

Dear Homeowner,

HDF'S foreclosure intervention program is an effective solution for borrowers at risk of foreclosure or with an unaffordable mortgage. HDF will try to help homeowners who are eligible for our program find solutions. A list of eligibility requirements may be found below. You should consider all options while you are working with us. If you believe you are harassed by debt collectors or that the debt collector is engaging in illegal or unethical activities, you should contact the Federal Trade Commission at 1-877-FTC-HELP.

If you are in arrears on your mortgage loan, HDF may be able to assist you in working out a resolution with your lenders. In order to be eligible you need to meet the following guidelines:

1. You must live in the property
2. You cannot own other property
3. Your mortgage indebtedness may not exceed \$729,750

HDF may be a resource for you if any of these conditions apply:

1. Mortgage loans are in delinquency
2. Mortgage loans are current but default is imminent or foreseeable
3. There is a pending rate reset within 6 months
4. There has been a material reduction in income
5. There has been an increase in debt
6. There has been a notice of foreclosure

Please contact HDF's foreclosure hotline at 203 969-1830 ext. 31 and a representative will contact you regarding our program and orientation sessions. Reservations are required. *PLEASE NOTE: We can NOT accommodate children or guests; only applicants and co-applicants who are registered in advance can be admitted.*

HDF is a non-profit agency and does not charge a fee for our counseling service. We do however incur an expense for ordering a credit report and request that you **include a check or money order in the amount of \$15.75 for one (1) person and \$16.50 for a joint report made out to Housing Development Fund, Inc.**

Please bring **copies** of the following items (We CANNOT accept originals):

- *Application form – filled out*
- *Copy of mortgage and note*
- *Copies of correspondence from your mortgage company*
- *Copy of your latest monthly mortgage statement*
- *One month of current paystubs for all employment*
- *Past two years of complete tax returns*
- *W-2 for past 2 years*
- *Verification of any other source of income*
- *Two months of bank statements*
- *Hardship Letter*
- *Current Utility bill(s)*

**APPLICANT NAME**

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK OR CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**CO APPLICANT NAME**

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK OR CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**HOUSEHOLD TYPE (circle one):**

*Single Adult   Single Parent   Married with dependants   Married without dependants   Unrelated Adults   Other*

**HOUSEHOLD NUMBER of ADULTS:** \_\_\_\_\_ **HOUSEHOLD NUMBER OF CHILDREN UNDER 18:** \_\_\_\_\_

**PREFERRED LANGUAGE (circle one):**   *English*   *Spanish*

**REFERRED BY (circle one):**

*Mediator   Web/Internet   Gov Agency   Other Agency   Lender   News   Friend/Family   Self*

**APPLICANT HIGHEST LEVEL of EDUCATION (circle one):**

*Primary   Some High School   High School (GED)   Some College   College Graduate   Post College*

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

*The following information is requested by the Federal Government 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.*

**APPLICANT**

I do not wish to furnish this information

Ethnicity:  Hispanic or Latino

Not Hispanic or Latino

Race:  American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Sex:  Female    Male

**CO APPLICANT**

I do not wish to furnish this information

Ethnicity:  Hispanic or Latino

Not Hispanic or Latino

Race:  American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Sex:  Female    Male

## Property Address:

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Property Type (circle one): Condo                  Single Family Home                  Multi Family Home

## Property Status:

I want to:                                   Keep the Property       Sell the Property

The property is my:                       Primary Residence       Second Home               Investment

The Property is:                           Owner Occupied       Renter Occupied       Vacant

Is the property listed for sale?       Yes                           No

Have you received an offer on the property?                                   Yes                           No

Date of offer: \_\_\_\_\_

Amount of offer \$ : \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone: \_\_\_\_\_

Is the property for sale by owner?       Yes                           No

Have you filed for bankruptcy?       Yes                           No

If yes,  Chapter 7

Chapter 13

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

Has your bankruptcy been discharged?

