



## Foreclosure Intervention Counseling Intake Form

### For Office Use Only

(Please don't mark within this box.)

☐ Entered into HCO

☐ CCMFMP

Intake Date: \_\_\_\_\_

Foreclosure Case Number: \_\_\_\_\_

1<sup>st</sup> Appointment Date & Time: \_\_\_\_\_

Assigned Counselor: ☐ R. Casanova ☐ R. Sanders ☐ R. Williams

### Client 1

Primary borrower on mortgage or person in possession of home

Name: \_\_\_\_\_

Is your name on the mortgage? ☐ Yes ☐ No

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Mailing Address

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

Address 2: \_\_\_\_\_

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

ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Is this address the same as the property of concern?  
☐ Yes ☐ No

Length of Occupancy: \_\_\_\_\_

### Client 2

Must complete if there is a second person on the mortgage  
Do not include anyone not on the mortgage

Name: \_\_\_\_\_

Is your name on the mortgage? ☐ Yes ☐ No

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Mailing Address

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

Address 2: \_\_\_\_\_

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

ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Is this address the same as the property of concern?  
☐ Yes ☐ No

Length of Occupancy: \_\_\_\_\_

Who referred you to SSHC? \_\_\_\_\_

Is a member of the household 62 years old or over? ☐ Yes ☐ No

If you require a reasonable accommodation due to a disability, please describe what you require:

Note: HUD requires SSHC to report this demographic data for all recipients of our counseling and education programs; your answers will not affect the services you receive.

## Client 1 Demographics

First Name: \_\_\_\_\_

**What Race Do You Identify As?** (Check all that apply)

- ☐ White/Caucasian    ☐ Black/African American    ☐ Asian/Pacific Islander    ☐ American Indian/Alaskan Native    ☐ Other \_\_\_\_\_

**Are You Hispanic?** ☐ Yes ☐ No

**Number of Dependents:** \_\_\_\_\_ **Household Size:** \_\_\_\_\_

**Legal Marital Status:** ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married

**Gender:** ☐ Male ☐ Female ☐ Non-Binary/Other \_\_\_\_\_

**Citizenship:** ☐ Non-Resident ☐ Permanent Resident ☐ US Citizen

**Preferred Language:** \_\_\_\_\_ **Do you have trouble communicating in English?:** ☐ Yes ☐ No

**Do you have a disability?** ☐ Yes ☐ No

**Please Specify Highest Education Level Attained:** \_\_\_\_\_

**Check All That Apply:**

- ☐ Head of Household    ☐ Female Head of Household    ☐ Single Head of Household  
☐ US Veteran    ☐ None of the Above

## Client 2 Demographics

First Name: \_\_\_\_\_

**What Race Do You Identify As?** (Check all that apply)

- ☐ White/Caucasian    ☐ Black/African American    ☐ Asian/Pacific Islander    ☐ American Indian/Alaskan Native    ☐ Other \_\_\_\_\_

**Are You Hispanic?** ☐ Yes ☐ No

**Number of Dependents:** \_\_\_\_\_ **Household Size:** \_\_\_\_\_

**Legal Marital Status:** ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married

**Gender:** ☐ Male ☐ Female ☐ Non-Binary/Other \_\_\_\_\_

**Citizenship:** ☐ Non-Resident ☐ Permanent Resident ☐ US Citizen

**Preferred Language:** \_\_\_\_\_ **Do you have trouble communicating in English?:** ☐ Yes ☐ No

**Do you have a disability?** ☐ Yes ☐ No

**Please Specify Highest Education Level Attained:** \_\_\_\_\_

**Check All That Apply:**

- ☐ Head of Household    ☐ Female Head of Household    ☐ Single Head of Household  
☐ US Veteran    ☐ None of the Above

**Client 1 Income**

First Name: \_\_\_\_\_

**Source of Income****Gross Monthly Income (Before Taxes)**

_____	\$ _____
_____	\$ _____
_____	\$ _____

If you are currently in bankruptcy, what chapter are you in? ☐ Ch. 13 ☐ Ch. 7Is your mortgage included in the bankruptcy? ☐ Yes ☐ No When will it discharge? \_\_\_\_\_**Client 2 Income**

First Name: \_\_\_\_\_

**Source of Income****Gross Monthly Income (Before Taxes)**

_____	\$ _____
_____	\$ _____
_____	\$ _____

If you are currently in bankruptcy, what chapter are you in? ☐ Ch. 13 ☐ Ch. 7Is your mortgage included in the bankruptcy? ☐ Yes ☐ No When will it discharge? \_\_\_\_\_**For Office Use Only**

(Please don't mark within this box.)

