$ \_\_\_\_\_

Orientation Date: \_\_\_\_\_

Post Purchase

Client Received HUD issued HECM Certificate:       Yes       No

Client is victim of Predatory Lending Practices:       Yes       No

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FINANCIAL HARDSHIP AFFIDAVIT

Borrower's Names(s): \_\_\_\_\_
Property Street Address: \_\_\_\_\_
Property City, State, Zip: \_\_\_\_\_
Lender: \_\_\_\_\_
Loan Number: \_\_\_\_\_

In order to qualify for \_\_\_\_\_'s offer of a conditional Loan Workout and Modification Agreement, I/We am/are submitting this form to the Lender and indicating by my checkmarks ("✓") the one or more events that contributed to my inability to remain current on my mortgage.

- Borrower Co-Borrower
[ ] [ ] My/Our income has been reduced or lost. For example: unemployment, reduced job hours, reduced pay, decline in business earnings. Explain on reverse side.
[ ] [ ] My/Our household financial circumstances have changed. For example: permanent or short-term disability, death in the family, divorce or separation, increased family responsibilities (birth or adoption of a child, taking care of elderly relatives or other family members). Explain on reverse side.
[ ] [ ] My/Our expenses have increased. For example: my monthly mortgage payment will rise or has risen, high medical and health care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills. Explain on reverse side.
[ ] [ ] Other, Explain on reverse side

Borrower Acknowledgement

I/We verify that the events identified above have contributed to my/our inability to remain current on my/our mortgage loan. I/We understand and acknowledge that the Lender may investigate the accuracy of the event(s), and may require me/us to provide supporting documentation. I/We understand that if I/We have misrepresented the event(s) or do not provide the required documentation that the Lender may cancel this agreement and re-start foreclosure activities.

Borrower Signature Date Co-Borrower Signature Date
E-mail address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_
E-mail address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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