



Dear Homeowner,

Thank you for contacting RHAC to assist you with your housing needs. In order for us to assist you in the most effective manner, please fill out the intake form completely. All the information we request is necessary in order to evaluate your current situation and to determine how we can best help you.

Please be aware that our program is designed to assist homeowners in making the best decision based on their current situation, we will not make the decision for you. We are here to work with you, not for you, so that you can resolve your issues for the long term.

Once you have completed the intake form and gathered copies of all required documents please return the entire packet to us either by fax, email or in person (contact information is below). Once your completed packet is received you will be scheduled to attend an orientation session at our office. This orientation session will give you an overview of options available to resolve your issues with your mortgage and RHAC's role in the process; it will also be your opportunity to get all of your questions answered.

In order to ensure you receive assistance in the most efficient manner, please provide the documents listed below. We cannot move forward on your file without all of the requested documents – we cannot explore your options, schedule you for an orientation session, or answer questions specific to your situation without a completed intake packet and required documents.

*****Only COPIES of documents will be accepted*****

Proof of Income:

If receiving pay checks – 1 consecutive month's most recent pay stubs

If self employed – YTD profit and loss statement – tax returns are insufficient

If receiving Social Security, Disability, Unemployment, Pension, etc. – most recent award letter and copies of most recent payment (if applicable)

If receiving contributions from family members – a signed letter from family member stating amount of contribution along with a copy of their most recent payment

If receiving rental income – copy of current lease or letter from tenant stating rent paid and copy of the most recent payment

2 most recent bank statements for all accounts:

Screen shots from internet are not acceptable. Must include all pages of statement – front and back if applicable (e.g. – statement says 'page 1 of 7' there must be 7 pages).

2010 Federal Tax Return (1040) with all schedules signed by all filers

If 2010 has not been filed, then a signed copy of a 2009 return is acceptable. **DO NOT** include state tax returns. If self employed or receiving rental income then the last 2 years of federal tax returns are required

Most recent mortgage statement for all mortgages/home equity lines

Recent utility bill (O&R, United Water)

If applicable, most recent HOA/Common charges bill

Any recent correspondence from your mortgage company



If you are currently in active bankruptcy or the only income coming into the home is unemployment, please contact me before submitting your intake packet.

Our contact information:

In person: 120-126 North Main Street
Annex – First Floor
New City, NY 10956

Walk up hours are Tuesday 9:30AM – 12:30PM and Thursday 2:00PM - 5:00PM Only

If you would like to drop off paperwork at any other time, you may put it in an envelope and put it through the mail slot in our door.

Fax: 845-708-5798

Email: megan.rocklandhousing@gmail.com

If you have any questions on the intake form please feel free to contact me at 845-708-5799 ext. 202. More information is also available on our website www.rhachomes.org.

We look forward to helping resolve your current situation.

Regards,

Megan Mucciolo

Foreclosure Intake Coordinator



PLEASE FILL OUT COMPLETELY AND SIGN

Date: _____

Borrower Name _____

Last 4 of Social Security #: ____ - ____ - ____ DOB ____ / ____ / ____

Co-Borrower Name _____

Last 4 of Social Security #: ____ - ____ - ____ DOB ____ / ____ / ____

Property Address: _____ City, State, Zip _____

Tel Day: () _____ - _____ Tel Eve: () _____ - _____ Cell: () _____ - _____

Email address: _____ Ok to contact via email? Yes ____ No ____

PROPERTY INFORMATION:

Is this your primary residence? Yes ____ No ____

When was the property purchased (mm/yy)? _____ Price when purchased? _____

Down payment when purchased? _____ Current value of property (if known)? _____

Is the home currently for sale? Yes ____ No ____

Type of Property: Single Family 2-4 Unit Townhouse Condo Cooperative Other

DELINQUENCY INFORMATION

Are you behind on your mortgage payments? Yes No

If yes, how many months behind? 1-2 months 3-4 months 5+ months

Have you received a summons and complaint? Yes No Don't know If yes, date received? _____

Have you received a notice for a mandatory settlement conference? Yes No Don't know

If yes, what is/was the date of your conference? _____ If date has passed, did you attend? _____

Is there a sale date scheduled? _____ If so, when? _____

Have you filed for bankruptcy since 2002? Yes ____ No ____ If yes, when did you file? _____ Which chapter? 7 13 11

What is the main issue that caused your current situation?

