



Highland County Community Action Organization, Inc.

1487 North High Street, Suite 500

Hillsboro, OH 45133

Phone: 937-393-3458

Fax: 937-393-7176

www.hccao.org

Dear Homeowner:

Congratulations on taking that first step. Enclosed you will find a complete Housing Counseling Package for participation in the Highland County Community Action Organization's Housing Counseling Program, HELP (Homeowner Education and Loss Prevention.) Please complete the entire package. If you find that you have questions regarding its completion, please contact us at 937-393-3458. Until we receive the complete package and all supporting documents, we are unable to provide detailed information and counseling to assist you in meeting your housing needs.

Please return the completed package and the following required documents to our agency as soon as possible.

- Most recent mortgage statements for all home loans/mortgages
- Most recent 90 days of all household income sources
- Most recent 2 complete months of all bank account statements – must be actual statements no account summaries from websites or teller windows
- Most recent 2 years of completed federal tax returns – all pages, schedules, and supporting documentation of income
- Copies of all household expenses – billing statements and invoices
- Driver's license or state ID for all borrowers on the loan
- copies of all loan closing documents for the existing loan(s)
- A copy of the recorded mortgage from the county recorder's office – you may be able to access this online at www.landaccess.com, but not all counties are accessible in this manner
- If you have received any legal documents regarding your mortgage, you must provide copies of these as well.
- Any other documentation you feel will assist us in fully understanding your current financial and mortgage situation

Upon receipt of the complete application package and supporting documents, a counselor will be assigned to follow up with you. This may take up to 30 days in some cases and may depend upon the current status of your mortgage.

Thank you. We look forward to working with you



Foreclosure Mitigation Counseling Agreement

1. I understand that Highland County Community Action Organization, Inc. (HCCAO) provides Housing counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies and social service providers as appropriate.
2. I understand that HCCAO receives funds through: HUD, Hardest Hit Funds (HHF), the National Foreclosure Mitigation Counseling (NFMC) program, private foundations, and, as such, is required to share some of my personal information with these program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for HCCAO, HUD, HHF, and NFMC program administrators and/or their agents to pull my credit report and up to two additional times between now and June 30, 2015 and to give authorization for program administrators and/or their agents to follow-up with me between now and June 30, 2020 for the purposes of program evaluation.
4. I acknowledge that I have received a copy of HCCAO's 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 understand that I am not obligated to use any of the services offered to me.
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 HCCAO provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from HCCAO in no way obligates me to choose any of these particular loan products or housing programs.

Borrower:

Printed Name: _____

Social Security #: _____ Date of Birth: _____

Signature: _____ Date: _____

Co - Borrower:

Printed Name: _____

Social Security #: _____ Date of Birth: _____

Signature: _____ Date: _____



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Applicant

Co-Applicant

Name: _____

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Married _____ Single _____

Married _____ Single _____

Divorced _____ Widowed _____

Divorced _____ Widowed _____

Birthdate: _____

Birthdate: _____

Social Security #: _____

Social Security #: _____

Veteran? Yes _____ No _____

Veteran? Yes _____ No _____

Female Head of Household? Yes _____ No _____

Secondary Contact Information: *(for example, a permanent address or family member who you would like to be contacted in case of an emergency)*

Income Information

Please list all sources of Household Gross Monthly Income:

Place of Employment: _____

Place of Employment: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Gross Monthly Income: _____

Gross Monthly Income: _____

Mortgage Information

Date you purchased your home: _____ Date of most recent loan on home: _____

Number of loans on you home: _____ Purchase price/financed amount: _____

1st Loan Type: FHA _____ VA _____ Conventional _____
 Fixed Rate _____ Adjustable Rate _____ Home Equity Line of Credit _____

Lender: _____ Loan #: _____

Interest Rate: _____ Monthly Payment: _____ Taxes included? _____

Delinquent? _____ Amount owed to cure default: _____ Insurance included? _____

Current Unpaid Principal Balance: _____ Private Mortgage Insurance? _____

2nd Loan Type: FHA _____ VA _____ Conventional _____
 Fixed Rate _____ Adjustable Rate _____ Home Equity Line of Credit _____

Lender: _____ Loan #: _____

Interest Rate: _____ Monthly Payment: _____ Taxes included? _____

Delinquent? _____ Amount owed to cure default: _____ Insurance included? _____

Current Unpaid Principal Balance: _____ Private Mortgage Insurance? _____

Reason for Delinquency: _____

Have you received any of the following:

_____ Notice from Bank of 30-60 days past due

_____ Notice from Bank that note is being accelerated - total balance due

_____ Notice from Bank that foreclosure action has been started

_____ Notice from Attorney that foreclsoure action has ben started

_____ Notice from Court - Complaint has been filed

_____ Notice from Court - Judgement requested/awarded

_____ Notice of Sheriff Sale to be held: Date: _____

_____ Eviction Notice

Did anyone contact you offering assistance to modify your mortgage, either directly by telephone or by other means, such as by mail or flyer? _____ Yes _____ No

Were you guranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over the title to yoru property, or stop making loan payments?