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

Client 1 + Client 2 Annual Total Income \$ \_\_\_\_\_

**Property Information**

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

☐ Check if address is the same as mailing address**Property Type:**

- |  |   |   |                                  |
|--|---|---|----------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Townhome/Condo | <input type="checkbox"/> Mobile Home    | <input type="checkbox"/> 2-Unit  |
| <input type="checkbox"/> 3-Unit        | <input type="checkbox"/> 4-Unit         | <input type="checkbox"/> 5-Unit or more | <input type="checkbox"/> Unknown |

Estimated [Property Value](http://www.zillow.com/find-your-home/) (Need help finding this? Visit: [www.zillow.com/find-your-home/](http://www.zillow.com/find-your-home/)) \$ \_\_\_\_\_Is this your primary residence? ☐ Yes ☐ NoDo any persons on the mortgage own additional properties? ☐ Yes ☐ No

Total Number of Properties Owned by All Persons on Mortgage: \_\_\_\_\_

What is your goal for the house?

☐ Keep the House ☐ Sell the House ☐ Undecided ☐ Other, please specify: \_\_\_\_\_

## First Mortgage Information

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Lender/Service Name: \_\_\_\_\_ Loan Number: \_\_\_\_\_

**Mortgage Type:**    ☐ Conventional    ☐ FHA    ☐ VA    ☐ USDA    ☐ Privately Held    ☐ Unknown

**Mortgage Terms:**    ☐ Fixed Rate    ☐ ARM    ☐ Option ARM    ☐ Unknown    ☐ Other: \_\_\_\_\_

Mortgage Length: \_\_\_\_\_ Years    Is this a HELOC?    ☐ Yes    ☐ No    What date did the loan originate? \_\_\_\_\_

Unpaid Principal Loan Balance: \$ \_\_\_\_\_

Monthly Payment Amount: \$ \_\_\_\_\_

Monthly Taxes (only if paid separately): \$ \_\_\_\_\_

Monthly Insurance (only if paid separately): \$ \_\_\_\_\_

Monthly HOA/Condo Fees (if applicable): \$ \_\_\_\_\_

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

How many payments have been missed? \_\_\_\_\_ What is the reinstatement amount? \$ \_\_\_\_\_

Have you modified this loan two or more times?    ☐ Yes    ☐ No    What date was the mortgage last modified? \_\_\_\_\_

If you have talked to your mortgage lender, what was said: \_\_\_\_\_

Have you submitted an application for mortgage assistance to your loan servicer?    ☐ Yes    ☐ No

Is this loan in Foreclosure Court?    ☐ Yes    ☐ No    If yes, Case Number (ex. 17-CH-99999): \_\_\_\_\_

## Second Mortgage Information (to be completed only if you have a second mortgage)

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Lender/Service Name: \_\_\_\_\_ Loan Number: \_\_\_\_\_

**Mortgage Type:**    ☐ Conventional    ☐ FHA    ☐ VA    ☐ USDA    ☐ Privately Held    ☐ Unknown

**Mortgage Terms:**    ☐ Fixed Rate    ☐ ARM    ☐ Option ARM    ☐ Unknown    ☐ Other: \_\_\_\_\_

Mortgage Length: \_\_\_\_\_ Years    Is this a HELOC?    ☐ Yes    ☐ No    What date did the loan originate? \_\_\_\_\_

Unpaid Principal Loan Balance: \$ \_\_\_\_\_

Monthly Payment Amount: \$ \_\_\_\_\_

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

How many payments have been missed? \_\_\_\_\_ What is the reinstatement amount? \$ \_\_\_\_\_

Have you modified this loan two or more times?    ☐ Yes    ☐ No    What date was the mortgage last modified? \_\_\_\_\_

