

# Foreclosure Prevention Counseling

## How to Enroll in Counseling

**Read entire document carefully, as no exceptions will be made to this policy**

You can mail or drop off the application packet—due to the amount of paperwork involved, faxes will not be accepted. AHC will review your file within 48 hours and contact you thereafter.

Incomplete applications will be placed on hold.

**PLEASE NOTE:** A complete application packet must be received **five business** days prior to your scheduled appointment.

### 1) Complete AHC's Intake Form

- ✓ Homeowner Information Sheet
- ✓ Employment Information
- ✓ Reasons for Default Situation
- ✓ Financial Worksheet

### 2) Gather & Make Copies of Your Documentation

Bring copies of all of the below items. All copies must be one-sided. AHC cannot make copies for you. Do not bring originals, as we cannot guarantee these will be returned to you. Bring only those items requested. Place them in the order listed below:

1. Most recent mortgage statement from your lender
2. Any correspondence from your lender or attorney regarding the default
3. Foreclosure Court Summons (*only if applicable*)
4. Most recent 2 years of federal tax returns including W-2's (*If self-employed: Include last 2 years of business federal returns*).
5. Last 60 days pay stubs for all household members age 18+
  - (*If paid weekly, provide 8-9 pay stubs; if paid bi-weekly, provide 4-5—depending on length of month*)
  - If self-employed: Previous year's & Year-to-Date Profit & Loss statements  
(*Statement header should be MM-DD-YY to MM-DD-YY & list Company Name & Address*)
6. Last 3 months bank statements for all accounts (all pages) (*For business income: Include 3 months statements as well*)
7. ALL public assistance award letters, such as SNAP, WIC, Social Security, SSI, etc.
8. Most recent utility bills: telephone, cable/internet, gas, electric, water/sewer, trash
9. Most recent credit card statement(s)
10. Bankruptcy Discharge Documents (*only if applicable*)
11. Quit Claim Deed (*only if applicable*)
12. Copy of Divorce Decree (*only if alimony or Child Support is received*)
13. Homeowners Insurance Declaration Page
14. 710—Mortgage Assistance Application form (a fillable version is available on our website)

**VISIT OUR WEBSITE AT [WWW.AHCLC.ORG](http://WWW.AHCLC.ORG) TO DOWNLOAD THE APPLICATION**

**Affordable Housing Corporation of Lake County**

ATTN: Intake Coordinator

1590 S. Milwaukee Ave., Suite 312 - Libertyville, IL 60048 \*847/796-8050\*

*Office hours: 8:30am-5pm; use door slot if after hours*



Foreclosure Prevention Counseling & Mediation Intake Form

Borrower Name:
Address:
City: State: Zip Code:
Telephone: Cell Phone:
Best time to call: Best Method: Home Cell
Email:
Social Security # D.O.B:

Co-Borrower Name:
Address:
City: State: Zip Code:
Telephone: Cell Phone:
Best time to call: Best Method: Home Cell
Email:
Social Security # D.O.B:

Primary Language Spoken in Household: How were you referred to our agency:

Length of Occupancy:

Original Purchase Price: \$ Year Home was built: Estimated Value: Year Home was Purchased:

Have you ever refinanced your home? No Yes How many times? Number of Years refinanced:

Condition of Home: Excellent Good Fair Poor Other:

What are your plans with your property? Prefer to stay Prefer to move Unsure Willing to consider both Other:

If you sell your home where do you envision moving? Moving in with friends Moving in with family Rent Other:

List any significant repairs needed:

- 1.) 2.) 3.) 4.) 4.) 5.) 6.) 7.)

Because AHC receives Federal Funding to provide Foreclosure Prevention Counseling, we are required to track demographic data. This data is kept strictly confidential and is used solely for reporting purposes.

BORROWER INFORMATION

Ethnicity: Hispanic/Latino Not Hispanic/Latino
Race: American Indian/Alaskan Native Asian Asian & White
Native Hawaiian/Other Pacific Islander White
American Indian or Alaskan Native & White
Black or African American Black or African American & White
American Indian or Alaskan Native & Black or African American
Other Multiple Race Choose Not to Respond
Head of Household: Single Married Separated Divorced
Widowed
Other: Choose not to state
Gender: Male Female Disabled: Yes No
US Citizen: Yes No Permanent Alien: Yes No N/A
Military Status: Active Duty Veteran N/A
Highest Education Level: High School Some College Degree N/A
Choose Not to State

CO-BORROWER INFORMATION

Ethnicity: Hispanic/Latino Not Hispanic/Latino
Race: American Indian/Alaskan Native Asian Asian & White
Native Hawaiian/Other Pacific Islander White
American Indian or Alaskan Native & White
Black or African American Black or African American & White
American Indian or Alaskan Native & Black or African American
Other Multiple Race Choose Not to Respond
Head of Household: Single Married Separated Divorced
Widowed
Other: Choose not to state
Gender: Male Female Disabled: Yes No
US Citizen: Yes No Permanent Alien: Yes No N/A
Military Status: Active Duty Veteran N/A
Highest Education Level: High School Some College Degree N/A
Choose Not to State

