



Foreclosure Intervention Counseling Intake Form

For Office Use Only

(Please don't mark within this box.)

☐ Entered into mPactPro

☐ CCMFMP

Intake Date: _____

Foreclosure Case Number: _____

1st Appointment Date & Time: _____

Assigned Counselor: ☐ R. Casanova ☐ R. Sanders ☐ K. Baker

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: _____
(Last 4 Digits Only)

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: _____
(Last 4 Digits Only)

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? _____

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(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](https://www.zillow.com/find-your-home/) (Need help finding this? Visit: 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

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)

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:

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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 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.

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

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
- ★ Copy of a recent Credit Report <30 days old (annualcreditreport.com)

* 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

Housing Counselor Robert Sanders, Rebecca Casanova, Kiturah Baker

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



Housing Stability Counseling Program Authorization

1. I understand that **South Suburban Housing Center** provides housing stability counseling after which I will receive a written action plan consisting of recommendations for handling my situation, possibly including referrals to other housing agencies as appropriate.
☐ I Choose to Opt Out
2. I agree to allow **South Suburban Housing Center** to pull my credit report at the time of intake. In lieu of a new credit pull, I agree to provide **South Suburban Housing Center** with a copy of my credit report dated within 30 days of the intake date.
☐ I Choose to Opt Out
3. I understand that **South Suburban Housing Center** receives Congressional funds through the **Housing Stability Counseling Program (HSCP)** and **Housing and Urban Development (HUD)** programs and as such, is required to submit client-level information to the online reporting system and share some of my information with HSCP administrators and HUD program administrators or their agents for the purposes of program monitoring, compliance, and evaluation.
☐ I Choose to Opt Out
4. I give permission for **HSCP** and **HUD** program administrators and/or their agents to follow-up with me for up to (5) years from the date of this signed form for the purposes of program evaluation.
☐ I Choose to Opt Out
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 concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. I acknowledge that I have received a copy of **South Suburban Housing Center's** Privacy Policy.
7. 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.
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 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.

Client's Signature

Date

Client's Signature

Date



Disclosure to Client for HUD Housing Counseling Services

Our agency provides the following HUD one-on-one housing counseling services:

Pre-purchase / homebuying; non-delinquency post-purchase and resolving or preventing mortgage delinquency or default counseling.

Our agency also provides the following services and group education workshops:

Financial literacy; and pre-purchase/homebuyer education.

Relationships with Industry Partners:

Our agency has financial or exclusive relationships, or both, with specific industry partners, including the US Department of Housing and Urban Development (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, Fifth-Third, Bank of America, Inland Mortgage, CIBC, PNC, Wintrust, Wells Fargo, Mutual of Omaha, Citi Mortgage and First Merchants Bank.*

No Client Obligation:

There is no obligation to receive, purchase, or use any product or service offered by this agency or any services of its industry partners or other party in exchange for your receiving HUD housing counseling services.

Alternatives:

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff.

I have read and received a copy of this disclosure.

Client Signature: _____

Client Signature: _____

Name: _____

Name: _____

Date: _____

Date: _____

This disclosure was conveyed verbally via a virtual/telephonic session.

Agency Counselor Signature: _____

Date: _____



Counseling Services

Pre-Purchase/Home Buying: Your comprehensive pre-purchase counseling will cover the entire homebuying process from beginning to end. This includes budgeting, finding a lender, types of mortgages, predatory lending, down payment assistance, credit reporting and scores, PITIA, closing costs, closing documents, purchase contracts, assembling your home buying team, negotiating home price, flood insurance, taxes, loan servicer sales and any other homeownership topic relevant to successfully maintaining a home. You will also receive important material on home inspection, fair lending, pre-foreclosure, and the dangers of lead.

Non-Delinquency Post-Purchase: You will receive material on how to properly maintain a home, schedule seasonal repairs, communicate with your lender, handle escrow increases, tax assessments and delinquency, refinancing with or without cash out, budget for emergencies, avoid fraud and any other topic relevant to maintaining your home. The counselor will provide additional specific references based on your individual household needs and goals.

Resolving or Preventing Mortgage Delinquency or Default: Your counselor will provide guidance on the consequences of default and foreclosure, your loss mitigation options, repayment plans, preparing the packet and advocating to your lender for a loan modification, reinstating your loan and the future consequences thereof. Your counselor will examine your income, expenses, and circumstances to determine the cause of delinquency and how it can be avoided going further. A comprehensive and sustainable budget is established, and an action plan set forward to achieve goals and overcome obstacles. If necessary, your counselor will provide resources and referrals to outside agencies to address associated issues that this agency is not equipped to address. If it is established that you are unable to maintain your loan and stay in your home, your counselor will guide you through the process of locating and establishing a rental unit.

Pre-purchase Homebuyer Education Workshops: Attendees will receive information on topics that will prepare the prospective homebuyer to make informed home purchase decisions. Topics include fair housing, homebuyer readiness, money management, understanding credit, getting a mortgage loan, shopping for a home, keeping your home/managing finances, and maintaining a home.

Financial Literacy Workshops: Attendees will receive information on topics that will prepare them to make informed home purchase/maintenance decisions. Topics include fair housing, homebuyer readiness, money management, and understanding credit.



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 Housing Stability Counseling Program Authorization. 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)	
Total Housing Expenses	A
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:	
Total Loans	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:	
Total Fixed Monthly Expenses:	C

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

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		
Total Income	F	G

Total All Expenses:		
Income After Expenses:		

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.

CONSUMER AUTHORIZATION AND RELEASE

I hereby authorize CoreLogic Credco, LLC ("CREDCO" or "FAC") to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my housing counseling agency, _____ ("Counselor") for Counselor to provide housing counseling services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

I acknowledge that the Report is provided "AS IS" AND THAT CREDCO MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND IMPLIED WARRANTIES ARISING FROM A COURSE OF DEALING OR A COURSE OF PERFORMANCE WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT OR THAT IT WILL MEET MY NEEDS AND CREDCO EXPRESSLY DISCLAIMS ALL SUCH REPRESENTATIONS AND WARRANTIES.

I recognize that the accuracy, validity or completeness of the Report provided by CREDCO is not guaranteed by CREDCO and I hereby release CREDCO and CREDCO's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "CREDCO's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

I covenant not to sue or maintain any claim, cause of action, demand, cross action, counterclaim, third party action or other form of pleading against CREDCO or CREDCO's Affiliates for damages based upon the inaccuracy, invalidity or incompleteness of any Report provided by CREDCO hereunder.

If one or more of the provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity or illegality or unenforceability will not affect any other provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

Date: _____

(Signature)

(Print Name)

Date: _____

(Signature)

(Print Name)