



## Foreclosure Counseling Program

### Appointment Checklist

✓	<b>Forms Checklist: Please complete and Bring to Appointment</b>
	Complete the enclosed intake form
	Complete the Borrower Financial Information form
	Read and sign the Authorization to Release Information
	Read and sign the Borrower Signature Authorization Form <i>Credit Reports and Verifications</i>
	Read and sign Hold Harmless Agreement
	Read, complete and sign the Personal Information Release form
	Read and sign the Counselor Homeowner Agreement
	Read and sign the List of services

**If you have a question about the intake form or releases please complete as much as possible and we will finish them during the appointment.**

✓	<b>Document Checklist: Please bring to Appointment</b>
	Current loan documents (documents signed at the loan closing)
	One (1) month's most recent pay stubs for each job, for each occupant and any other income documentation.
	Two (2) Most recent tax returns with all attachments for each occupant
	Most recent utility bills
	Two (2) most recent bank statements for all accounts
	Most recent mortgage statement(s) or last mortgage statement(s) received
	Most recent property tax and property insurance statement (if you pay the taxes and insurance on your own) and homeowner's association information (if applicable)
	Most recent installment loan statements including: auto loans, credit cards, personal loans, and home equity lines of credit
	Information on any other monthly expense, debt, or liability

- **Once you have completed the enclosed application and it has been received in our office, the counselor will review your application, and contact you should more information be required.**
- **Your counselor will then begin working on your case. Please note that if you do not qualify for services through our program, we will notify you as soon as we possibly can.**
- **We will be contacting your servicer via phone/fax to determine your options. This can be a time consuming process.**
- **It may take from 30 days to 6 months before a resolution is complete.**
- **If you have not made payments, it's quite possible that collections activity will continue. Don't panic. We will continue to work with your servicer to determine what options are available.**
- **If you are served with foreclosure documents, you must seek the assistance of an attorney.**



# Foreclosure Counseling Triage/Intake Form

Client ID: \_\_\_\_\_

## Borrower Information

### Borrower

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

Cellular Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Co Borrower

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

Cellular Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Property Information

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_ Is this an investment property? \_\_\_\_\_

Housing Type:  Single Family Home  Duplex/Tri-plex/Four-plex  Townhouse/Condo  Mobile Home

## Employment & Income Information

### Borrower

Employer: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Other Income: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### Co-Borrower

Employer: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Other Income: \_\_\_\_\_ Amount: \$ \_\_\_\_\_



# Foreclosure Counseling Triage/Intake Form

Client ID: \_\_\_\_\_

## Loan Information

Are behind on your mortgage payments?  Yes  No

How behind are you?  30 days  60 days  90 days  120 days  In Foreclosure

Mortgage Company: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Delinquency: # of Months \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Loan Type:  FHA  VA  Conventional  Other

What is the type of loan?  Fixed  ARM What is the interest rate? \_\_\_\_\_

Term of mortgage:  10 years  15 years  20 years  30 years

Have you heard from an attorney?  Yes  No  
Is there a Sherriff's Sale date?  Yes  No Date: \_\_\_\_\_

Reason for delinquency:

Has the reason for delinquency been resolved?  Yes  No

Have you refinanced the loan?  Yes  No How many times? \_\_\_\_\_ Date(s): \_\_\_\_\_

If the loan is an ARM, has the rate reset as of yet?  Yes  No How many times: \_\_\_\_\_ When? \_\_\_\_\_

	Company	Monthly Payment	(#) Months Delinquent	(\$ ) Amount Delinquent
<b>2<sup>nd</sup> Mortgage:</b>				
<b>Homeowners Association:</b>				

	Escrowed	Annual Amount	(#) Months Behind	(\$ ) Amount Delinquent
<b>Property Taxes:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Escrowed	Annual Amount	Current or Lapsed	Next Payment Due Date
<b>Homeowners Insurance:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			



# Foreclosure Counseling Triage/Intake Form

Client ID: \_\_\_\_\_

## Other Counseling Organizations

Are you working with any other foreclosure or credit counseling organization?  Yes  No

If yes, what's the name of the organization? \_\_\_\_\_

## Commitment

Wants to stay in home:  Yes  No

Previous delinquencies:  Yes  No

Talked to Mortgage Company:  Yes  No

*If yes, what was discussed?*

Other steps taken to resolve the situation:

