

The Brighter Days
Association, Inc.

Foreclosure
Intervention and
Default Counseling

Intake Packet

The Brighter Days Association, Inc.

Dear Homeowner,

Congratulations for taking that tough first step and contacting The Brighter Days Association, Inc. about your mortgage. We understand how hard that can be and promise to work as hard as you do to find a resolution to your situation. To assist us in providing you with the most effective and efficient service, please complete the attached worksheets in its entirety. If there are questions or information you don't understand, please call: **404.767-2319**. You will find there is an emphasis on being truthful. We can't help with a resolution unless we have a complete and accurate picture of your situation. A plan based upon only part of your information is certain to fail. In order to begin the process we have created an action plan below. This action plan requires specific documents you will need to locate and provide copies of in addition to the enclosed documents:

PLEASE PROVIDE US WITH COPIES OF ALL REQUIRED DOCUMENTS LISTED BELOW, AS OUR POLICY DOES NOT ALLOW US TO MAKE COPIES FOR YOU!

- | | |
|---|--|
| <input type="checkbox"/> Copy of your original mortgage | <input type="checkbox"/> Copy of your original note |
| <input type="checkbox"/> Copy of original HUD 1 Settlement Statement | <input type="checkbox"/> Truth in Lending (TIL) |
| <input type="checkbox"/> Loan application or Form 1003 | <input type="checkbox"/> Any correspondence from the mortgage company or its attorney, even if it's unopened |
| <input type="checkbox"/> Any documentation from the courts | <input type="checkbox"/> One Month pay stubs for all employment |
| <input type="checkbox"/> Last three months of all bank statements (Internet printouts are not acceptable) | <input type="checkbox"/> Two forms of Identification (One with Photo) |
| <input type="checkbox"/> Hardship Letter | <input type="checkbox"/> Most recent bills and statements for all expenses |
| <input type="checkbox"/> Two year's tax returns and W2's (signed/dated) | <input type="checkbox"/> Credit Report Authorization signature |
| <input type="checkbox"/> Authorization for Release of Information- signature | <input type="checkbox"/> Client/Counselor Contract- signature |
| <input type="checkbox"/> Privacy Policy- signature | <input type="checkbox"/> No Steering/Counseling Agreement signature |

Please ensure that all copies are legible. Once you provide us with the above documents, a counselor will review your information and contact you. If documents are missing, assistance will be delayed and documents will be returned. Many other families are in the same position as you and the demand for our services is high. Due to the high demand our office will not accept walk-in appointments or drop-offs of applications or documents.

You can reach us at **404-767-2319**. Please allow up to 7 days for someone to contact you after you have submitted all the needed information. Cases are triaged, assigned a level of priority; therefore we appreciate your patience and limited phone calls. For additional information and resources, please carefully review the enclosed "Foreclosure Intervention and Default Counseling Helpful Tips" and "Foreclosure Intervention and Default Counseling Expectations."

THIS PACKET IS DUE BACK WITHIN 10 DAYS OR BY _____.

***Please Note: Children are not permitted in any counseling session.**

Sincerely,

The Brighter Days Association, Inc.

The Brighter Days Association, Inc. and its employees are **NOT** attorneys. The information provided in this document is to be used as a resource and is based solely on the experiences of the agency's counselors and training. This form is to be completed only for the purpose of providing Foreclosure Intervention & Default Counseling.

Intake Submission and Action Plan

INTAKE SUBMISSION VERIFICATION

Please verify that you have submitted the following items by checking the box:

- Attended Foreclosure Workshop.
- Completed the Client Intake Form
- Completed the Family Budget Form
- Completed the Hardship Affidavit
- Signed and Dated the Authorization Form
- Completed the Credit Report Order Form
- Signed the Counselor/Client Agreement

Please verify that you have provided one **copy** of all the documents below:

- Copies of mortgage coupons or billings
- Correspondence from the servicer or attorney
- Copies of pay stubs
- Last year's tax returns
- Copies of last two months bank statements
- Copies of latest utility bills, credit card statements, car loan statements, student loan statements or other consumer debt statements

INTAKE ACTION PLAN (DEVELOPED WITH COUNSELOR)

Increase Income:

- Get a steady primary job
- Get part time job(s)
- Rent out a room
- Reduce withholdings on W-4 form (check with the IRS at www.irs.gov or call them for publications 505 and 919)
- Get any garnishment(s) reduced, if applicable
- _____
- _____

INTAKE ACTION PLAN (CONTINUED)