_____ Yes _____ No

Please list any other housing problems you may be experiencing that you would like our assistance in solving. For example, you may be having difficulty paying your utilities, your property taxes, or may have issues regarding your homeowner's insurance.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Thank you for completing this form. You will be notified shortly of any additional information or documents that may be required to assist you and/or to schedule an appointment to discuss your situation with our housing counseling staff.

Client ID #: _____

Program Year: _____

CSBG INTAKE FORM

SS #: _____ Last Name: _____ First Name: _____

DOB: _____ Address: _____

City: _____ Zip: _____ County: _____

Phone #: _____ Message Phone #: _____ Whose Phone: _____

| | | | |
|--|---|---|--|
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No | Ethnicity: <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Native Alaskan | <input type="checkbox"/> Other <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> Multi-Race (any 2 or more above) <input type="checkbox"/> White <input type="checkbox"/> Asian |
|--|---|---|--|

Agency Site:
Highland County Community Action

Client E-mail:

Education:

A. 0-8 B. 9-12 (Non-Grad)
 C. HS Grad/GED D. 12+
 E. 2-4 yr. Grad College

Food
Stamps:

Yes
 No

Health Insurance:

A. Medicaid D. Self-Ins.
 B. Medicare E. None
 C. Private F. Unknown

Farmer:

A. Farmer
 B. Migrant
 C. Seasonal

Veteran:

Yes
 No

Family Type:

E. Single Par/Female
 M. Single Par/Male
 Two Parent
 Single
 Couple
 Other

Housing:

Own Homeless
 Rent Other

Length of time in home:

Years
 Months

Income Eligibility Period:

A. Weekly D. Annually
 B. Bi-Weekly E. 13 Weeks
 C. Monthly F. 3 Months
 G. 6 Months

Income Level: _____

In HH:

Income Amount: \$ _____

Source of Income: A. Employment B. Unemployment C. Social Security D. TANF
 E. GA F. SSI/SSD G. Pension H. No Income I. Other J. Zero Income
 K. Refused – Only use for programs that do NOT require income verification

| Other Household Members | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Use codes from above <u>ONLY</u> for information listed below | | | | | | | | | | | | | |
| SS# | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | |
| DOB | | | | | | | | | | | | | |
| Gender (M/F) | | | | | | | | | | | | | |
| Disabled (Y/N) | | | | | | | | | | | | | |
| Ethnicity (B, A, NHPI, NA, HL, W, O,MR) | | | | | | | | | | | | | |
| Education (A, B, C, D, E) | | | | | | | | | | | | | |
| Veteran (Y, N) | | | | | | | | | | | | | |
| Health Insurance (A, B, C, D, E, F) | | | | | | | | | | | | | |
| Income Period (A, B, C, D, E, F) | | | | | | | | | | | | | |
| Source (A, B, C, D, E, F, G, H, I, J, K) | | | | | | | | | | | | | |
| Income Amount | | | | | | | | | | | | | |
| Relationship to Applicant | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|--------------------|--|
| Code #: | | | | | | | | | | | | | | | | | | | | Initials | Date | |
| # of Units: | | | | | | | | | | | | | | | | | | | | | Intake: | |
| Date of Service: | | | | | | | | | | | | | | | | | | | | | Data Entry: | |

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____ Date: _____

Outcome: Level 1 - _____ - # _____ Level 2 - _____ - # _____

Household Budget Worksheet

Use this sheet to determine your income and expenses, and disposable income percentage

Include all expenses and income. You do not have to total the sections.

If you need another category, "borrow" a line that is not in use. Not all households will use all items.