- Loss of income Reduction in income Medical issues Divorce/Separation
- Increase in loan payment/interest rate Death of a family member Poor budget management Other

Have you applied for a loan modification or any other options with your lender? Yes ____ No ____

If yes, what was the outcome? _____

How did you hear about RHAC? _____



FIRST MORTGAGE

Current Lender or Servicer	
Loan Number	
When did you take out this mortgage?	\$
Was it to purchase or refinance your home?	
Amount of mortgage when taken out?	\$
Current amount owed?	
Current payment amount?	\$
Type of Mortgage	30 yr fixed ___ Adjustable Rate ___ Option ARM ___ Interest Only ___ FHA ___ VA ___ Other ___
Current Interest Rate	___%
Has your interest rate adjusted?	Yes ___ No ___ If yes, what was the original interest rate ___% Did it increase or decrease? ___ When was the first rate change ___
Property Taxes Per Year	\$ _____ escrowed? Yes ___ No ___
Homeowner's Insurance Per Year	\$ _____ escrowed? Yes ___ No ___
Do you pay a Homeowner Association Fee?	Yes ___ No ___ How much? _____ Are you behind? _____

SECOND MORTGAGE

Current Lender:	Loan Number:
Original Loan Amount:	Current Loan Amount:
Interest Rate:	Monthly Payments:
Are you behind on this mortgage?	If yes, how many months?

OTHER MORTGAGES, LIENS OR JUDGMENTS

Lender:	Amount:	Payment:	Interest Rate:
Lender:	Amount:	Payment:	Interest Rate:

HOUSEHOLD INCOME – USE A SEPARATE LINE FOR EACH INCOME

Whose income? (e.g. Husband, Wife, Other Family Member, Tenant)	Amount (Net per month) ("Take-home" pay not gross wages)	Source of Income (e.g. Job, Self-employment, Rental, SSI, Pension, Unemployment, Alimony/Child Support, Life Insurance, Trust, Structured Settlement, Interest/Dividends, etc.)



This is a **monthly** budget and it should be a snapshot of your expenses each month – all amounts should be monthly amounts; credit cards should be the minimum amount that you are required to pay. If there is an item on the budget does not apply to your household please leave it blank. Many of the options available are based on your current budget so it is important that it reflects your actual spending.

Monthly Expense	Current Monthly Payment
First Mortgage	
Other Mortgages/Heloc	
Homeowners Insurance (<i>if not in mortgage payment</i>)	
Taxes (<i>if not in mortgage payment</i>)	
HOA/Common Charges	
Home Maintenance/Lawn Care	
Gas/ Electricity	
Water/Sewer/Garbage	
Telephone/Cell Phone	
Cable/Satellite/Internet	
Alarm Service/Security	
Groceries/Dining Out/Meals/Snacks at work or school	
Family Clothing	
Child Care/Senior Care	
Alimony/Child Support	
School Tuition/Supplies	
Entertainment (Movies, Sporting Events, Lottery, etc)	
Personal Care (Haircuts, Nails, Dry Cleaning, etc.)	
Cigarettes/Tobacco/Alcohol	
Pet Care/Pet Food/Grooming, etc.	
Club/Gym/Religious Contributions	
Auto Loan or Lease Payment	
Auto Insurance	
Gasoline	
Car Upkeep/Auto Registration/Inspection	
Public Transportation/Cab/Bus/Private Rides	
Parking/Tolls/OnStar	
Health Insurance (if not deducted from payroll)	
Doctor Visit/Co-Pays	
Prescriptions/OTC Medications	
Dental/Optical	
Gifts	
Other Insurance (life, burial, etc)	
Credit Card Minimum	
Credit Card Minimum	
Credit Card Minimum	
Credit Card Minimum	
Other _____	
Other _____	
Total Expenses:	
TOTAL COMBINED MONTHLY HOUSEHOLD INCOME:	



Household Assets			Household Liabilities	
Type of Asset	Description	Value	Monthly Payment	Outstanding Balance
Automobile #1	Year/Make/Model			
Automobile #2	Year/Make/Model			
Automobile #3	Year/Make/Model			
Computer/TV/Electronics				
Furniture				
Boats/Jet Skis				
RV/Recreational Homes				
Motorcycles/Snowmobiles				
Other Property (incl. vacation/timeshare)				
Other				
Cash on Hand Over \$100			*****	*****
Checking Account			*****	*****
Savings Account			*****	*****
Money Market Funds			*****	*****
Stocks/Bonds/CDs/Annuities			*****	*****
IRA / Keogh Accounts			*****	*****
Total Assets			Total Liabilities	



Household Information

Total number in Household	
Number of Adults over 18	
Number of children	
Ages of children	
Borrowers Occupation	
Co-Borrowers Occupation	

DEMOGRAPHICS

Borrower:

Gender: ____ Marital Status: _____

- Disabled Veteran Senior Single Parent
 More than one

Ethnicity: Hispanic Non-Hispanic

Race:

- Native American / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Native American /Alaskan Native & White
- Native American /Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/ Pacific Islander & Black
- Other multiple race: _____
- Prefer not to respond

Co-Borrower:

Gender: ____ Marital Status: _____

- Disabled Veteran Senior Single Parent
 More than one

Ethnicity: Hispanic Non-Hispanic

Race:

- Native American / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Native American /Alaskan Native & White
- Native American /Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/ Pacific Islander & Black
- Other multiple race: _____
- Prefer not to respond

All of the information that I/We provided in this form 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 intake form. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file.