Lower Expenses

- Get on an average payment plan for utility bills
- Energy audit
- Modify insurance policies, (increase deductibles, reduce coverage, use same company for all insurance)
- Contact _____ for utility assistance
- Contact _____ for emergency assistance
- Contact _____ for food assistance
- Negotiate lower payments on car loan
- Negotiate lower payments on credit cards
- Reduce phone costs
- Reduce _____
- Reduce _____
- Reduce _____

Increasing Funds to Reduce Delinquency

- Sell assets
- Get help from family or friends
- Get help from place of worship
- Borrow from or use hardship exception on 401(k)
- _____
- _____

I/We verify that I/we have completed the items listed above, provided all necessary documents as requested and have met with a foreclosure counselor to complete this Intake Action Plan.

Homeowner

Date

Homeowner

Date



FORECLOSURE INTERVENTION AND DEFAULT COUNSELING HELPFUL TIPS

- If you are less than three months past due on your mortgage payment, it is likely that you are speaking with the Collections Department. Their goal is to collect the payment not to provide modification or foreclosure intervention assistance.
- Most lenders will move all mortgage loans with three or more missed mortgage payments to the Loss Mitigation Department. This department will collect financial information from the customer to determine what alternative they may offer to the customer.
- Things you should consider if you are seeking assistance in reducing your interest rate in order to reduce your mortgage payment.
 - The servicer wants a good faith payment upfront. It becomes more difficult to approve a loan modification or any other type of retention assistance if you have no money to pay upfront. “If the reason you stop making your mortgage payments is because your mortgage payments increase by \$400.00 monthly you should have at least the previous mortgage payment saved before the increase.”
- Your budget is the “make or break” deal. You must be willing to create a crisis budget and reduce spending if you truly want to keep your house. The servicer/lender will usually provide assistance to customers that are no more than 10-15% over their net monthly income.
- Foreclosure Intervention Counseling works best when you:
 - Provide copies of all the needed documents AS SOON AS POSSIBLE
 - Limit the number of telephone calls made to the Counselor
 - Are able to take ownership of the situation and be realistic about the available options
 - Ask questions and ensure you understand the process and available options
- Our agency makes an assessment of each case and determines its urgency.
 - **Level 1** – Customer has a scheduled sale date for the courts to sale the house
 - **Counseling appointments* typically are schedule within 7 days if the client provides all documents prior to the appointment.**
 - **Level 2** – Customer has been served a Lis Pendens
 - The client has 20 days from the date served to file a response to the Lis Pendens (complaint). Our agency DOES NOT write response letters. Your response is to the courts in regards to what the lender is filing a complaint. It may delay the scheduling of the court date but it usually will not stop the foreclosure process.
 - **Counseling appointments* are scheduled after all requested documents are provided and typically within 10-20 days depending on the counselor’s schedule.**
 - **Level 3** – 3 -6 months of missed payments without being served a Lis Pendens
 - **Counseling appointments* are schedule after all requested documents are provided and typically within one month depending on the counselor’s schedule.**
 - **Level 4**- Less than three months of missed payments
 - **Counseling appointments* are scheduled after all requested documents are provided and typically within one month depending on the counselor’s schedule.**

****Please Note: Children are not permitted in any counseling session.***

Document Tip Sheet

Document	Explanation
<p>Client/Counselor Agreement</p>	<p>Outlines the responsibilities of the counselor and the client.</p> <ul style="list-style-type: none"> ▪ Expectation of client honesty ▪ Policy for when you are late or don't attend appointments ▪ Outlines expectations about providing necessary documents ▪ Sets expectations of required follow-up work or action plan items ▪ Assurance of confidentiality on the part of the counselor ▪ Informs you that there are no certain outcomes
<p>Release of Info and Authorization Form</p>	<p>Allows counseling agency to:</p> <ul style="list-style-type: none"> • Receive information from other sources about your loan • Submit data about your case into a data collection system • Pull your credit report • Share information with the mortgage company • Share non-identifying information with funders
<p>Intake Application</p>	<p>Gathers the necessary information to assist in foreclosure intervention including:</p> <ul style="list-style-type: none"> • Homeowner contact information • Homeowner contact with the servicer • Mortgage information • Insurance taxes and home owner association dues information • Property information
<p>Income and Expenses Worksheet</p>	<p>Provides necessary information to the counseling agency to help you develop the best foreclosure intervention plan for you.</p> <ul style="list-style-type: none"> • This Worksheet must be completed in full. If there is incomplete information, your appointment will be postponed until the information is complete
<p>Hardship Affidavit</p>	<p>Describes your hardship to the mortgage company. Includes:</p> <ul style="list-style-type: none"> • Matter of fact description of what caused your default • Overview of your financial situation • Actions you have taken <p>Be certain to avoid blaming others for the default. Be short and to the point. Keep in mind this is a business decision for your mortgage company.</p>