Amount available to put towards mortgage: \$ \_\_\_\_\_



Demographic Information

<b>Household Information:</b>	<b>Referral source:</b>
Number of people living in household: _____ Number people on the title: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Household gross annual income: \$ _____	<input type="checkbox"/> Agency / Organization <input type="checkbox"/> Mailer / Flyer / Brochure <input type="checkbox"/> Lender / Mortgage company <input type="checkbox"/> Media <input type="checkbox"/> Friend / Relative <input type="checkbox"/> Internet <input type="checkbox"/> Realtor <input type="checkbox"/> Other _____
<b>Citizenship</b>	<b>Country of Origin</b>
<input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> US Citizen	<input type="checkbox"/> United States <input type="checkbox"/> Other: _____
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
<b>Single Race</b>	<b>Check All That Apply</b>
<input type="checkbox"/> American Indian / Alaskan 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 <input type="checkbox"/> Undisclosed	<input type="checkbox"/> Female Head of Household <input type="checkbox"/> Single Head of Household <input type="checkbox"/> First Time Homebuyer <input type="checkbox"/> US Veteran <input type="checkbox"/> Owned Home in Last 3 years
<b>Preferred Language</b>	<b>Client Type</b>
<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> Homeless <input type="checkbox"/> Homeowner (mortgage paid off) <input type="checkbox"/> Mortgagor <input type="checkbox"/> Potential Buyer <input type="checkbox"/> Potential Renter <input type="checkbox"/> Other
<b>Are you disabled?</b>	<b>Highest Education Completed</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED Diploma <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctoral Degree

**Authorization to Release Information**

Servicer: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

I/We, the undersigned, hereby authorize you to release any and all information regarding the above referenced loan, documentary or otherwise, as requested by Freedom Debt Management, Inc. and/or their agents or assigns. I understand that this information may be transmitted electronically and authorize such transmission. This authorization is valid until specifically revoked in writing. Therefore, you may release additional information to Freedom Debt Management, Inc. in the future without further authorization.

I/We further authorize you to discuss my/our case with \_\_\_\_\_ in their capacity as a foreclosure intervention counselor. They are working to help us address our financial problems and propose a loss mitigation plan.

I/We understand that Freedom Debt Management, 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 and community services as appropriate.

I/We understand that Freedom Debt Management, Inc. may receive 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.

I/We give permission for NFMC program administrators and/or agents to follow-up with me for the purposes of program evaluation.

I/We acknowledge that I/We have received a copy of Freedom Debt Management, Inc.'s privacy policy.

I/We 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.

I/We understand that a counselor may answer questions and provide information, but not give legal advice. If I/We want legal advice, I/We will be referred for appropriate assistance.

I/We understand that Freedom Debt Management, Inc. provides information and education on various services, loan products, and/or housing programs and I/We further understand that the housing counseling I/We receive from Freedom Debt Management, Inc. in no way obligates me/us to choose any of these particular services.

This authorization may be duplicated in blank and/or transmitted via facsimile transmission. A copy of this release shall be accepted with the same authority as the original.

**Borrower Authorization(s)**

Printed Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

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

**Freedom Debt Management, Inc. is approved by the U.S. Department of Housing and Urban Development**

**Security Code: 2376670**

## **Privacy Policy**

Freedom Debt Management, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that 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 Authorization to Release Information. . 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**

- 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 “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 (800) 905-1564 or notify us in writing at 941A Clint Moore Road, Boca Raton, FL 33487 to 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 your, 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 were 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.

**Freedom Debt Management, Inc. is approved by the U.S. Department of Housing and Urban Development**

**Hold Harmless Agreement**

The undersigned parties (borrowers) agree to seek independent Counsel pertaining to the sale of their home, land, real property in matter of state and federal taxes and legal implications. The undersigned borrower(s) shall contact an attorney to obtain qualified counsel relating to the implications of foreclosure.

