



NEIGHBORHOOD HOUSING SERVICES OF BIRMINGHAM, INC.
NEIGHBORWORKS®
HOMEOWNERSHIP CENTER

PLEASE PROVIDE THE FOLLOWING REQUIRED DOCUMENTS for FIRST APPOINTMENT:

Truth in Lending Statement
HUD 1 Settlement Statement
Correspondence from Mortgage Company
Proof of Income –
SSI, Disability, Retirement, Unemployment
Most recent pay stubs (**the last 30 days**)
Current Bank Statements for the past **60 days**

Most recent W-2's, 1099, or other annual
Most recent Utility Bills
Physician's statement, if applicable.
Termination of Unemployment Benefits
Most recent year's Income Tax return
Copy of Valid Driver's License

BRING YOUR ORIGINAL DOCUMENTS.

You must provide the documents listed above at appointment.

PLEASE NOTE:

*If you have received a Foreclosure Notice with a Sale Date that is less than thirty days of your appointment please contact **Alabama Legal Services** for assistance at **1-866-456-4995**.*

If you have any questions or need information regarding foreclosure, feel free to contact our office and ask for a Counselor.

Authorization

I authorize NHSB Home Ownership Center to:

Pull my credit report(s) and obtain my credit score(s), to review my credit file(s) for housing counseling in connection with my pursuit of a loan modification, and to review my credit file(s) for information inquiry purposes.

I understand any intentional or negligent representation(s) of the information contained on these forms may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, and Section 1001.

Client Name (PRINTED)

Client SIGNATURE

DATE

Neighborhood Housing Services of Birmingham, Inc.
Providing Foreclosure Prevention Services (free of charge). We are a local Non-Profit HUD Certified Housing Agency affiliated with NeighborWorks® America.



DEFAULT AND DELINQUENCY

All the information I/we provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand deliberately providing inaccurate information or an unwillingness to provide the necessary information or documents to assist us in a timely manner will result in closing of our file.

Homeowner [A] Signature

Date

Homeowner [B] Signature

Date

HOMEOWNER DEMOGRAPHIC INFORMATION

INFORMATION	HOMEOWNER A	HOMEOWNER B
Full Name		
Birth date		
Social Security Number		
Property Address		
Mailing Address		
Email Address		
Telephone Number		
Marital Status		
Family Size		
Gender		
Race		
Ethnicity		
Educational Level		
Have you filed bankruptcy?	If so, when	If so, when
Reason for Delinquency		
Lender / Mortgage Company		
Loan Number		
Have you been the victim of a tornado within the last 5 years?	If so, when	If so, when



MORTGAGE INFORMATION

First Mortgage	Second Mortgage	Third Mortgage
Loan Amt: \$ _____	Loan Amt: \$ _____	Loan Amt: \$ _____
Payment \$ _____	Payment \$ _____	Payment \$ _____
Taxes & insurance paid with payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxes & insurance paid with payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxes & insurance paid with payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Association fees with your payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Association fees with your payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Association fees with your payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Company: _____	Mortgage Company: _____	Mortgage Company: _____
Loan # _____	Loan # _____	Loan # _____
Interest Rate? _____ <input type="checkbox"/> Fixed <input type="checkbox"/> ARM	Interest Rate? _____ <input type="checkbox"/> Fixed <input type="checkbox"/> ARM	Interest Rate? _____ <input type="checkbox"/> Fixed <input type="checkbox"/> ARM
Delinquent <input type="checkbox"/> Yes <input type="checkbox"/> No	Delinquent <input type="checkbox"/> Yes <input type="checkbox"/> No	Delinquent <input type="checkbox"/> Yes <input type="checkbox"/> No
Mo. Delinquent: _____	Mo. Delinquent: _____	Mo. Delinquent: _____
Date Delinquency Began: _____	Date Delinquency Began: _____	Date Delinquency Began: _____
Amount Delinquent: \$ _____	Amount Delinquent: \$ _____	Amount Delinquent: \$ _____
Has Lender contacted you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Lender contacted you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Lender contacted you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you contacted Lender? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted Lender? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted Lender? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any agreements with Lender about late payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you made any agreements with Lender about late payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you made any agreements with Lender about late payments? <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreclosure sale date? _____	Foreclosure sale date? _____	Foreclosure sale date? _____

Delinquent on HOA Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amt: \$ _____	Amount Delinquent: \$ _____	Date of Delinquency: _____
Delinquent on Taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Taxes: \$ _____	Amount Delinquent: \$ _____	Date of Delinquency: _____
HO Insurance Lapsed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Amt: \$ _____	Amount Delinquent: \$ _____	Date of Delinquency: _____