**EMPLOYMENT INFORMATION**

**BORROWER**

Are you self-employed?  Yes  No

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

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

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

Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Years at Current Employer: \_\_\_\_\_

Annual Salary OR Hourly Wage: \_\_\_\_\_

Check if you earn:  Tips  Overtime  Bonus  Commissions

Hours worked per week: \_\_\_\_\_ Does this include overtime? \_\_\_\_\_

**CO-BORROWER**

Are you self-employed?  Yes  No

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

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

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

Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Years at Current Employer: \_\_\_\_\_

Annual Salary OR Hourly Wage: \_\_\_\_\_

Check if you earn:  Tips  Overtime  Bonus  Commissions

Hours worked per week: \_\_\_\_\_ Does this include overtime? \_\_\_\_\_

**MONTHLY INCOME**

**BORROWER**

Gross Monthly Income \$ \_\_\_\_\_ (Income BEFORE Taxes)

Other Income \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Savings/Retirement \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Workman's Comp \$ \_\_\_\_\_

SSI/SSDI \$ \_\_\_\_\_

Spousal or Child Supp. \$ \_\_\_\_\_

Food Stamps/WIC \$ \_\_\_\_\_

Veteran's Benefits \$ \_\_\_\_\_

Children's Wages \$ \_\_\_\_\_

Child Care Assistance \$ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

**CO-BORROWER**

Gross Monthly Income \$ \_\_\_\_\_ (Income BEFORE Taxes)

Other Income \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Savings/Retirement \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Workman's Comp \$ \_\_\_\_\_

SSI/SSDI \$ \_\_\_\_\_

Spousal or Child Supp. \$ \_\_\_\_\_

Food Stamps/WIC \$ \_\_\_\_\_

Veteran's Benefits \$ \_\_\_\_\_

Children's Wages \$ \_\_\_\_\_

Child Care Assistance \$ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

**OTHER ASSETS**

**BORROWER**

Retirement \$ \_\_\_\_\_

IRA \$ \_\_\_\_\_

401K \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**CO-BORROWER**

Retirement \$ \_\_\_\_\_

IRA \$ \_\_\_\_\_

401K \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

TOTAL MONTHLY COMBINED INCOME: \$ \_\_\_\_\_

**REASONS FOR DEFAULT SITUATION**

**What factors caused you to fall behind on your mortgage payment? (Check all that apply)**

- Lost Job                       Loss of income due to divorce                       Earning less than when home was purchased  
 Credit cards and or other debt                       Loss of income due to death in the family                       Took in family/friends  
 Loss of income due to illness or disability                       Other: \_\_\_\_\_

**What is your current employment situation?**

***Borrower***

- Permanent employment  
 Temporary employment  
 Employed full-time  
 Employed part-time  
 Currently unemployed  
 Other: \_\_\_\_\_

***Co-Borrower***

- Permanent employment  
 Temporary employment  
 Employed full-time  
 Employed part-time  
 Currently unemployed  
 Other: \_\_\_\_\_

**If unemployed or temporarily employed are you?**

***Borrower***

- Looking for temporary employment  
 Looking for permanent employment  
 Looking for part-time permanent employment  
 Waiting to hear from a potential employer  
 Other: \_\_\_\_\_

***Co-Borrower***

- Looking for temporary employment  
 Looking for permanent employment  
 Looking for part-time permanent employment  
 Waiting to hear from a potential employer  
 Other: \_\_\_\_\_

**In your own words and to the best of your ability, briefly explain the reason(s) for the default situation:**

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**Do you have a plan for making next month's mortgage payment?**  Yes  No

**If yes, please explain to the best of your ability how you will make your payment. Please include any changes in your employment or expected income.**

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**MONTHLY EXPENSES AND DEBTS**

