



Rockland Housing Action Coalition



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 give extra attention to the budget sheet that is included, it should be a monthly 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. Many of the options available are based on your current budget so it is important that it reflects your actual spending.

**Also included is a list of documents that need to be returned with the completed intake form, only copies will be accepted. We cannot move forward on your file without all of the requested documents – we cannot explore your options, initiate any discussions with your financial institution or assign your file to a counselor until all documents are received.**

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 we receive your packet it will be assigned to a counselor who will review it and then contact you to discuss your options.

Please note: Due to the large amount of requests, clients who are in imminent danger of losing their homes or those who have auction dates receive priority. If you are current or less than 4 months behind please allow a minimum of 2 weeks for review.

Our contact information:

In person: 120-126 North Main Street, Annex – First Floor  
New City, NY 10956  
Walk up window hours are Tuesday 9:30AM – 12:30PM and Thursday 2:00PM - 5:00PM  
If you would like to drop off paperwork at any other time, you may leave it in an envelope at our drop off box at the window

Fax: 845-708-5798

Email: [rhachomes@aol.com](mailto:rhachomes@aol.com)

If you have any questions on the intake form please feel free to contact us at 845-708-5799. More information is also available on our website [www.rhachomes.org](http://www.rhachomes.org).

We look forward to helping resolve your current situation.

Regards,

*Stephanie Rojas*

Housing Director



Rockland Housing Action Coalition



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

Borrower Name \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_ DOB \_\_\_\_\_

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

Last 4 of Social Security #: \_\_\_\_\_ DOB \_\_\_\_\_

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

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**

How many months behind are you on your mortgage? \_\_\_\_\_

Have you received a summons and complaint? Yes \_\_\_ No \_\_\_

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 judgment of foreclosure? Yes \_\_\_ No \_\_\_ Is there a sale date scheduled? \_\_\_\_\_

If so, when? \_\_\_\_\_

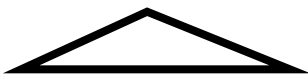
Have you filed for bankruptcy since 2002? Yes \_\_\_ No \_\_\_

If yes, when did you file? \_\_\_\_\_ Which chapter? (circle) 7 13 11

What caused your current situation? \_\_\_\_\_

How did you hear about RHAC? \_\_\_\_\_

\*\* This form is prepared for the mutual convenience of Rockland Housing Action Coalition ("RHAC"), the Legal Aid Society of Rockland County, Inc. ("LASRC"), and their clients or prospective clients. Nothing in this form requires RHAC clients to use the services of LASRC or vice versa.



**R ■ H ■ A ■ C**

Rockland Housing Action Coalition



**Legal Aid Society of  
Rockland County, Inc.**

**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**

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



**R■H■A■C**

Rockland Housing Action Coalition



**Legal Aid Society of  
Rockland County, Inc.**

<b>Monthly Expense</b>	<b>Current Monthly Payment</b>
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 ( <i>if not deducted from payroll</i> )	
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 _____	
<b>Total Expenses:</b>	
<b>TOTAL COMBINED MONTHLY HOUSEHOLD INCOME:</b>	



**R■H■A■C**

Rockland Housing Action Coalition



**Legal Aid Society of  
Rockland County, Inc.**

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			*****	*****
<b>Total Assets</b>			<b>Total Liabilities</b>	



R-H-A-C

Rockland Housing Action Coalition



Legal Aid Society of Rockland County, Inc.

DEBT WORKSHEET FOR YOU AND YOURSPOUSE/COMPANION

Unsecured Debts (Credit Cards, Taxes, School, alimony, child support loan and other similar debts): List all creditors (yours & your spouse/companion), including creditors who have judgments or whose claims you dispute. Anyone who you think may have a claim against you must be listed even if the claim is old. For each debt, please give all information requested. If you run out of space below, feel free to add additional sheets.

Table with 6 columns: Creditor's Name, Date of Debt, What Is Debt For?, Current Amount Of Claim, Who Owes The Debt?, Any Co-Signers. The table contains 12 empty rows for data entry.

Did you forget any of the following?

- medical bills? -mail order bills? -school tuition? -condominium -utility or telephone
-credit card -judgments? -student -traffic tickets or parking -loans from relatives?
-store charges? -loan companies? -welfare -criminal restitution -money owed to
-cable T.V. bills? -debts you -back rent? -bills for goods or repossessed your
-payday loans? -Personal Income -Alimony/ Child Support - cell phone bills? -loans on your pension
Taxes?



**R■H■A■C**

Rockland Housing Action Coalition



**Legal Aid Society of  
Rockland County, Inc.**

**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

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

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 \_\_\_\_\_



Rockland Housing Action Coalition



### 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 (phone number) 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.