If you have talked to your mortgage lender, what was said: \_\_\_\_\_

Have you submitted an application for mortgage assistance to your loan servicer?    ☐ Yes    ☐ No

Is this loan in Foreclosure Court?    ☐ Yes    ☐ No    If yes, Case Number (ex. 17-CH-99999): \_\_\_\_\_

**What caused you to fall behind? (Check all that apply)**

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> Loss of Job            | <input type="checkbox"/> Business Failure   | <input type="checkbox"/> Divorce/ Separation                     | <input type="checkbox"/> Reduced Income             | <input type="checkbox"/> Death of Spouse              |
| <input type="checkbox"/> Death of Family Member | <input type="checkbox"/> Incarceration      | <input type="checkbox"/> Severe Illness                          | <input type="checkbox"/> Military Service           | <input type="checkbox"/> Medical Bills                |
| <input type="checkbox"/> Medical Bills          | <input type="checkbox"/> Damage to Property | <input type="checkbox"/> Payment Increase or Mortgage Adjustment | <input type="checkbox"/> Insurance or Tax Increases | <input type="checkbox"/> Mortgage Rate/ Payment Reset |
| <input type="checkbox"/> Other Reason           |   |  |   |   |

**Notes**

Please use the blank space to briefly describe the current status of your mortgage, your goals to resolve the distressed mortgage, and the hardship that caused your mortgage distress:

**For Office Use Only**

(Please don't mark within this box.)

Combined Total Monthly Income: \$ \_\_\_\_\_

Combined Total Monthly Housing Payments \$ \_\_\_\_\_

Monthly Housing Debt to Income: \_\_\_\_\_



## List of Documents Needed for Foreclosure Counseling\*

Make sure to gather and bring all applicable materials by your first appointment.

Please bring orderly documents, removing and unfolding pages from envelopes, and removing any staples.

No redactions on any document and all pages required of every document.

### Identification (Required for all mortgagors and/or legal spouse of mortgagor)

- Attention: Items with ★'s are required in order to be seen on appointment day.
- ★ 1. Copy of VALID State of Illinois Driver's License, State ID, or US Passport (ID cannot be expired)

### Property

- ★ 1. Most recent monthly mortgage statement for both **1st** and **2nd** mortgages
- 2. Most recent property tax bill OR print out from the [county treasurer's office](http://www.cookcountytreasurer.com/) with current tax amount (<http://www.cookcountytreasurer.com/>)
- 3. Most recent homeowner's insurance statement
- 4. Most recent statement or contract for Homeowner Association Dues/Assessments/Condo Fees, if applicable
- 5. Trust Agreement, if applicable
- 6. Most recent documents signed at mortgage/refinance/modification closing (if available)

### Income (Required for all mortgagors and/or legal spouse of mortgagor)

- ★ 1. TWO most recent **Federal** tax returns (all pages), including 1099s, W-2s, and all schedules documenting income if not covered by hardship year returns (signed & dated by taxpayer, in ink)  
*If you are having difficulty locating tax returns, visit [www.irs.gov/individuals/get-transcript](http://www.irs.gov/individuals/get-transcript) or call the IRS at 844-545-5640 to have it faxed*
- 2. Pre-Hardship **Federal** tax return including 1099s, W-2s, and all schedules documenting income for the year prior to your hardship (signed & dated by taxpayer, in ink) Include if there was a reduction in income.
- 3. Hardship Federal tax return including 1099s, W-2s, and all schedules documenting income for the year suffering the hardship (signed & dated by taxpayer, in ink) Include if there was a reduction in income.

*Example: If you were laid off in June 2013, you MUST bring in tax documents for 2012 (Pre-Hardship) & 2013 (Hardship Year) plus 2014 & 2015 (past two years)*

- ★ 11. Most recent **TWO MONTHS** consecutive pay stubs (Number of stubs depends on pay frequency: Weekly = 9 pay stubs; Bi-weekly = 5 pay stubs; Semi-monthly = 4 pay stubs; Monthly = 2 pay stubs.)
- ★ 12. **If unemployed** - current unemployment income documentation - can be verified by a letter or print out showing **gross** benefits from Illinois Department of Employment Security (IDES)
- ★ 13. **If self-employed** - most recent TWO quarters of Profit & Loss Statements (link to site-hosted template)

\* Applicants will need to submit ALL applicable materials to be given full access to mortgage counseling services.  
Clients without items with ★'s will NOT be seen on appointment day.