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The undersigned agree that there have been no guarantees or promises of foreclosure avoidance or approval of any loss mitigation option made to them by the counselor or Freedom Debt Management, Inc. It has been explained to them, and they agree to as much below, that a counselor can make no warranties implied or otherwise as to the servicer/investor approval of a modification, sale, forbearance, deed-in-lieu, repayment plan, refinance, or any other loss mitigation alternative. Any information that the counselor has presented to the client is to assist the client in making an informed decision in the loss mitigation process but in no way should preclude the client from seeking professional legal as well as tax advice, it is expressly suggested that the client do both.

IN SIGNING THIS RELEASE, I/We ACKNOWLEDGE AND REPRESENT THAT I/WE have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign if voluntarily as my/our own free act and deed; no oral representations, statements or inducement, apart from the foregoing written agreement, have been made; I/We am at least eighteen (18) years of age, and fully competent; and I/We execute the Release for full, adequate and complete consideration fully intending to be bound by the same.

**Borrower**

Printed Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

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

**Co-Borrower**

Printed Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

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

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**Freedom Debt Management, Inc.**  
941A Clint Moore Road  
Boca Raton, FL 33487  
Phone: (800) 905-1564 Fax: (561) 955-8539

**Personal Information Release**

Freedom Debt Management, Inc. is a HUD approved non-profit Florida Corporation that facilitates educational programs and provides counseling services to help individuals achieve and maintain homeownership. The Organization receives funding for these programs from a variety of organizations and foundations. In turn, the Organization provides periodic reports to its benefactors on program effectiveness.

I/We hereby authorize and direct Freedom Debt Management, Inc. to disclose any and all information obtained in conjunction with my/our participation in the Foreclosure Counseling Program to their benefactors for the purposes of:

1. Monitoring the performance and effectiveness of Freedom Debt Management, inc. and the counseling and education program.
2. Providing reports about the program to the Organization’s benefactors;
3. Conducting follow-up surveys to get feedback on the program and determine the effectiveness of the program.

A photocopy of this form will also serve as evidence of my/our authorization to share information with the Organization.

I/We may revoke this authorization by giving written notice. If I/We revoke this authorization, The Organization will not be authorized to obtain any additional information about me/us, but may, consistent with this authorization, maintain and use information already obtained.

All information collected will be treated with confidentiality.

**Authorization**

Printed Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

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

**Freedom Debt Management, Inc. is approved by the U.S. Department of Housing and Urban Development**

### **Counselor and Homeowner Agreement**

Freedom Debt Management, Inc. and its counselors agree to provide professional foreclosure counseling services to \_\_\_\_\_ . The undersigned client(s) understand that our counselors are not attorney's and do not provide legal advice or assistance.

The counselor will help you understand:

- The foreclosure process so that you know what to expect and when;
- Explore options available to you for preventing foreclosure.
- The amount and cause of the mortgage default;
- Your income and expenses by developing a spending plan;
- Solutions to the cause of default and adjustments to your spending plan, as needed;
- Your mortgage product and communicate with your mortgage company;
- Available options for preventing foreclosure including the pros and cons of each.

Counselors are not able to prevent foreclosure in every situation but are committed to working with you so you can make the best decisions possible.

#### **Counselor Commitment**

The counselor agrees to:

- Provide you with factual information;
- Develop an action plan and assist you with completing action plan steps in a timely manner;
- Make referrals to needed resources;
- Provide services confidentially, honestly and respectfully;
- Not provide you with any form of legal advice or assistance.

#### **Homeowner Commitment**

You understand that in order for the counselor to provide you with the best service possible, you agree to:

- Provide honest and complete information.
- Provide all necessary documentation a complete action plan steps within the timeframe requested.
- Notify the counselor immediately, preferably 6 hours before a scheduled appointment, if you will be unable to attend an appointment.
- Arrive on time for appointments. You understand that if you are late for an appointment, the appointment will still end at the scheduled time and the counselor may need to reschedule.
- Contact the counselor about any changes in your situation immediately.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

**Freedom Debt Management, Inc. is approved by the U.S. Department of Housing and Urban Development**

**BORROWER SIGNATURE AUTHORIZATION FORM**  
**Credit Reports and Verifications**

FREEDOM DEBT MANAGEMENT INC  
941A CLINT MOORE ROAD  
BOCA RATON, FL 33487  
Fax: (800) 543-0402

CREDIT PLUS  
31550 WINTERPLACE PARKWAY  
SALISBURY, MD 21804  
(800) 258-3488

I/We hereby authorize FREEDOM DEBT MANAGEMENT INC to verify my past and present employment earnings records, bank accounts, stockholdings, and any other asset balances that are needed to process my mortgage assistance application. I/We further authorize FREEDOM DEBT MANAGEMENT INC to order a consumer credit report and verify other credit information, including past and present mortgages, landlord references, and release or disclose personal health information.