Client/Counselor Agreement

The Brighter Days Association, Inc. and its counselors agree to provide the following services:

Development of a spending plan
Analysis of the mortgage default, including the amount and cause of default
Presentation and explanation of reasonable options available to the homeowner
Assistance communicating with the mortgage servicer and other creditors
Timely completion of promised action
Explanation of collection and foreclosure process
Identification of assistance resources
Referrals to needed resources
Confidentiality, honesty, respect and professionalism in all services

I/We, _____ agree to the following terms of service:

I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
I/We will provide all necessary documentation and follow-up information within the timeframe requested.
I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
I/We will contact the counselor about any changes in our situation immediately.
I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

_____ Homeowner	_____ Date
_____ Homeowner	_____ Date
_____ Homeowner	_____ Date
_____ Counselor	_____ Date
_____ Counselor	_____ Date

Authorization

THIRD PARTY AUTHORIZATION FORM

1. I understand that The Brighter Days Association, 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.
2. I understand that The Brighter Days Association, Inc. receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program 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 between now and June 30, 2011 for the purposes of program evaluation.
4. I acknowledge that I have received a copy of The Brighter Days Association, Inc.'s Privacy Policy.

THE FOLLOWING ARE OPTIONAL STATEMENTS THAT CAN BE INCLUDED IF APPLICABLE:

1. 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.
2. 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.
3. I understand that The Brighter Days Association, Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from The Brighter Days Association, Inc. in no way obligates me to choose any of these particular loan products or housing programs.

Client's signature _____

Date _____

Privacy Policy

The Brighter Days Association, 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 (404) 767-2319 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.

INTAKE APPLICATION (PAGE 1)

All of the information that I/We provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file.

Homeowner (A) Signature

Date

Homeowner (B) Signature

Date

HOMEOWNER INFORMATION

Information	Homeowner A	Homeowner B
Name		
Birth date		
Social Security Number		
Property Address		
Mailing Address		
Phone Number		
Email Address		

What caused you to contact us?		Have you had previous workouts? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates and types of workouts:
What caused your situation?		
What steps have you already taken?		

INTAKE APPLICATION (PAGE 2)

MORTGAGE AND PROPERTY INFORMATION

First Mortgage
Payment \$ _____
Do you pay taxes and insurance with your payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay your association fees with your payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Company: _____
—
Interest Rate? _____ <input type="checkbox"/> Fixed <input type="checkbox"/> ARM
Delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Months Delinquent: _____
Amount Delinquent: \$ _____

Second Mortgage
Payment \$ _____
Mortgage Company: _____
Interest Rate? _____ <input type="checkbox"/> Fixed <input type="checkbox"/> ARM
Delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Months Delinquent: _____
Amount Delinquent: \$ _____

Third Mortgage
Payment \$ _____
Mortgage Company: _____
Interest Rate? _____ <input type="checkbox"/> Fixed <input type="checkbox"/> ARM
Delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Months Delinquent: _____
Amount Delinquent: \$ _____

Delinquent on HOA payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt : \$ _____	Amount Delinquent \$ _____
Delinquent on Taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Taxes: \$ _____	Amount Delinquent \$ _____

Has home been refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many times? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more :
Date of last refinance _____	

Type of Property <input type="checkbox"/> Single Family <input type="checkbox"/> 2- 4 Unit <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Cooperative <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other

Property Condition
<input type="checkbox"/> Excellent <input type="checkbox"/> Good
<input type="checkbox"/> Fair <input type="checkbox"/> Poor

Estimated Value? \$ _____
Source: _____
Listed? <input type="checkbox"/> Yes <input type="checkbox"/> No List Price \$ _____
Time on Market? <input type="checkbox"/> 0-3 months <input type="checkbox"/> 3-6 months
<input type="checkbox"/> 6-12 months <input type="checkbox"/> More than one year
Real Estate Agent: _____
Contact Info: _____

SAMPLE INCOME AND EXPENSE WORKSHEET

Income Source	Homeowner A Amount	Full Time?	Homeowner B Amount	Full Time?	Income Totals
Employment 1					
Employment 2					
Employment 3					
Social Security					
Retirement					
Unemployment					
Child/Spousal Support					
Other Income Sources					
Other Income Source					
Totals					



Expenses	Monthly Amount	Amount Delinquent	Willing to Reduce? Y/N
Mortgage Payment Totals			
Car Payment Totals			
Credit Card Payment Totals			
Student Loan Totals			
Other Loan Totals			
Insurance Totals			
Utilities Totals			
Child Care/ Child Support			
Food			
Transportation			
Medical			
Home Maintenance			
Education			
Personal (hair, clothes, entertainment)			
Donation Costs (including tithes)			
Other Costs			
Total Costs			

DEMOGRAPHICS WORKSHEET

This information is used by the funders of the program who make this free service available. It also helps eliminate discrimination. It will only be used in aggregate form and will not be used in such a way to publicly identify you. Providing this information is optional.