14. If household members are contributing to the household expenses include a contribution letter, indicating amount and frequency of contributions, with a signature and date from contributor.

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*Example: I, John Doe, contribute \$X every 1<sup>st</sup> of the month to assist with the household expenses at 123 House St, Town ND 12345.*

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Attention: Items with ★'s are required in order to be seen on appointment day.

- ★ 15. Last TWO months of all other income, if applicable:
- Social Security Income (Provide award letter **or** recent statement)
  - Pension Income (Provide award letter **or** recent statement)
  - Rental Income (Provide rental agreement, statements **and** receipts)
  - Social Security Disability Income (Provide award letter **or** recent statement)
  - Workman's Compensation/Temporary Disability (Provide award letter)
  - Child Support/Alimony (Provide court ordered document indicating payment details or receipt of child support and/or alimony)
  - Annuities/Investment Income (Provide most recent statement for all accounts)
  - Proof of any other monthly income not listed

**Assets & Expenses (Required for all mortgagors and/or legal spouse of mortgagor)**

- ★ 16. Most recent three consecutive month's bank statements for all checking/savings accounts of the borrower/co-borrower. (Must be **official** statement. Transaction history or print screen will **NOT** be accepted.)
17. Most recent utility bills (gas, electric, and water)
18. Statements showing account balances and monthly payments on all other debts (e.g. car loans, student loans, payday loans, title loans, payday loans, etc.)

**Application Materials**

- ★ 19. Hardship letter, see instructions on page 9
- ★ 20. South Suburban Housing Center Documents, completed, signed, and dated
- |  |  |
|--|--|
| <input type="checkbox"/> Authorization to Release Information, pg 8        | <input type="checkbox"/> Monthly Household Budget Worksheet, pg 13 |
| <input type="checkbox"/> Foreclosure Mitigation Counseling Agreement, pg 9 | <input type="checkbox"/> Counseling Program Disclosure, pg 10-11   |
| <input type="checkbox"/> Privacy Policy, pg 12                             |  |

**Other, If Applicable**

21. Death Certificate of Deceased Borrower/Co-Borrower/Title Holder
22. Divorce Decree or Legal Separation of Borrower
23. Military Active Duty Assignments Documents
24. Quarterly Statements for Mutual Funds or retirement plans
- ★ 25. If foreclosure filed - Court Summons or any documentation from the court
- ★ 26. If modification packet submitted - a copy of anything sent to the lender
- ★ 27. If on trial payment or any other agreement - a copy of document

\* Applicants will need to submit ALL applicable materials to be given full access to mortgage counseling services. Clients without items with ★'s will NOT be seen on appointment day.



## Authorization to Release Information

Borrower: \_\_\_\_\_

(Please Print)

Last Four Digits of Borrower Social Security Number: \_\_\_\_ \_

Co-Borrower: \_\_\_\_\_

(Please Print)

Last Four Digits of Borrower social Security Number: \_\_\_\_ \_

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

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

Telephone Numbers: \_\_\_\_\_

Lender/Servicer: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Conventional ☐

FHA ☐

VA ☐

Nonprofit Agency: South Suburban Housing Center

**TAX ID: 51-0175452**

Robert Sanders, Rebecca Cassanova

Housing Counselor \_\_\_\_\_

I/we authorize that nonprofit agency named above (herein after "Nonprofit Agency") and its representatives to speak with my/our lender and with whomever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan.

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with Nonprofit Agency, including notification of loan modification status or future default or delinquency.

Nonprofit Agency agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I/we further authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to access my/our credit report file(s) for debt/expense verification in conjunction with my/our foreclosure counseling or qualification for loan refinance or modification.

This authorization will not be valid unless signed below by all borrowers and co-borrowers named above and will only remain valid until revoked in writing by any borrower or co-borrower named above.