FREEDOM DEBT MANAGEMENT INC may also utilize the services of CREDIT PLUS to further verify my personal credit information and the information FREEDOM DEBT MANAGEMENT INC obtains is only to be used in the processing of my application for a mortgage loan. It is understood that a copy of this form will also serve as authorization. This authorization expires 120 days from the date indicated below.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

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Borrower Signature

Social Security No.

Date

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Co-Borrower Signature

Social Security No.

Date



### HUD Approved Counseling Agencies

CCCS of Greater Atlanta	1515 North Federal Highway Suite 2000 Boca Raton, FL 33434 Phone: (800) 251-2227
Consolidated Credit Counseling Services, Inc.	5701 W. Sunrise Blvd. Fort Lauderdale, FL 33313 Phone: (866) 435-1876
Consumer Credit Management Services, Inc.	315 NE 2 <sup>nd</sup> Avenue Delray Beach, FL 33444 Phone: (866) 213-8522
Deerfield Beach Housing Authority	533 S. Dixie Highway Deerfield Beach, FL 33441 Phone: (954)425-8449 ext. 110
Housing Partnership, Inc.	2001 W. Blue Heron Blvd. Riviera Beach, FL 33404 Phone: (561) 841-3500 ext. 1062
New Visions Community Development Corp.	950 NW 11 <sup>th</sup> Avenue Ft. Lauderdale, FL 33311 Phone: (954) 768-0920
Urban League of Broward County	11 NE 36 Avenue Fort Lauderdale, FL 33313 Phone: (954) 625-2570
Urban League of Broward County	3521 West Broward Boulevard, Suite 201 Fort Lauderdale, FL 33311 Phone: (954) 625-2574
CCCS of Greater Atlanta	700 South Dixie Highway, Suite 103 West Palm Beach, FL 33401 Phone: (800) 251-2227
Credit Card Management Services, Inc.	4611 Okeechobee Boulevard, Suite 114 West Palm Beach, FL 33417 Phone: (800) 920-2262
Life Improvement For Tomorrow, Inc.	1910 S. Olive Avenue West palm Beach, FL 33401 Phone: (877) 868-7026
Urban League of Palm Beach County	1700 Australian Avenue West Palm Beach, FL 33407 Phone: (561) 833-1461 ext. 25

# Housing Counseling Fee Structure

## Counseling Fees

Credit Counseling	Free
Foreclosure Counseling	Free
Budget Counseling	Free

## Credit Reporting Fees

	Individual	Joint
One Bureau	6.00	10.00
Two Bureau	10.00	17.00
Residential Mortgage	58.00	
Fannie Mae Direct	18.00	
Fraud Alert	Free	

**Credit Score Wizard** (Allows you to simulate changes to the applicant's credit file to see what affect it has on the credit score)

Credit Analyzer	3.50 per bureau
What If Simulator	4.50 per bureau

**Credit Score Plus** (Delete/Update trade lines at all three repositories in 3 to 5 business days with SCORES)

TransUnion	\$30 per trade line, per consumer
Experian	\$30 per trade line, per consumer

## Flood Certification

Regular	10.00
Life of Loan	15.00

## Tax Verifications

1040: Individual Tax Return (up to 3 years)	25.00
W2+1040	25.00
1065: Partnership Tax Return	25.00
1120: Corporate Tax Return	25.00
TFV: tells if tax return was filed for the past 4 years	25.00

## Debt Management Plan Fees

Enrollment Fee	\$50  Can be waived based on HUD AMI: \$67,600 0% - 80% Waived
Monthly Service Fee	\$19 - \$49

# Housing Counseling Fee Structure

## Property Valuation Fees

Market Valuation (unit cost)	\$15
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## Disposition Valuation

Disposition Valuation (unit cost)	\$15
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## Income Verification Fees

Income Validation	\$10
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## Other Fees

Return Check Fee	\$30.00
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