Race & Ethnicity Information

Gender

- Male
- Female

Ethnicity

- Hispanic
- Non-Hispanic

Single Race:

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

Multi Race:

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

Household Information

Head of Household

- Single
- Female-headed single parent
- Male-headed single parent
- Married without dependents
- Married with dependents
- 2 or more unrelated adults
- Other

Household Gross Annual Income

Number in Household

Ages of Household Members

Agency Use Only

Area Median Income (AMI)

Percentage of AMI ((income/AMI)

- Less than 50%
- 50—79%
- 80—100%
- Greater than 100%

Sample Hardship Letter

Date: Some month, one day, this year

Re: Hardship Explanation
Borrowers: Annette and Ronald Moore
Loan Number: 684592729333
Property Address: 145 Glee Club Lane, Happyville, USA

We purchased our home five years ago and had never been late on our payments until the last four months. Ronald lost his job six months ago but has recently been hired by another firm at a similar wage. Annette has a health issue that prevents her from working at this time.

We are accustomed to paying our bills and it has been tough for us to accept that we were unable to meet our obligations. However, things have stabilized for us. We have been working with a local non-profit counselor to review our financial situation. We have reduced our expenses and made other adjustments. This lets us to be in a situation to return to making our payments, although we do not have the money to pay our overdue payments.

Our loan is a fixed rate loan and while the value on our property has decreased in the last two years, it is still above our loan amount. Given the significant drop in income the last six months we have been unable to save any money to put toward our delinquency. We are asking only for a modification that would allow us to add our delinquent payments to our loan balance so that we can begin to make our mortgage payments again.

Thank you in advance for your time and consideration in this matter.

Sincerely,

Ronald Moore

Annette Moore

Print Form

**Making Home Affordable Program
Hardship Affidavit**

MAKING HOME AFFORDABLE .COM

HARDSHIP AFFIDAVIT page 1 COMPLETE ALL TWO PAGES OF THIS FORM

Loan ID Number: _____ Servicer: _____

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth

Property Address (include city, state and zip): _____

I want to: Keep the Property Sell the Property

The property is my: Primary Residence Second Home Investment Property

The property is: Owner Occupied Renter Occupied Vacant

HARDSHIP AFFIDAVIT

I (We) am (we) requesting review under the Making Home Affordable program. I am having difficulty making my monthly payments because of financial difficulties created by check all that apply:

My household income has been reduced. For example: unemployment, underemployment, reduced hours or hours decline in business earnings, death, disability or divorce of a borrower or co-borrower.

My monthly debt payments are excessive and I am overwhelmed with my creditors. Debt includes credit cards, home equity or other debts.

My expenses have increased. For example: monthly mortgage payments, rent, high medical or health care costs, uninsured losses, increased utilities or property taxes.

My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payments and cover basic living expenses at the same time.

Other: _____

Explanation (continue on back of page 2 if necessary): _____

Have you filed for bankruptcy? No Yes Chapter 7 Chapter 13 Filing Date: _____

Has your bankruptcy been discharged? Yes No Bankruptcy case number: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For each, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER	CO-BORROWER
<input type="checkbox"/> I do not wish to furnish this information.	<input type="checkbox"/> I do not wish to furnish this information.
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer

This request was taken by: Face-to-face interview Mail Telephone Internet

Interviewer's Name (print or type) & ID Number: _____

Interviewer's Signature: _____ Date: _____

Interviewer's Phone Number (include area code): _____

Name/Address of Interviewer/Employer: _____

page 1 of 2

Hardship Affidavit

Do not expand and use this form as the information with Making Home Affordable changes frequently. Go to the link below to access the hardship Affidavit.

https://www.hmpadmin.com/portal/docs/ham_p_borrower/hardshipaffidavitint.pdf

HARDSHIP AFFIDAVIT page 2 COMPLETE ALL TWO PAGES OF THIS FORM

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

- That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu-of-foreclosure.
- I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements, may require me to provide supporting documentation, I also understand that knowingly submitting false information may violate Federal law.
- I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
- That my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice, and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
- I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu-of-foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
- I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
- I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit scores, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable mortgage loan); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____

HOMEOWNER'S HOTLINE

If you have questions about this document or the modification process, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE
Homeowner's HOPE™ Hotline

NOTICE TO BORROWERS

By advising that you are signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatements of material fact made in the completion of these documents including but not limited to misstatements regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that:

• Your quality of equity, all documents and information have provided to us are in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct.