Has home been refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many times? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more:	Date of last refinance: _____
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Type of Property: <input type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Units <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Cooperative <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other	<u>Do you occupy the Unit?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Property Condition	Estimated Value? \$ _____ Source: _____
<input type="checkbox"/> Excellent	Listed? <input type="checkbox"/> Yes <input type="checkbox"/> No List Price: \$ _____
<input type="checkbox"/> Good	Time on Market? <input type="checkbox"/> 0-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 12+ months
<input type="checkbox"/> Fair	Realtor: _____
<input type="checkbox"/> Poor	Contact Information: _____



AUTHORIZATION TO RELEASE INFORMATION

To: Loss Mitigation Department

Re: Loan Account # _____

Borrower Name: _____ S.S. # _____

Co-Borrower Name: _____ S.S. # _____

Property Address: _____

Dear Sir or Madam:

Neighborhood Housing Services of Birmingham, Inc. (NHSB), a HUD-approved housing counseling agency, is working with me to develop a plan to resolve my mortgage delinquency. You are authorized to release any and all information concerning my account to the above named agency (NHSB), at their request. Furthermore, you are authorized to discuss my case with, any member of the staff at Neighborhood Housing Services of Birmingham, Inc. Please contact us at **205-328-4292**.

I understand that Neighborhood Housing Services of Birmingham, Inc. 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.

I understand that Neighborhood Housing Services of Birmingham, Inc. receives Congressional funds through the **National Foreclosure Mitigation Counseling (NFMC)** program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation. Furthermore, I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.

I acknowledge that I have received a copy of Neighborhood Housing Services of Birmingham, Inc.'s Privacy Policy.

Borrower's Signature Date

Co-Borrower's Signature Date



BORROWER FINANCIAL PLAN

Financial Information Request for Loan # _____

Borrower Full Name		Address		Phone Numbers (best time to call)	
Co-Borrower Full Name		Address		Phone Numbers (best time to call)	
	Wages	Social Security	Pensions	Rent/Other Income	
Borrower					
Co-Borrower					
Number of Dependents				Is the property for sale?	
How long have you lived in the home?				Realtor Name	
				Company Name	
How long on current job? Mortgagor				Phone Number	
How long on current job? Co-Mortgagor				Listing Date & Price	
Total Monthly Expenses					
1st Mortgage	\$	Food	\$		
2nd Mortgage	\$	Gas	\$		
Property Taxes	\$	Electric	\$		
Homeowner's Insurance	\$	Water	\$		
HAO/Condo Fees	\$	Trash	\$		
Credit Card Payments	\$	Home/Cell phones	\$		
Installment Loan Payments	\$	Cable/Satellite TV	\$		
Transportation Gas/Repairs	\$	Internet	\$		
# of vehicles in household	\$	Life/Health Insurance	\$		
Auto Payments	\$	Child Support/Alimony	\$		
Auto Insurance	\$	Medical/Dental Expenses	\$		
Day Care/Child Care	\$	Tuition	\$		
Other	\$	Charitable Contributions	\$		

DTI: _____ LTI: _____

You must attach your 2 most recent pay stubs, proof of any other income and the items listed on the front of this package.

I/We agree the financial information provided is an accurate statement of my/our financial status. I/We understand any action taken by the lender is in strict reliance on this information. My/our signature below grants the holder of my/our mortgage the authority to confirm the information I have disclosed in this financial statement, to verify it is accurate by ordering a credit report and to contact my/our realtor and/or credit counseling representative.

Borrower's Signature

Date

Co-Borrower's Signature

Date

This is an attempt to collect a debt and all information obtained will be used for that purpose.

The following applies to any recipient of this notice who is entitled to the protection afforded by the 11 U.S.C. 362 of the United States Bankruptcy Code. NOTE: This is in accordance with the mortgage agreement and is not a demand for payment. It is sent only for the purpose of notifying you of the availability of assistance.



CONSENT TO RELEASE INFORMATION

I and/or we hereby give my or our consent to have Neighborhood Housing Service of Birmingham, Inc. (NHSB HOC) HomeOwnership Center, or any Credit Reporting Agency which NHSB HOC may designate, to obtain any and all information concerning my or our employment, checking and/or savings accounts, credit obligations, and all other credit matters which they may require in connection to NHSB HOC providing housing counseling services, down payment assistance and/or loss mitigation service for 3rd party entities to which I or/we have applied to for financial assistance.

I and/or we also authorize the release of the information listed above by the credit bureau, employer, financial institution, government agencies, and all other grantors of credit as listed on my or our application for housing counseling services, down payment assistance and/or mortgage underwriting service for 3rd party entities to which I or we have applied for financial assistance.

