



WACO

FORECLOSURE INTERVENTION

COUNSELING APPLICATION

922 Franklin Avenue
Waco, TX 76701
(P) 254-752-1647
(F) 254-752-2147
www.nw-waco.org

Application Instructions: To assist us in providing you with the most effective and efficient service, please complete this application as thoroughly as possible. *Follow the step-by-step instructions at the top of each page in this application.* If there are questions or information you don't understand, do your best and the counselor will help you complete it on your initial counseling session.

Items Needed

Please gather the following items and forward them along with your application to NeighborWorks® Waco.

- 1.** Hardship letter detailing the reason(s) you became delinquent or why you foresee that you will become delinquent in the future.
- 2.** Pay stubs from all household members covering the last 30 days.
- 3.** Two months bank statements, most recent.
- 4.** Previous two years tax returns and W-2 forms.
- 5.** All correspondence from all mortgage lenders.
- 6.** A copy of the most recent mortgage statement.
- 7.** A copy of all your most recent utility bills.
- 8.** A copy of your Homeowner's Insurance Policy.
- 9.** If any other items are needed, a counselor will contact you.

Without the items above, NeighborWorks® Waco *CANNOT* move forward with your file. Once we receive the completed application along with the requested items above, you will be contacted within 3 to 5 business days to setup an appointment with a Foreclosure Intervention Counselor.

Please forward all the requested items to the following department:

**NeighborWorks® Waco
922 Franklin Ave.
Waco, TX 76701
ATTN: Foreclosure Department
254-752-1647
(F) 254-752-2147**

Ruben Andrade
Foreclosure Intervention Counselor
Ext. 215

Daniel Garcia
Foreclosure Intervention Counselor
Ext. 218

How did you hear about NeighborWorks® Waco?

- Realtor Lender Radio Walk-In HOPE Now Newspaper
 Television Brochure Internet Other: _____

HOMEOWNER INFORMATION

BORROWER		CO-BORROWER	
Borrower's Name		Co-borrower's Name	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Home Phone Number ()		Home Phone Number ()	
Cell or Work Number ()		Cell or Work Number ()	
E-mail Address		E-mail Address	
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (includes single, divorced, widowed) <input type="checkbox"/> Separated		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (includes single, divorced, widowed) <input type="checkbox"/> Separated	
Foreign-born:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign-born:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race:	<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Other	Race:	<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Other
Have you filed for Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13
Has your bankruptcy been discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Date:	_____

PROPERTY INFORMATION

I want to:	<input type="checkbox"/> Keep the property	<input type="checkbox"/> Sell the property
The property is my:	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Second Home

PROPERTY INFORMATION (CONTINUED)

The property is: Occupied Vacant

How many people are living in the property?

Property Address: _____

MORTGAGE INFORMATION

Name of Servicer / Lender			Phone Number
Loan Number	Monthly Payment	Interest Rate	Fax Number
Loan Type: <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> USDA <input type="checkbox"/> Owner Finance			
Is your loan an adjustable rate mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has it adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you behind on your mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many months? _____ How much \$ _____			

EMPLOYMENT INFORMATION

BORROWER		CO-BORROWER	
Name of Employer	<input type="checkbox"/> Self Employed	Name of Employer	<input type="checkbox"/> Self Employed
Position		Position	
Date of Hire		Date of Hire	

ACKNOWLEDGMENT

By signing below, you acknowledge that you have answered the questions contained within this application truthfully. You also understand that if you do not answer the questions truthfully, your application for assistance may be denied. You acknowledge that submitting this application by no means constitutes that your home is guaranteed to be saved from foreclosure. NeighborWorks® Waco is only acting as a mediator between you and your lender/servicer. NeighborWorks® Waco has no authority to offer, approve or deny any workout option from your lender/servicer.