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Counselor

\_\_\_\_\_  
Date





## Foreclosure Mitigation Counseling Agreement

1. I understand that **South Suburban Housing Center** 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 **South Suburban Housing Center** receives Congressional funds through the **National Foreclosure Mitigation Counseling (NFMC) and Housing and Urban Development (HUD)** programs and, as such is required to share some of my personal information with NFMC and HUD program administrators or their agents for the purposes of program monitoring, compliance and evaluation.
3. I give permission for **NFMC** and **HUD** program administrators and/or their agents to follow-up with me for up to (3) years from the date of this signed form for the purposes of program evaluation.
4. I acknowledge that I have received a copy of **South Suburban Housing Center's** Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. A counselor may answer questions and provide information about bankruptcy, but does not give legal advice. If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances.
7. I understand that in the event I am dissatisfied, I can request a copy of the Complaint Resolution Process, a copy of which is available upon request.
8. I understand that **South Suburban Housing Center** provides information and education on numerous loan products and housing programs and I further understand that the counseling I receive from **South Suburban Housing Center**, in no way obligates me to choose any of these particular loan products or housing programs.
9. I waive all claims against **South Suburban Housing Center** relating to the information or services provided hereunder, except in the case of gross negligence by **South Suburban Housing Center**.

I have read and understand the terms of this document and the attached Privacy Policy.

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Client's Signature

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Date

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Client's Signature

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Date



## Counseling Program Disclosure

*NOTE: If you have impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

**About Us and Program Purpose:** South Suburban Housing Center (SSHC) is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of one-on-one housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, rental and homeless counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

### Client and Counselor Roles and Responsibilities:

	Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
	<ul style="list-style-type: none"> <li>• Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.</li> <li>• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.</li> <li>• Preparing a household budget that will help you manage your debt, expenses, and savings.</li> <li>• Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.</li> <li>• Neither your counselor, nor SSHC employees, agents nor directors may provide legal advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Completing the steps assigned to you in your Client Action Plan.</li> <li>• Providing accurate information about your income, debts, expenses, credit, and employment.</li> <li>• Attending meetings, returning calls, providing requested paperwork in a timely manner.</li> <li>• Notifying SSHC or your counselor when changing housing goal.</li> <li>• Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.</li> <li>• Retaining an attorney if seeking legal advice and/or representation in matters such as home purchase, foreclosure or bankruptcy protection.</li> </ul>
Initials	<b>Termination of Services: Failure to work cooperatively with your housing counselor and/or SSHC will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</b>	

**Agency Conduct:** No SSHC employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

**Agency Relationships:** SSHC has either financial or professional affiliations with HUD, the State of Illinois, IHDA, Cook County, Housing Action Illinois, Neighborhood Housing Services (NHS) of Chicago and banks including BMO Harris, Huntington, First Midwest, First Savings Bank of Hegewisch, Associated, FifthThird, Bank of America, Inland Mortgage, CIBC, PNC, Wintrust, Wells Fargo, Mutual Of Omaha Mortgage, Avenue Mortgage and State Farm Bank. As a housing counseling program participant, you are not obligated to use the products and services of SSHC or our industry partners.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** You may consider seeking alternative products and services from entities including the Federal Housing Authority (FHA), NHS and Community & Economic Development Association of Cook County (CEDA) for first-time homebuyer loan programs. The Illinois Housing Development authority (IHDA) and conventional lenders are also available resources. You are entitled to choose whatever counseling agency, real estate professionals, lenders, and lending products that best meet your needs.

**Freedom of Choice:** I/we acknowledge that SSHC has not recommended a specific service provider and that I/we have been encouraged and are entitled to independently choose a service provider, program, real estate agent, lender or product that best meets our needs.

Initials

Initials

Privacy Policy: I/we acknowledge that I/we received a copy of SSHC's Privacy Notice.

Errors and Omissions and Disclaimer of Liability: I/we agree SSHC, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in SSHC counseling; and I hereby release and waive all claims of action against SSHC and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, SSHC, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with SSHC grantors.

Initials

Disclaimer: Completion of this housing counseling program and receipt of a letter/certificate of completion of counseling do not qualify you for a loan. A lender will have to determine if you qualify for a loan. You understand that you may not be approved for a loan.