Yes

No

Bankruptcy Case Number: \_\_\_\_\_



# APPLICATION

## Mortgage Information (First Mortgage)

Holder (Bank or Servicer) \_\_\_\_\_ Loan # \_\_\_\_\_

Contact Name \_\_\_\_\_

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

Monthly Payment TOTAL \$: \_\_\_\_\_

Payment Breakdown: Principal \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_

Monthly Payment Status (circle one):

*Current*

*30-60 Days Late*

*60-90 Days Late*

*90-120 Days Late*

*120 or more Days Late*

Current Interest Rate % \_\_\_\_\_

Term (15 year, 20 year, 30 year, etc) \_\_\_\_\_

Current Principal Balance \$ \_\_\_\_\_

Past Due Payment Amount \$ \_\_\_\_\_

## Mortgage Information (Second Mortgage, if Applicable)

Holder (Bank or Servicer) \_\_\_\_\_ Loan # \_\_\_\_\_

Contact Name \_\_\_\_\_

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

Monthly Payment TOTAL \$: \_\_\_\_\_

Payment Breakdown: Principal \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_

Monthly Payment Status (circle one):

*Current*

*30-60 Days Late*

*60-90 Days Late*

*90-120 Days Late*

*120 or more Days Late*

Current Interest Rate % \_\_\_\_\_

Term (15 year, 20 year, 30 year, etc) \_\_\_\_\_

Current Principal Balance \$ \_\_\_\_\_

Past Due Payment Amount \$ \_\_\_\_\_

## Status HOA, Condo Association dues (if Applicable)

HOA/ Condo Association: \_\_\_\_\_

Contact Name \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

Monthly Common Charges & Assessments \$: \_\_\_\_\_

Monthly Payment Status (circle one):

*Current    30-60 Days Late    60-90 Days Late    90-120 Days Late    120 or more Days Late*

Past Due Payment Amount \$ \_\_\_\_\_

## Applicant Employment Information

Applicant Employer:

Type of Business:

Position:

Date Started:

Gross Annual Income:

Net Annual Income:

## Co-Applicant Employment Information

Co Applicant Employer:

Type of Business:

Position:

Date Started:

Gross Annual Income:

Net Annual Income:

## HARDSHIP AFFIDAVIT

I (We) am/are having difficulty making my monthly mortgage payment(s) because of financial difficulties created by (check all that apply):

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

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

My expenses have increased. For example: monthly mortgage payment reset, 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 payment and cover basic living expenses at the same time.

OTHER (Please specify)

**HOUSEHOLD INCOME and ASSETS**

<b>Monthly Household Income</b>	
Monthly Gross Wages	\$
Overtime	\$
Child Support/ Alimony /Separation	\$
Social Security/SSDI	\$
Other monthly income from pensions, annuities or retirement plans	\$
Tips, commissions, bonus and self-employed income	\$
Rents Received	\$
Unemployment Income	\$
Food Stamps/Welfare	\$
Other (investment income, royalties, interest, dividends, etc.)	\$
<b>Total (Gross Income)</b>	<b>\$</b>

<b>Household Assets*</b>	
Checking Account(s)	\$
Checking Account(s)	\$
Savings/ Money Market	\$
CDs	\$
Stocks/Bonds	\$
Other Cash on Hand	\$
Other Real estate (estimated value)	\$
Other_____	\$
Other_____	\$
<b>Total Assets</b>	<b>\$</b>

**\*Do not include the value of life insurance or retirement plans when calculating assets (401K, pension funds, annuities, IRAs, Keogh plans, etc.)**

**HOUSEHOLD EXPENSES-1**

<b>EXPENSE CATEGORY</b>		<b>MONTHLY \$</b>	
Car Related			
	Car loan(s)		
	Car Insurance		
	Gasoline		
	Maintenance/ Repairs		
House Related			
	Mortgage payment		
	Property Taxes		
	Homeowners insurance		
	Maintenance		
	Heating Oil		
	Gas		
	Electricity		
	Water/ Sewer		
Other Loans			
	Credit card min payments		
	Installment loans - excl. car(s)		
	Student loans		
	Other loans		
Living Expenses			
	Groceries		
	Clothing		
	Dining Out		
	Food at Work		
Communications/ Entertainment			
	Cable TV		
	Internet		
	Telephone - land line		
	Cell phones		