Signature Date

Signature Date

Monthly Household Expenses

Expenses

Housing Expenses

Mortgage Payment \$ _____
 Taxes \$ _____
 Insurance \$ _____
 Electricity \$ _____
 Gas \$ _____
 Water/Sewer \$ _____
 Home Telephone \$ _____
 Cable/Satellite \$ _____
 Internet \$ _____
 Cell Phone \$ _____
 Other \$ _____

Transportation Expenses

Auto Payment \$ _____
 Auto2 Payment \$ _____
 Auto Insurance \$ _____
 Auto Gas \$ _____
 Public Transportation \$ _____

Non-Housing Expenses

Groceries & Personal Items \$ _____
 Medical Expenses/Prescriptions \$ _____
 Daycare/Tuition \$ _____
 Life Insurance \$ _____
 Alimony/Child Support \$ _____
 Credit Card Payments \$ _____
 Other loan payments \$ _____
 Other loan payments \$ _____
 Other loan payments \$ _____
 Other \$ _____
 Other \$ _____

Total Monthly Expenses \$ _____

Income

Net (take home pay) \$ _____

Net (take home pay) \$ _____

Disability / Social Security Benefits \$ _____

Pension / Retirement \$ _____

Veteran Benefits \$ _____

Public Assistance \$ _____

Alimony / Child Support \$ _____

Other Income \$ _____

Total Net Monthly Income \$ _____

Total Monthly Expenses \$ _____

Income After Expenses \$ _____

Signature

Date

Signature

Date

Authorization to Release Information

I (We) hereby authorize *NeighborWorks® Waco*, a HUD certified counseling agency, to verify my employment, and outstanding debt, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to the counseling services they are providing to me at their request.

MORTGAGE LENDERS / SERVICERS:

I (We) further authorize the discussion of our case with Ruben Andrade, Daniel Garcia or Delisa Burnell-Smith. They are working to help me address my financial problems and to propose a loss mitigation plan which is within your guidelines. You may release any information to *NeighborWorks® Waco* in the future without further authorization.

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in providing counseling services under its program. It will not be disclosed outside the agency except as required and permitted by law.

You do not have to provide this information, but if you do not the counseling services provided to you may be delayed or terminated.

Printed Name #1

Printed Name #2

Authorized Signature #1

Date

Authorized Signature #2

Date

/ /

Date of Birth #1

/ /

Date of Birth #2

- -

Social Security #1

- -

Social Security #2

Loan #

Address: _____

Related Business Disclosure & Terms of Service Agreement

RELATED BUSINESS

NeighborWorks® Waco is a non-profit corporation that provides credit counseling along with other services including mortgage lending. You are enrolled in our foreclosure intervention and default counseling program. If your counselor determines that refinancing is a reasonable option to prevent foreclosure, we may make available to you a loan for a refinance. This is not an offer or commitment to make a loan. This is only to advise you that subject to our underwriting guidelines, we do make loans for refinancing. This notice is given to you to advise you that you do not have to borrow from us, and you are free to use any lender.

TERMS OF SERVICE

NOTICE: NeighborWorks® Waco does not guarantee that foreclosure will be stopped. NeighborWorks® Waco is acting only as a mediator between you and your lender/servicer. All workout options presented to you are at your lender's/servicer's discretion. NeighborWorks® Waco does not have the authority to approve or deny any workout option offered to you by your lender. A counselor may answer questions and provide information, but they cannot give legal advice. If you are seeking legal advice, your counselor can refer you to other organizations for appropriate assistance.

NeighborWorks® Waco and its counselors agree to provide foreclosure intervention and default counseling which will include the following terms of service:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

I/We, _____ agree to the following terms of service:

- To always provide honest and complete information to my/our counselor, whether verbally or in writing.
- To completely disclose all communication from lender/servicer, whether written or verbal, when received.
- To provide all necessary documentation and follow-up information within the timeframe requested.
- To be on time for appointments and understand that if we are than 10 minutes late for an appointment, the appointment will need to be re-scheduled.
- To call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
- To contact the counselor about any changes in our situation immediately.
- To ALWAYS maintain professionalism while receiving services from NeighborWorks® Waco.

I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us. I/We also acknowledge that all the information contained herein is true and correct to the best of my/our knowledge.

Homeowner

Date

Homeowner

Date

Counselor

Date