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SEC/TARP Hotline by calling 1-877-96-2088 (toll-free), 202-433-4315 (fax), or www.sectarp.gov. Mail can be sent to: Hotline, Office of the Special Inspector General for Troubled Asset Relief Program, 1601 L St. NW, Washington, DC 20005.

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Pre-Counseling: Intake Package Review Checklist

Intake Application Review

When reviewing the intake application for completion, the following items should be considered:

- Intake Application signed and dated
- Homeowner Information section is completed with contact information
- Reason for default and reason for call is completed
- Homeowner contact with servicer complete
- Mortgage information boxes are complete and correspond to number of Notes provided
- Escrow and HOA information is complete
- Refinance information is complete
- Property information is complete

Income and Expenses Worksheet Review

- Income source and amount are complete and correspond to pay stubs and income awards and other proof of income provided
- Expense information is completed (No essential information has been disregarded. For instance, everyone eats, so there must be an amount in the food line

Intake Application Completion Checklist

All the following documents are in the intake package and complete:

- Intake Application
- Income and Expense Worksheet
- Hardship Affidavit
- Signed and Dated Authorization Form
- Signed and Dated Counselor/Client Agreement
- Copy of note(s)
- Copy of mortgage coupons or billings
- Copy of correspondence from the servicer or attorney
- Copies of pay stubs
- Copy of Last year's tax returns
- Copy of last two months bank statements
- Copies of latest utility bills, credit card statements, car loan statements, student loan statements or other consumer debt statements

Information Request for Loan Servicer from Housing Counselor

Borrower(s)

Loan #:

Address

Pursuant to the attached authorization by the borrower(s), please supply the following information about the above referenced account. We are also requesting a payoff statement and the past year payment history. The information will be used to help the borrower propose a loss mitigation plan.

Has the loan been referred to an attorney? () Y () N

Foreclosure Sale Date: _____

Redemption End Date: _____

Mortgage Investor: _____ () HAMP Participant

Investor Loan #: _____

PMI Company: _____

Current Interest Rate: _____

Monthly P&I: _____

Monthly Escrow Payment: _____ Is there forced placed Insurance? () Y () N

Total Mortgage Payment: _____

Next Payment Due: _____

Unpaid Principal Balance: _____

Escrow Balance: _____

Suspense Account Balance: _____

Late Charges: _____

Attorney Fees: _____

Foreclosure Costs: _____

Other Charges: _____

Please include a payment history beginning: _____

Qualified Written Request Under RESPA by Borrower

(Name of Borrower(s))

(Address of Borrower(s))

Date: _____

VIA CERTIFIED MAIL

(Name of Servicer)

(Name of Servicing Manager)

(Address of Servicer)

Attn: Mortgage Loan Accounting Department

Re: Loan # _____

Dear Sir or Madam:

You are the servicer of our mortgage loan at the above address. We dispute the amount that is owed and request that you send us information about the delinquencies, fees, costs and escrow accounting on our loan. This is a "qualified written request" pursuant to the Real Estate Settlement and Procedures Act (12 U.S.C. Sec. 2605(e)).

Specifically, we are requesting an itemization of the following:

- a complete payment history, including but not limited to the dates and amounts of all the payments we have made on the loan to date;
- a breakdown of the amount of claimed arrears or delinquencies;
- an explanation of how the amount due on the Monthly Billing Statement (\$_____) was calculated and a explanation of why this amount was increased to \$_____ on _____ (date);
- the payment dates, purpose of payment and recipient of any and all foreclosure fees and costs that have been charged to our account;
- the payment dates, purpose of payment and recipient of all escrow items charged to our account since you took over the servicing;
- a breakdown of the current escrow charge showing how it is calculated and the reasons for any increase within the last 24 months; and
- a copy of any annual escrow statements and notices of a shortage, deficiency or surplus, sent to us within the last three years.

Thank you for taking the time to acknowledge and answer this request as required by the Real Estate Settlement and Procedures Act.

Very truly yours,