**HOUSEHOLD EXPENSES -2**

<b>EXPENSE CATEGORY</b>		<b>MONTHLY \$</b>	
Children	Child care		
	Child support/ Allimony		
	School fees/ books & supplies		
	School lunches		
Medical	Doctors		
	Dentist		
	Medications		
	Medical Insurance		
Other	Church donations		
	Life Insurance		
	Tuition		
	Other:		
	<b>TOTAL EXPENSES</b>	<b>\$</b>	
	<b>TOTAL GROSS INCOME</b> <b>(from page 5 above)</b>	<b>\$</b>	
	<b>SURPLUS/DEFICIT</b>	<b>\$</b>	



**APPLICANT’S CERTIFICATION AND AUTHORIZATION**

**The undersigned certify and authorize the following:**

The foreclosure intervention process includes the application, and additional forms Housing Development Fund may require, including Credit Release Form, Authorization to Lender and other forms. HDF cannot accept my application unless the forms in the Foreclosure Intervention package are completed.

In applying I (we) have completed an application containing various information and forms relating to employment, family members income information, and assets and liabilities. I (we) certify that all of the information is true and complete. I (we) made no misrepresentation in the application, nor in other documents nor did I (we) omit pertinent information.

I (we) fully understand and agree that HDF reserves the right to verify any information provided to them. In writing I (we) authorize HDF and its representatives to speak on my behalf regarding my mortgage with the lender and the servicer.

I (we) understand that HDF receives funding through the Housing Partnership Network, the United Way and the Connecticut Housing Finance Authority (CHFA). HDF is required to share some of my personal information with Housing Partnership Network, the United Way, CHFA and their agents, administrators, and/or government representatives for purposes of oversight, compliance and evaluation.

A copy of this certification and authorization may be used as an original.

I (we) fully understand that HDF will provide recommendations, information and counseling. HDF makes no decision in the resolution of the mortgage loan, and I (we) are free to choose which program suits me. I (we) also understand that the lender/servicer makes the ultimate decision.

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<b>APPLICANT NAME (PRINT)</b>	<b>APPLICANT SIGNATURE</b>	<b>DATE</b>
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<b>CO-APPLICANT NAME (PRINT)</b>	<b>CO-APPLICANT SIGNATURE</b>	<b>DATE</b>
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<b>Counselor’ Name</b>	<b>Counselor’s Signature</b>	<b>Counselor’s Email Address</b>
<p><b>Housing Development Fund</b>  <b>100 Prospect Street Suite 100</b>  <b>Stamford, Ct 06901</b>  <b>203-969-1830, ext 21</b>  <b>203-323-8958 FAX</b></p>		



## Foreclosure Mitigation Counseling Agreement

1. I (WE) understand that Housing Development Fund, Inc. (HDF) provides foreclosure mitigation counseling after which I (WE) will receive a written action plan consisting of recommendations for handling MY/OUR finances, possibly including referrals to other housing agencies, as appropriate.
2. I(WE) understand that HDF receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of MY/OUR personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I (WE) understand that 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 (WE) understand that I (WE) am not obligated to use any of the services offered to me.
4. A counselor may answer questions and provide information, but not give legal advice.
5. I (WE) understand that Housing Development Fund, Inc. provides information and education on numerous loan products and housing programs and I (WE) further understand that the housing counseling I (WE) receive from HDF in no way obligates me to choose any of these particular loan products or housing programs.

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**CLIENT NAME (PRINT)**

**CLIENT SIGNATURE**

**DATE**

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**CLIENT NAME (PRINT)**

**CLIENT SIGNATURE**

**DATE**



**CREDIT RELEASE FORM**

APPLICANT NAME

FIRST MIDDLE LAST

CO-APPLICANT NAME (if applicable)

FIRST MIDDLE LAST

CURRENT ADDRESS

HOUSE NUMBER CITY STATE ZIP

PREVIOUS ADDRESS

HOUSE NUMBER CITY STATE ZIP

Social Security # of Applicant:

Social Security # of Co-Applicant:

**By signing below, I (WE) AUTHORIZE the Housing Development Fund to order my credit report.**

**By signing below, I (WE) authorize the Housing Development Fund to run a credit check when necessary, and to release all information to interested parties upon their request.**

APPLICANT NAME (PRINT) APPLICANT SIGNATURE DATE

CO-APPLICANT NAME (PRINT) CO-APPLICANT SIGNATURE DATE

**FEE:** \$15.75 for one (1) person and \$16.50 for a joint report. **Check** or Money Order **only** for Credit Report (*no cash*).