I and/or we understand NHSB HOC 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.

I and/or we understand NHSB HOC receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I and/or we give permission for NFMC program administrators and/or their agents to follow-up with me for the purposes of program evaluation.

I and/or we acknowledge I/we have received a copy of NHSB HOC's Privacy Policy.

Further, I and/or we understand I am not obligated to receive any other services offered by NHSB HOC or its exclusive partner.

I and/or we have the opportunity to "opt-out" of disclosures of our nonpublic personal information to third parties (such as our creditors), that is, should we be directed to not make those disclosures.

Please note if you select to "opt-out", we will not be able to response to questions from your creditors. If at any time, you wish to change your decision with regards to your "opt-out", you may call us at 205-328-4292 and do so. As long as you have not opted-out, we may disclose some or all of the information we collect, (information we received from you orally, name, address, social security number, assets, income, bank statements, payment history, Credit Report, etc.) to your creditors or third parties where we have determined it would be helpful to you, would aid us 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).



CONSENT TO RELEASE INFORMATION (CONTINUED)

This may be reproduced or photocopied and the copy shall be as effective as the original letter which was executed on the undersigned date.

Counseling Client and/or Borrower

Co-Counseling Client and/or Borrower

Date

Date

I hereby certify this to be a true and correct copy of the original.

Neighborhood Housing Services of Birmingham, Inc. (Signature)

Title

Date



FORECLOSURE PREVENTION DISCLOSURE

Neighborhood Housing Services of Birmingham, Inc. (NHSB) is a Non-Profit, HUD-approved Housing Counseling Agency that assists clients through homeownership and education services including Budget & Credit Counseling, Debt Counseling, Foreclosure Prevention Counseling and Homebuyer Education.

Neighborhood Housing Services of Birmingham, Inc. (NHSB) will provide suggestions in the form of an Action Plan. I am not obligated to follow this plan or receive any other services offered by NHSB and any of its industry partners; and have the option of accepting or rejecting the advice provided and may handle my affairs/financial concerns in a manner I may deem more appropriate for me.

Participation in any of our services does not obligate me to receive any other services offered by Neighborhood Housing Services of Birmingham, Inc. (NHSB) or from any of our partnering organizations.

Neighborhood Housing Services of Birmingham, Inc. (NHSB) receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

Neighborhood Housing Services of Birmingham, Inc. (NHSB) does not provide legal advice.

I acknowledge receipt of the "Foreclosure Prevention Disclosure" and understand the information provided.

Borrower (Print Name)

Co-Borrower (Print Name)

Borrower's Signature

Date

Co-Borrower's Signature

Date



COMPLAINT/GRIEVANCE PROCEDURE

Every client is entitled to be treated with respect and dignity, to ask questions, and to be actively involved in the assessment and modification of his/her financial situation. If at any time a client is dissatisfied with the services provided by NHSB HOC, s/he may issue a complaint or grievance as outlined below:

1. Attempt to resolve the issue with the Counselor or applicable employee by stating you are dissatisfied.
2. If the above action is not possible or the complaint is not resolved, the client may write the CEO, at 601 19th Street North, Birmingham, AL, 35203.
3. The CEO will provide a written response within fifteen (15) days of receipt of the complaint.
4. If the client feels the matter has not been resolved by the CEO, s/he, within fifteen (15) days of receiving the written response from the CEO, may write directly to NHSB HOC's Board President, at 601 19th Street North, Birmingham, AL 35203. The Board President, at the next regularly scheduled meeting of the Board of Directors, will appoint a Committee to address the grievance and bring a recommendation back to the full Board for consideration. The Committee, if it so desires, may meet with all parties concerned in order to gain more information. The Board of Directors has thirty (30) days in which to issue a written response to the grievance. The decision of the Board of Directors is the final stage of NHSB HOC's grievance procedure.

NHSB HOC will provide, at this stage in the grievance procedure, the local office of the US Department of Housing & Urban Development with a copy of the complaint and all responses. NHSB HOC will also provide the applicable District Office of its parent company, NeighborWorks[®] America (formerly Neighborhood Reinvestment Corporation) a copy of the complaint and all responses.

5. The client may seek legal redress in the applicable Court of Law after the full grievance process has been exhausted.

Borrower (Print Name)

Co-Borrower (Print Name)

Date

Date



STATEMENT OF HOUSING COUNSELING SERVICES

I understand the purpose of the housing counseling activities and Homebuyer Education and Financial and Consumer Literacy classes offered through NHSB HOC's Community Training Program, is to help me acquire the skills and resources needed to save for, purchase and maintain a home.

I understand all training is designed to help me understand the entire process associated with purchasing and maintaining a home.