**R■H■A■C**

Rockland Housing Action Coalition



**Legal  
Aid Society of  
Rockland County, Inc.**

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), NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and June 30, 2010 and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2010 for the purposes of program evaluation.
4. I acknowledge that I have received a copy of the Rockland Housing Action Coalition's Privacy Policy.
5. 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\_\_\_\_\_



**R■H■A■C**

Rockland Housing Action Coalition



**Legal Aid Society of  
Rockland County, Inc.**

**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



Rockland Housing Action Coalition



## LIST OF DOCUMENTS

### **ONLY COPIES ARE ACCEPTED**

**Most recent mortgage statement for all mortgages/home equity lines**

**Proof of Income:**

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

If self employed – YTD or most recent quarter 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).

**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

**Recent Utility bill**

**Recent HOA/Common charges bill, if applicable**

**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: \_\_\_\_\_

\_\_\_\_\_ Zipcode \_\_\_\_\_

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

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Servicer: \_\_\_\_\_ Conventional ( ) FHA ( ) VA ( )

Nonprofit Agency \_\_\_\_\_

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

▶ Loan I.D. Number \_\_\_\_\_

▶ Servicer \_\_\_\_\_

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 with area code	Home phone number with area code
Cell or work number with area code	Cell or work number with area code

<b>I want to:</b>	<input type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property
<b>The property is my:</b>	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Second Home <input type="checkbox"/> Investment
<b>The property is:</b>	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant

Mailing address \_\_\_\_\_

Property address (if same as mailing address, just write same) \_\_\_\_\_ E-mail address \_\_\_\_\_

<p><b>Is the property listed for sale?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Have you received an offer on the property?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Date of offer</b> _____ <b>Amount of offer \$</b> _____</p> <p><b>Agent's Name:</b> _____</p> <p><b>Agent's Phone Number:</b> _____</p> <p><b>For Sale by Owner?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Have you contacted a credit-counseling agency for help</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>If yes, please complete the following:</i></p> <p><b>Counselor's Name:</b> _____</p> <p><b>Agency Name:</b> _____</p> <p><b>Counselor's Phone Number:</b> _____</p> <p><b>Counselor's E-mail:</b> _____</p>
--	---

<p><b>Who pays the real estate tax bill on your property?</b></p> <p><input type="checkbox"/> I do    <input type="checkbox"/> Lender does    <input type="checkbox"/> Paid by condo or HOA</p> <p><b>Are the taxes current?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Condominium or HOA Fees</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No    \$ _____</p> <p><b>Paid to:</b> _____</p>	<p><b>Who pays the hazard insurance premium for your property?</b></p> <p><input type="checkbox"/> I do    <input type="checkbox"/> Lender does    <input type="checkbox"/> Paid by Condo or HOA</p> <p><b>Is the policy current?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Name of Insurance Co.:</b> _____</p> <p><b>Insurance Co. Tel #:</b> _____</p>
---	--

**Have you filed for bankruptcy?**     Yes     No    If yes:     Chapter 7     Chapter 13    **Filing Date:** \_\_\_\_\_

**Has your bankruptcy been discharged?**     Yes     No    **Bankruptcy case number** \_\_\_\_\_

**Additional Liens/Mortgages or Judgments on this property:**

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

**HARDSHIP AFFIDAVIT**

**I (We) am/are requesting review under the Making Home Affordable program.**  
**I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):**

<input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

Other: \_\_\_\_\_

Explanation (continue on back of page 3 if necessary): \_\_\_\_\_  
 \_\_\_\_\_

**INCOME/EXPENSES FOR HOUSEHOLD<sup>1</sup>**

Number of People in Household:

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony / Separation <sup>2</sup>	\$	Insurance	\$	Savings/ Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other _____	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
<b>Total (Gross Income)</b>	<b>\$</b>	<b>Total Debt/Expenses</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>

**INCOME MUST BE DOCUMENTED**

<sup>1</sup>Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

<sup>2</sup>You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

<b>BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information	<b>CO-BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male

**To be completed by interviewer**

<b>This request was taken by:</b> <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	<b>Interviewer's Name (print or type) &amp; ID Number</b>	<b>Name/Address of Interviewer's Employer</b>
	<b>Interviewer's Signature                      Date</b>	
	<b>Interviewer's Phone Number (include area code)</b>	

**ACKNOWLEDGEMENT AND AGREEMENT**

*In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:*

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

▶ _____ Borrower Signature	_____ Date
▶ _____ Co-Borrower Signature	_____ Date

**HOMEOWNER'S HOTLINE**

*If you have questions about this document or the modification process, please call your servicer.*

*If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.*



**NOTICE TO BORROWERS**

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



# Short Form Request for Individual Tax Return Transcript

Department of the Treasury  
Internal Revenue Service

▶ **Request may not be processed if the form is incomplete or illegible.**

**Tip:** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number if joint tax return

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code

---

**4** Previous address shown on the last return filed if different from line 3

**5** If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name	Telephone number
------------------	------------------

Address (including apt., room, or suite no.), city, state, and ZIP code

**6** **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

\_\_\_\_\_

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign.