**CLIENT NAME(S):**

<b>Expense Category</b>	<b>Expense Description</b>	<b>Monthly Payment</b>	<b>Total Balance Remaining</b>	<b>Amount Delinquent</b>
Housing	Mortgage/Rent Payment			
	Taxes (if not included above)			
	Assessments			
	Home Repairs			
Utilities	Phone (Land Line)			
	Cell Phone			
	Gas			
	Electric			
	Cable/Internet			
	Water/Garbage/Sewer			
Transportation	Car Payment 1			
	Car Payment 2			
	Gasoline			
	Car Insurance			
	Repairs & Maintenance			
	IPASS / Tolls / Parking			
	Public Transportation			
Household Expenses	Groceries			
	Non-Food Supplies			
	Personal Care			
	Clothing			
Education	Education			
Insurance	Life			
	Medical			
	Dental			
Medical	Disability			
	Doctor Visits			
	Medication			
	Other			
Child Care	Child Care			
Child Support	(if not garnished from check)			
Cash / Entertainment	Spending Money			
	Entertainment			
	Vacation			
Dues / Donations	Church / Charity			
	Dues			
Miscellaneous / Other	Other			
Loans / Credit	Credit Card / Loan 1			
	Credit Card / Loan 2			
	Credit Card / Loan 3			
	Credit Card / Loan 4			
	Credit Card / Loan 5			
<b>Total Expenses</b>		\$ -	\$ -	\$ -
<b>Total Income</b>				
<b>Difference + (-)</b>		\$ -		

# Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact [servicer name] at [phone #].

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or [www.hud.gov/counseling](http://www.hud.gov/counseling)
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or [www.consumerfinance.gov/mortgagehelp](http://www.consumerfinance.gov/mortgagehelp)

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

## Borrower Information

**Borrower's name:** \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

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

Primary phone number: \_\_\_\_\_  Cell  Home  Work  Other

Alternate phone number: \_\_\_\_\_  Cell  Home  Work  Other

**Co-borrower's name:** \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

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

Primary phone number: \_\_\_\_\_  Cell  Home  Work  Other

Alternate phone number: \_\_\_\_\_  Cell  Home  Work  Other

Preferred contact method (choose all that apply):  Cell phone  Home phone  Work phone  Email  Text—checking this box indicates your consent for text messaging

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death?  Yes  No

## Property Information

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

Mailing address (if different from property address): \_\_\_\_\_

- The property is currently:  A primary residence  A second home  An investment property
- The property is (select all that apply):  Owner occupied  Renter occupied  Vacant
- I want to:  Keep the property  Sell the property  Transfer ownership of the property to my servicer  Undecided

Is the property listed for sale?  Yes  No – If yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: \_\_\_\_\_

Is the property subject to condominium or homeowners' association (HOA) fees?  Yes  No – If yes, indicate monthly dues: \$ \_\_\_\_\_

## Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) \_\_\_\_\_ and is believed to be:

- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months)
- Resolved as of (date) \_\_\_\_\_

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> <li>▪ Written statement from the borrower, or other documentation verifying disability or illness</li> <li>▪ <b>Note:</b> Detailed medical information is not required, and information from a medical provider is not required</li> </ul>
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> <li>▪ Final divorce decree or final separation agreement <b>OR</b></li> <li>▪ Recorded quitclaim deed</li> </ul>
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> <li>▪ Recorded quitclaim deed <b>OR</b></li> <li>▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property</li> </ul>
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> <li>▪ Death certificate <b>OR</b></li> <li>▪ Obituary or newspaper article reporting the death</li> </ul>
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> <li>▪ <b>For active duty service members:</b> Permanent Change of Station (PCS) orders or letter showing transfer.</li> <li>▪ <b>For employment transfers/new employment:</b> Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, <b>AND</b></li> <li>▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)</li> </ul>
<input type="checkbox"/> Other – hardship that is not covered above: _____ _____ _____ _____ _____	<ul style="list-style-type: none"> <li>▪ Written explanation describing the details of the hardship and any relevant documentation</li> </ul>

## Borrower Income

Please enter all borrower income amounts in middle column.

MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<ul style="list-style-type: none"> <li>Most recent pay stub and documentation of year-to-date earnings if not on pay stub <b>OR</b></li> <li>Two most recent bank statements showing income deposit amounts</li> </ul>
Self-employment income	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements showing self-employed income deposit amounts <b>OR</b></li> <li>Most recent signed and dated quarterly or year-to-date profit/loss statement <b>OR</b></li> <li>Most recent complete and signed business tax return <b>OR</b></li> <li>Most recent complete and signed individual federal income tax return</li> </ul>
Unemployment benefit income	\$	<ul style="list-style-type: none"> <li>No documentation required</li> </ul>
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements showing deposit amounts <b>OR</b></li> <li>Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>
Non-taxable Social Security or disability income	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements showing deposit amounts <b>OR</b></li> <li>Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>
Rental income (rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements demonstrating receipt of rent <b>OR</b></li> <li>Two most recent deposited rent checks</li> </ul>
Investment or insurance income	\$	<ul style="list-style-type: none"> <li>Two most recent investment statements <b>OR</b></li> <li>Two most recent bank statements supporting receipt of the income</li> </ul>
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements showing receipt of income <b>OR</b></li> <li>Other documentation showing the amount and frequency of the income</li> </ul>

## Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$



## Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party\* communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,\* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.\*

\* An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your completed application, together with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.**

**We will use the information you provided to help us identify the assistance you may be eligible to receive.**