**I/we acknowledge that I/we received, reviewed, and agree to SSHC's Program Disclosures.**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Counselor Signature**

\_\_\_\_\_  
**Date**



## Privacy Policy

**South Suburban Housing Center** 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

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.

If you choose to “opt-out”, and indicate as such by marking the box below, 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 708-957-4674 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.

If we decide to change our privacy policy, we will provide you with a revised policy containing such changes.

I/We acknowledge that I/We have received a copy of South Suburban Housing Center’s privacy policy.

Check Here If You Choose To OPT-OUT: ☐

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

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



## Monthly Household Budget Worksheet

Housing Expenses	
First Mortgage (Principal & Interest)	
Property Tax	
Homeowners Insurance	
Mortgage Insurance	
HOA/Condo Fees	
Second Mortgage (Principal & Interest)	
<b>Total Housing Expenses</b>	<b>A</b>
Loans	
Auto Loan #1	
Auto Loan #2	
Credit Card #1	
Credit Card #2	
Credit Card #3	
Credit Card #4	
Student Loan	
Other Loan:	
Other Loan:	
Other Loan:	
Other Loan:	
<b>Total Loans</b>	<b>B</b>
Fixed Monthly Expenses (Utilities)	
Gas	
Electric	
Water	
Trash	
Cable/Internet	
Telephone	
Cell Phone	
Auto Insurance	
Health / Dental Insurance	
Alimony / Child Support	
Day Care / Child Care	
Other:	
Other:	
Other:	
<b>Total Fixed Monthly Expenses:</b>	<b>C</b>

Other Living Expenses	
Gas / Transportation	
Food	
Clothing	
Entertainment	
Other	
Other	
Other	
Other	
<b>Total Other Living Expenses</b>	<b>D</b>
<b>Total All Expenses</b>	<b>E</b>

Income	Gross (Before Tax)	Net (After Tax)
Employment		
Employment		
Employment		
SSI/Disability		
SSI/Disability		
Employment		
Employment		
Employment		
SSI/Disability		
SSI/Disability		
Pension / Retirement		
Alimony/Child Support		
Public Assistance		
Other		
Other		
<b>Total Income</b>	<b>F</b>	<b>G</b>

<b>Total All Expenses:</b>		
<b>Income After Expenses:</b>		

Housing Debt to Income A/F & A/G		
Back-end Debt to Income B/F & B/G		
Total Percent of Income Spent E/F & E/G		



## Hardship Letter Instructions

The Hardship Letter is the most important component of your application. Please take the time to carefully complete this component of your application.

On a separate piece of paper you must type or handwrite your hardship letter. Then sign and date that letter before submitting to SSHC.

### Hardship Letter Should Include:

- Explanation of what your hardship was and how it caused you to fall behind on your mortgage, property taxes, homeowner's assessment fees, and/or insurance payments.
- Dates your hardship(s) began and if you expect the hardship(s) to be short term or long term. If your hardship has ended, date it ended.
  - Example: "On 3/1/15 I fell while on icy stairs, as a result I broke my leg and injured my back. The doctor prescribed me 10 weeks of bedrest and I was unable to return to work for 10 weeks while I recovered; I was out of work unpaid during that time. During the time I was unable to work, I lost approximately \$9,200 in gross wages. I returned to work on 5/11/16."
- Explanation of how you will sustain all expenses after you receive assistance
- How much, if any, money you have saved to resolve the delinquency.
- What specific assistance are you seeking to help remedy the situation?

### Tips:

Be Specific and Detailed

Be Concise

Be Honest

### Examples of Eligible Hardship:

#### Loss of Income:

1. Loss of Job
2. Business Failure
3. Reduced Income
4. Divorce/ Separation
5. Death of Spouse
6. Death of Family Member
7. Incarceration
8. Severe Illness
9. Military Service

#### Excessive or increased Debt:

10. Damage to Property
11. Payment Increase or Mortgage Adjustment
12. Insurance or Tax Increases
13. Too Much Debt

#### Mortgage rate/payment reset:

14. ARM adjustment
15. Interest only to fully amortized payment

See the included example hardship letter for further guidance.