I understand although NHSB HOC will not make a recommendation regarding lenders, realtors, attorneys, or other professionals in the home buying process, the organization will equip me with tools to help me select the best one for me. At my request, NHSB HOC will provide me with a list of professionals in the local area.

I understand the services provided under NHSB HOC's Housing Counseling Program are *free* to all interested persons. The organization does not engage in the practice of discrimination in the selection and participation of clients or services with respect to race, religion, color, gender, national origin, familial status, handicap, or disability. I may incur a fee for any indirect services provided through another company/agency based on cost to NHSB HOC. No gifts for services are to be given to NHSB HOC employees, and acceptance of gifts from clients, by any agency employee, is strictly forbidden. Failure to comply with this policy on the part of any client or employee could result in termination of services or employment.

I understand in the event I am dissatisfied, I may utilize the Complaint/Grievance Process outlined on the attached page.

I hold NHSB HOC, its employees, directors, agents and volunteers harmless from any claim, suit, action, or demand of my creditors, myself or any other person resulting from advice or counseling I may receive as a participant in the Housing Counseling Program.

I understand I will be provided with suggestions from my Counselor in the form of an Action Plan. I have the option of accepting or rejecting the advice provided to me and I may handle my affairs/financial concerns in a manner I deem more appropriate for me.

I understand my Counselor is not my attorney and cannot provide me with legal advice. If I want legal advice, I may be referred to an attorney. My Counselor may answer general questions about bankruptcy. However, he or she cannot give legal advice. While an attorney can make a recommendation to file bankruptcy, I understand it is a personal choice based on individual circumstances. I will inform NHSB HOC of any decision I make concerning bankruptcy, as it may affect the nature and outcome of my counseling.

I understand at sometime in the future, my information may be used for confidential research. No names will be used, only demographic information may be compiled. In addition, a neutral third party may contact me to request an evaluation of the services provided by NHSB HOC.

By signing below, I am verifying I understand the process of NHSB HOC'S Housing Counseling Services and will abide by their guidelines.

Borrower

Date

Co-Borrower

Date

Counselor

Date



PRIVACY POLICY AND PRACTICES

Neighborhood Housing Services of Birmingham, Inc. (NHSB HOC) Home Ownership Center values your trust and is committed to the responsible management, use, and protection of your personal information. This notice describes our policy regarding the collection and disclosure of personal information to a third party. Personal information, as used in this notice, means information which identifies an individual personally and is not otherwise publicly available information. It includes but is not limited to personal financial information such as credit history, income, employment history, financial assets, bank account information, financial debts and your social-security number. It may also include other information you have provided us on any applications or forms you completed in order to receive services.

1. We may compile data and aggregate (combined) information which you give to us for use in evaluating and reporting on NHSB HOC activities. Such information will not be disclosed to persons not affiliated with NHSB HOC or in a form which would identify you personally, unless otherwise required by law.
 2. We collect nonpublic personal information about you from the following sources:
 - Information you provide or we receive from you on our applications or required forms
 - Information about your transactions with us, your creditors, or others
 - Information we receive from a credit reporting agency
 3. We do not disclose any nonpublic personal information about our customers or former customers to unaffiliated persons except as permitted by law or upon our customer's signed consent authorization such release. The following kinds of nonpublic personal information may be disclosed with your signed consent:
 - Information we receive from you 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, etc.
 - Information we receive from a credit reporting agency, such as your credit history.
 4. In order to assist you, you agree that we may disclose some or all of the information we collect from creditors and related financial institutions in order to help resolve any financial and mortgage delinquency or other housing issues you are facing.
 5. We restrict access to nonpublic personal information about you to those employees who need to know information to provide service to you. We maintain physical, electronic and procedural safeguards which comply with federal regulations to guard your nonpublic personal information.
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PRIVACY POLICY AND PRACTICES

(Continued)

I have read this privacy notice and understand that nonpublic personal information may be released without my written consent. I also understand in order for NHSB HOC to effectively assist me with my financial/mortgage delinquency or other housing issues and/or needs, it may disclose some or all of my nonpublic personal information to unaffiliated persons.

I hereby authorize NHSB HOC to release all nonpublic information it obtains about me to my creditors and any third parties as may be necessary or useful to resolve the matter(s) discussed during my counseling session and to process or otherwise assist with my application for down payment or other financial assistance and to evaluate services provided by NHSB HOC. I further release and authorize all of my creditors and other to provide nonpublic personal information about me to NHSB HOC. I authorize NHSB HOC to obtain a credit report on me.

I acknowledge that I have read and received a copy of Neighborhood Housing Services of Birmingham's Privacy Policy.

Borrower

Date

Co-Borrower

Date