**Note.** This form must be received within 60 days of signature date.

<b>Sign Here</b>	▶ <b>Signature</b> (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	▶ <b>Spouse's signature</b>	Date	



## **HOME EQUITY THEFT & FORECLOSURE RESCUE SCAMS**

### **How they work and how to avoid them**

If you have fallen behind on your mortgage payments and your home is in foreclosure or default, be aware that you and your home may become targets for home equity theft or foreclosure rescue fraud scams.

The perpetrators of these scams claim they can solve your debt problems and stop your foreclosure. They then use deceptive tactics to obtain ownership of your home for a fraction of its market value, and leave you homeless yet still the holder of the mortgage that is still in foreclosure.

If you are having problems making your mortgage payments or are in default or foreclosure, contact your lender immediately. Lenders would generally prefer to work out a new payment plan, than actually go through the complex process of foreclosure. You can also **call the Banking Department's Consumer Helpline, at 1-877-BANK-NYS (1-877-226-5697)** for more information on your options and resources. For more information on avoiding foreclosure, see our fact sheet called *What to Do When You Can't Afford Your Mortgage*.

**If you are facing foreclosure, you should know your rights under the law and be aware of the signs that someone is attempting to take advantage of you.**

#### **How do these scammers find you?**

When your home enters foreclosure, your lender files a record of foreclosure—called a “lis pendens”—with the local county clerk’s office. The county clerk’s office publishes a list of all recorded foreclosures in the county, including the address, on a weekly basis in local newspapers. Scammers obtain these lists to find vulnerable homeowners.

The scammer will contact you by mail, by telephone or even by knock on your door, and offer you some sort of financial solution to your foreclosure or default. Sometimes these scammers will target entire neighborhoods or cities by posting advertisements and fliers marketing their services. In these offers, they claim to be able to “stop foreclosure”, “save your home” or get you “quick cash for your home.”

#### **How the scammer deceives you**

These predators try to convince you that they want to “rescue” you from foreclosure and offer you one of any number of fraudulent “solutions”, including:

- Buying your home so that you can pay off your mortgage and then live in the house as a renter, at a low rent, until you can afford to buy back the home;
- Paying your mortgage in exchange for temporarily holding the deed to the home, allowing you to live in the home as a renter, at a low rent, until you can afford the mortgage payments again;
- Asking you to put the deed to your house in another person’s name (who allegedly has better credit than you do) so that the scammer can find you new and more affordable financing;
- Making a low-cost loan to you so that you can pay off some or all of your mortgage, and then pay back the scammer, who holds the deed to the house as collateral; and
- Offering to negotiate on your behalf with your lenders for reduced interest rates and debt forgiveness.

Once you agree to one of these “solutions”, the scammer then steals your home or your equity by using deceiving practices such as:

- Convincing you to sign a contract that seems to be for the legitimate sale of your home to the scammer, but actually just gives over your home’s deed to the scammer with no requirement for any payment to you;
- Convincing you to sign a contract with a buyback agreement that states you must pay an enormous fee when you buy your home from the scammer, or states you must buy back the home within an extremely short period of time, making it impossible for you to ever save enough money to do so;
- Charging you extremely high interest rates and fees on what was promised to be a “low-cost” loan with which you could pay off your mortgage, and then taking the deed to your home when you default on that loan;
- Actually buying your home from you, but then charging you huge hidden fees that suck up much or all of the proceeds of the sale;
- Charging you huge fees for “negotiating work” with the lender that is either never done, or that could have been done by yourself;
- Lying to you about the length of time you have before your house is put up for foreclosure auction, pressuring you to sign documents quickly and without reading them; and refusing to allow you to speak to your lender or to your own lawyer.

Ultimately, the scammer has either bought your home for a fraction of its legitimate price or has actually stolen the deed to your home without a penny of payment, leaving you homeless but still responsible for the mortgage, which is still in foreclosure! In some cases you might keep ownership of your home, but pay so many fees or so much interest that you are broke and have no money for future payments.

### **Avoid being scammed**

Never do business with anyone who calls you, mails you, or knocks on your door with offers to help fix your foreclosure or default. Do not respond to advertisements and fliers making similar offers.

If you are having problems making your mortgage payments or are in default or foreclosure, contact your lender immediately. Lenders would almost always rather work out a new payment plan, than actually go through the complex process of foreclosure.

If you are facing foreclosure, contact a certified housing counselor; you can find one in your area by calling the Banking Department’s Consumer Helpline at 1-877-BANK-NYS (1-877-226-5697). Housing counselors *can* help you, unlike scammers; they can give you advice on your options and resources, can help you find free legal services, and can help you negotiate better financing for your loan.

Never sign any papers or contracts and never enter into any agreement without first consulting your own lawyer—not a lawyer provided by the individual offering to “help.” If you do not have your own lawyer, call the New York State Bar Association’s Lawyer Referral Program at 1-800-342-3661 to find one.

If you do not think you can afford a lawyer, call the Banking Department’s Consumer Helpline at 1-877-BANK-NYS (1-877-226-5697) for assistance in locating free legal services in your area.

**If you think you have been scammed, call the Banking Department to learn more about your rights under the law or to file a complaint at 1-877-BANK-NYS (1-877-226-5697).**