Be as accurate as possible in reporting. Do not report any monies deducted from your take home pay.



| Monthly Take Home Income | |
|-------------------------------|--|
| Salary/Wages/Business Draw | |
| Salary or Wages (Spouse) | |
| Social Security | |
| Pension/Retirement | |
| Interest on Accounts | |
| Alimony / Child Support | |
| Real Estate rent (income) | |
| Investment Dividends | |
| Unemployment/ Food Stamps | |
| Other | |
| Total Take Home Income | |

| Secured Debts (Monthly Payments) | |
|----------------------------------|--|
| Rent | |
| 1st Mortgage | |
| 2nd Mortgage | |
| Land Lease (Trailer park, other) | |
| Student Loans | |
| Auto Loans/Leases | |
| Recreation (Boat, ATV, etc.) | |
| Past Due Taxes | |
| Other Debts | |
| Other Debts | |
| Other Loans | |
| Other Loans | |
| Total Secured Debt | |

| Monthly Living Expenses | |
|---|--|
| Alimony / Child Support (outgoing) | |
| Auto Gas and Repair | |
| Auto Insurance | |
| Cable TV/ Satellite Fees | |
| Charitable Contributions | |
| Child Care | |
| Childrens' Activities | |
| Clothing Maintenance (Laundry/Dry cleaning) | |
| Clothing Purchases | |
| Electric Bill | |
| Food (In-home / Groceries) | |
| Food (Out of home - Lunch, Dining) | |
| Gas and Oil Bill | |
| Health and Dental Insurance | |
| Homeowner/Condo fees | |
| Homeowners/ Renters Insurance | |
| Household items | |
| Internet Access (AOL,MSN, DSL) | |
| Life and Disability Insurance | |
| Memberships (Health club etc.) | |
| Personal Care (Grooming) | |
| Prescriptions | |
| Property Services (Gardener,Pool) | |
| Security Services (Alarm) | |
| Subscriptions | |
| Telephone (Home, Cell, Pager) | |
| Trash Disposal | |
| Tuition and School Supplies | |
| Water Bill | |
| Other Expenses - Rental Water Bill | |
| Other Expenses - Real Estate Taxes - home | |
| Other Expenses - Real Estate Taxes - rental | |
| Total Monthly Living Expenses | |

| Unsecured Debt | |
|-----------------------------|--|
| Credit Card 1 | |
| Credit Card 2 | |
| Credit Card 3 | |
| Credit Card 4 | |
| Credit Card 5 | |
| Credit Card 6 | |
| Credit Card 7 | |
| Credit Card 8 | |
| Personal Loan 1 | |
| Personal Loan 2 | |
| Medical Bill Payment | |
| Other | |
| Other | |
| Total unsecured Debt | |

| Summary | |
|-------------------------------------|--|
| Total Take Home (Income) | |
| Total Living Expenses (-) | |
| Total Secured Debt Payments (-) | |
| Total Unsecured Debt Payments (-) | |
| Disposable Income ** | |
| Disposable Income as Percent | |

This section is not required for you to complete on your own. Your counselor can assist you and will complete this section. Please also note that your counselor will complete a second budget using your submitted bills, invoices and bank statements for comparison.

I affirm by my signature, the information provided in this budget is true and accurate to the best of my knowledge. I further acknowledge and commit to tracking my expenses for the next 30 days and providing those details to my counselor. I understand that my counselor will use all information to provide me with an accurate picture of my actual monthly expenses and will provide me with information and resources to assist me in creating a spending plan and maintaining that plan.

Signature Date

Signature Date



Highland County Community Action Organization, inc.:

Agency Disclosure

This disclosure statement is provided by Highland County Community Action Organization, Inc. (HCCAO) to all clients seeking services from us.

In addition to Housing Counseling, which includes Mortgage Delinquency and Default Resolution Counseling, Pre-purchase Counseling, Rental Housing Counseling, Non-Delinquency Post Purchase Workshops, Pre-purchase Homebuyer Education Workshops, and Financial Capability Workshops, HCCAO provides additional services. Below is a complete list of those services:

- Emergency Services including but not limited to HEAP, Food Pantry, Emergency Rental and Mortgage assistance, Emergency Food and Shelter.
- Early Head Start and Head Start services
- Home Weatherization Services
- Community Housing Improvement Program – home repair, rehab, and down payment assistance
- Senior Nutrition Programs – home delivered and congregate
- Senior Companion Program
- Various programs identified annually by focus groups and community needs assessments may be implemented or ended as deemed necessary.

Description of any financial relationships between HCCAO and any other Industry Partners:

HCCAO receives reimbursement from the Ohio Housing Finance Agency for: Intake, Triage, Counseling, Restoring Stability eligible submission and approval based on current contractual agreement. This contract is available for review and can be supplied to you upon request.

No other financial relationship exists with any other Industry Partners.



As a client of the HCCAO, you are not obligated to receive any other services offered by HCCAO or its industry partners.