Make checks payable to **Housing Development Fund**.

**THIS BOX FOR HDF USE**

Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_  
Number of Single Credit Reports: \_\_\_\_\_  
Number of Joint Credit Reports: \_\_\_\_\_



**AUTHORIZATION TO RELEASE INFORMATION**

TO: \_\_\_\_\_

RE: \_\_\_\_\_  
BORROWER LOAN #

Dear \_\_\_\_\_

I (We) are working with Housing Development Fund, Inc. (a HUD certified counseling agency) on a plan to resolve our mortgage delinquency. I (We) hereby authorize you to release any and all information concerning our account to the Housing Development Fund, Inc. at their request.

I (We) further authorize you to discuss our case with Housing Development Fund, Inc. counselors who are working to help us address our financial problems and to propose a loss mitigation plan which is within your guidelines.

Thank you for taking the time to deal with this request.

Very truly yours,

\_\_\_\_\_  
BORROWER

DATE \_\_\_\_\_

\_\_\_\_\_  
CO-BORROWER (IF APPLICABLE)

DATE \_\_\_\_\_

Housing Development Fund, Inc. (HDF) 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 203-969-1830 EXT 31 and do so.

#### RELEASE OF YOUR INFORMATION TO THIRD PARTIES

1. 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.
2. 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).
3. 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.

**Directions to Stamford Office (100 Prospect Street, Suite 100)****Phone (203) 969-1830**

- **From Interstate 95 North:**
  - Take Exit 8 off of I-95 North
  - Turn left onto Atlantic Street.
  - See directions below
- **From Interstate 95 South:**
  - Take Exit 8 off of I-95 South.
  - Go straight - through 2 traffic lights.
  - At 3rd traffic light, turn right onto Atlantic Street.
  - See directions below
- **From I-95 North or South above:**
  - Go straight on Atlantic Street - through 3 traffic lights to intersection with Broad Street
  - Go straight through traffic light - Atlantic Street becomes Bedford Street at this point.
  - Keep going straight through one more traffic light. At next light, turn right onto North Street and go to end of North Street where it intersects with Prospect Street.
  - 100 Prospect Street is at corner of North and Prospect Streets on your right. Turn right onto Prospect Street and enter garage on your right at 100 Prospect Street.
  - Park in area designated for visitors. Walk up the ramp to exit the garage onto Prospect Street. Turn left and walk towards the corner of Prospect and North. Turn left again towards North.
  - Our offices are located immediately on your left; walk up the ramp and enter through the glass door. Please note that this is a construction site, apologies for the minimal signage.

**Directions to Bridgeport Office (940 Broad Street)****Phone: (203) 338-9035**

- **From Interstate 95 North:**
  - Merge onto I-95 N via the ramp to New Haven
  - Take exit 26 for Wordin Ave
  - Turn left at Wordin Ave
  - Turn right at State St
  - Turn right at Broad St
  - Destination will be on the left , directly across from the library
- **From Interstate 95 South:**
  - Merge onto I-95 S toward NY City
  - Take exit 27 to merge onto Lafayette Blvd
  - Turn right at State St
  - Turn right at Broad St
- There is metered parking on Broad Street and the entrance is on 940 Broad Street.

**Directions to Danbury Office (8 West Street, Suite 202-204)****Phone: (203) 798-6527**

- **From Interstate 84 East:**
  - Take Exit 5
  - Go through stop sign to light at bottom of hill
  - Turn right on Main Street
  - Go through five lights to intersection of West Street
  - See office directions below
  
- **From Interstate 84 West:**
  - Take Exit 5
  - At end of ramp, turn right on Main Street
  - Proceed through six lights to West Street
  - See office directions below
  
- **To Office Directions:**
  - Turn right on West Street
  - 8 West Street is immediately on your left next to the Danbury Public Library
  - On-street parking is available on West Street
  - Once you enter the building, take the elevator to the second floor.
  - Proceed to Suite 202-204