Homeowner Signature _____ Date _____

Homeowner Signature _____ Date _____



Privacy Policy

Rockland Housing Action Coalition, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 845-708-5799 and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I, _____, chose to opt-out at this time.



AUTHORIZATION

1. I understand the Rockland Housing Action Coalition, 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.
2. I understand the Rockland Housing Action Coalition, 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.
3. I give permission for Rockland Housing Action Coalition, Inc (RHAC), I give permission for NFMC program administrators and/or evaluators to follow-up with me for up to three (3) years from the date of this signed form for the purposes of program evaluation.
4. 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.
5. I acknowledge that I have received a copy of the Rockland Housing Action Coalition's Privacy Policy.
6. I understand that Rockland Housing Action Coalition provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Rockland Housing Action Coalition in no way obligates me to choose any of these particular loan products or housing programs.
7. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

Client's signature_____

Date_____

Client's signature_____

Date_____



RHAC DISCLOSURE STATEMENT

All clients are free to choose any lender, real estate professional you wish to for sales, rental and housing counseling. You are not obligated to select a professional that you have learned about through Rockland Housing Action Coalition. I am aware that any referral provided by RHAC is provided as a courtesy only and does not imply any endorsement or obligation.

You have the right to refuse or terminate services from Rockland Housing Action Coalition at any time. Any service provided by RHAC is free of charge with the exception of obtaining a credit report through RHAC.

I have read and understand the disclosure statement:

Signature

Date

Signature

Date



Client/Counselor Agreement

The Rockland Housing Action Coalition and its counselors agree to provide the following services:

- Confidentiality, honesty, respect and professionalism in all services
- Explanation of foreclosure process
- Analysis of the current status of your property
- Presentation and explanation of reasonable options available to the homeowner
- Assist in developing and implementing a goal for the property
- Provide assistance in communicating with the mortgage servicer
- Identification of assistance resources
- Referrals to needed resources, e.g. real estate, legal, tax, etc.

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

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested. **If documentation is not returned to us in a timely manner the file may be closed**
- I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
- I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Homeowner

Date

Homeowner

Date

Counselor

Date

Counselor

Date



LIST OF DOCUMENTS

ONLY COPIES ARE ACCEPTED

1. Most recent mortgage statement for all mortgages/home equity lines

2. Proof of Income:

If receiving pay checks – 1 consecutive month's most recent pay stubs

If self employed – YTD profit and loss statement – tax returns are insufficient

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4. 2009 Federal Tax Return (1040) with all schedules signed by all filers

If 2009 has not been filed, then a signed copy of a 2008 return with the 2009 extension. DO NOT include state tax returns. If self employed or receiving rental income then the last 2 years of federal tax returns are required

5. Recent utility bill (O&R, United Water)

6. If applicable, most recent HOA/Common charges bill

7. Any recent correspondence from your mortgage company

What you can do in the meantime:

Keep in touch with your lender. You can explain to them that you have contacted a HUD certified foreclosure prevention agency. If the lender offers you a workout, be sure to contact us so that we may review it with you

Reduce expenses as much as possible and save as much money as you can. If your lender is currently not accepting payments, then put those payments into your bank account.

Be sure to contact us immediately if you receive a summons and complaint, date for a settlement conference or a sale date

Beware of loan modification scams! We have attached an information sheet regarding loan modification scams to help you avoid them.



Authorization to Release Information

Borrower: _____

Last Four Digits of Borrower Social Security Number: ____ _

Co-Borrower: _____

Last Four Digits of Borrower Social Security Number: ____ _

Co-Borrower: _____

Last Four Digits of Borrower Social Security Number: ____ _

Property Address: _____

_____ Zip code _____

Telephone Numbers: _____ Email: _____

Lender: _____ Loan Number: _____

Nonprofit Agency ROCKLAND HOUSING ACTION COALITION

Housing Counselor _____ Telephone _____

Email _____

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

Housing Counselor Date