1. I understand that HCCAO provides information, education, resources, and services regarding numerous programs. I further understand that the service that I receive from HCCAO does not obligate me to choose to participate in any other program or service offered by HCCAO at any time.
2. I understand that HCCAO will not make referrals to specific agencies, but will provide me information about area resources and I will make my own decisions whether to choose to use their services.

HCCAO certifies that its staff who will provide housing counseling has no conflicts of interest due to any other relationships with servicers, real estate agencies, mortgage lenders, and/or other entities or industry partners (whether identified or not) that may stand to benefit from particular counseling outcomes.

Julia Wise
Executive Director
Highland County Community Action Organization, Inc.

Signature

Date

Signature

Date



Conflict of Interest Disclosure Form

Highland County Community Action Organization, Inc. requires full disclosure of potential and actual conflicts of interest so that you are in a position to make fully informed decisions. It is up to you to choose whom you would like to work within the mortgage and real estate arena; you are not obligated to receive any mortgage or real estate services.

Agency/Individual Disclosure

In working with you to provide homebuyer education and/or counseling, I and/or my agency may realize the following benefits through referral or in fact:

Type of Fee and Source:

Reimbursement of up to \$1,000 from the Ohio Housing Finance Agency for services provided under the HHF Ohio Program in increments based on the eligibility of your household to receive financial assistance.

No fee is charged to you for Default counseling.

A fee may be charged for Financial Capability Workshop participation to you for services received up to \$25.00 per person of a household over 200% of Federal Poverty Guidelines with a sliding fee for households under 200% of Federal Poverty guidelines.

Purpose of Fee:

All funds received are used to operate the program services only. No fee or commission is paid to any counselor directly, to any staff member, governing board member, or partner/contractor.

You understand that the above described fee may be paid by you. However, you are not obligated to receive any other services offered by our agency or partners. You further understand that our agency is required to provide you with information on other affordable mortgage products and/or real estate services available to you in the marketplace and that it is your responsibility to ensure that you are receiving the best mortgage product and/or real estate services for your individual or family needs.

Signature

Date

Signature

Date

Fair Housing Act Disclosure

Under the Federal Fair Housing Act, it is illegal, on the basis of race, color, national origin, religion, sex, handicap, or familial status (having children under the age of 18), to:

- Deny a loan for the purpose of purchasing, constructing, improving, repairing, or maintaining a dwelling, or to deny any loan secured by a dwelling, or
- Discriminate in fixing the amount, interest rate, duration, application procedures, or other terms or conditions of such a loan, or in appraising property.

If you believe you have been discriminated against, you should send a complaint to:

Assistant Secretary for Fair Housing and Equal Opportunity
Department of Housing and Urban Development
Washington, DC 20410
For processing under the Federal Fair Housing Act

AND TO

Director, Consumer Affairs
Office of Thrift Supervision
Washington DC 20552
For processing under Office of Thrift Supervision Regulations

UNDER THE EQUAL CREDIT OPPORTUNITY ACT, IT IS ILLEGAL TO DISCRIMINATE IN ANY CREDIT TRANSACTION:

- On the basis of race, color, national origin, religion, sex, marital status, or age,
- Because income is from public assistance, or
- Because a right has been exercised under the Consumer Credit Protection Act.

Signature

Date

Signature

Date



HCCAO Privacy Policy

Highland County Community Action Organization, Inc. (HCCAO) is committed to assuring the privacy of individuals and/or their 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 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 usages: and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- 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 by submitting a written request to do so at any time you are receiving services from our agency.
- 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 937-393-3458 and do so.

Release of your information to third 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 nonpublic 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 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.

I have received HCCAO’s Privacy Policy, have read, and understand those policies as presented.

Signature

Date

Signature

Date



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Third Party Authorization

Borrower Printed Name: _____

Co-Borrower Printed Name: _____

Property Address: _____

Loan Number: _____

Lender/Servicer: _____

Please be advised that I am working with Highland County Community Action Org., Inc., a housing counseling agency, to resolve my mortgage delinquency, avoid foreclosure, and/or maintain financial stability. Through this letter, I hereby authorize you to release any and all information concerning my account(s) with your company to Highland County Community Action Org., Inc. and their counselors, including but not limited to: Christi Hauke, Tianna Sammons, Angela Mustard.

You may release additional information to Highland County Community Action Org., Inc. in the future without further authorization. Thank you for your cooperation in this matter.

Borrower Printed Name:

Co-Borrower Printed Name;

Last Four SS#:

Last Four SS#:

Signature:

Signature:

Date:

Date: