



1809 Durand St., Saginaw, MI 48602
Ph: 989-921-0569 • Fax: 989-754-1654

FORECLOSURE PREVENTION CHECKLIST

PROVIDE COPIES OF ALL REQUESTED DOCUMENTATION.

APPLICATION MUST BE COMPLETE AND YOU MUST HAVE ALL REQUESTED DOCUMENTS WHEN YOU ARRIVE OR YOU WILL HAVE TO RESCHEDULE YOUR APPOINTMENT

- A. Any correspondence from the lender regarding foreclosure action**
- B. Mortgage payment coupon**
- C. Any existing forbearance agreement**
- D. Hardship letter**
- E. Income Tax Returns with W2's (past 2 years)**
- F. Bank statements (2 months - front & back)**
- G. Budget**
- H. Proof of Income**
 - Pay Stubs (4 consecutive stubs)**
 - Unemployment (determination letter)**
 - SSI (determination page)**
 - Retirement (4 consecutive stubs)**
 - Self Employment (profit & loss statement)**
- I. Driver's License**
- J. Social Security Card**
- K. The Note or Mortgage Document**
- L. Utility Bill**

– A \$.10 charge applies to all copies we have to make.



MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

HOMEOWNERSHIP DIVISION
MSHDA's Homeownership Counseling Program

Household Profile

Section I - Must be completed for all clients			Date:	
Client Name (First, Middle Initial, Last):		Social Security Number:		
Street Address (<u>do not</u> use PO Box):		City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		
County Client Resides In:	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duration:	Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
For statistical purposes, circle or check appropriate answer as it applies to Client:				
Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Single Race: 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond		Multi-Race: 7. American Indian/Alaskan Native <u>and</u> White 8. Asian <u>and</u> White 9. Black/African American <u>and</u> White 10. American Indian/Alaska Native <u>and</u> Black/African American 11. Other Multiple Race		Household Type: 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other
For statistical purposes, please indicate clients highest level of education:				
<input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Postsecondary Non-Degree Award <input type="checkbox"/> Some College, No Degree		<input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Less than High school

Co-Client Name (First, Middle Initial, Last):		Social Security Number:		
Street Address (<u>do not</u> use PO Box):		City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		
County Client Resides In:	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duration:	Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
For statistical purposes, please circle or check appropriate answer as it applies to Client:				
Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Single Race: 12. American Indian/Alaskan Native 13. Asian 14. Black/African American 15. Native Hawaiian/Pacific Islander 16. White 17. Choose Not to Respond		Multi-Race: 18. American Indian/Alaskan Native <u>and</u> White 19. Asian <u>and</u> White 20. Black/African American <u>and</u> White 21. American Indian/Alaska Native <u>and</u> Black/African American 22. Other Multiple Race		Household Type: 8. Single adult 9. Female-headed single parent 10. Male-headed single parent 11. Married without children 12. Married with children 13. Two or more unrelated adults 14. Other
For statistical purposes, please indicate clients highest level of education:				
<input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Postsecondary Non-Degree Award <input type="checkbox"/> Some College, No Degree		<input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Less than High school

List **ALL** Household Members including Client and **ALL** sources of income for adult members of the household. Include unearned income of minor children. **DO NOT** include earned income of minor children. **Income sources:** Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient. List **ALL** sources of revolving credit and installment loan debt. **Debt sources:** Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

Name	Date of Birth	High School Student	Gross Annual Income	Primary Source of Income	Relationship to Client
		<input type="checkbox"/>			Client
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Total Household Income: (Excluding minor children's) \$

Total Household Debt: \$

Section II – Complete this section for Foreclosure or National Foreclosure Mitigation Counseling; otherwise leave blank and go to Section III:

Name of Originating Lender (if available):		Original Loan Number (if available):	
Name of Current Servicer:		Loan number assigned by Current Servicer:	
When did you purchase your home?		Does your name appear on the deed and mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Monthly Payment (PITI) at intake:		What is your current interest rate?	
If type of loan at intake is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does client have a second loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Score at intake: _____ Source: TransUnion <input type="checkbox"/> EquiFax <input type="checkbox"/> Experian <input type="checkbox"/> Tri-merge <input type="checkbox"/>		Current status of Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 120+ days late	
Total amount delinquent on Mortgage? \$	Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	
Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the date of the Sherriff's Sale?	Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently working with an attorney regarding the delinquency of your mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide attorney information?			
Have you been a victim of Housing Discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been a victim of Predatory Lending? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Select type of first loan product:

<input type="checkbox"/> Hybrid ARM	<input type="checkbox"/> FHA or VA ARM	NFMC Foreclosure Mitigation Counseling <input type="checkbox"/> Reporting on First loan <input type="checkbox"/> Reporting on Second loan
<input type="checkbox"/> Option ARM	<input type="checkbox"/> Privately held <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Interest only <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other	
<input type="checkbox"/> FHA or VA fixed rate loan	<input type="checkbox"/> Unknown	

<p>NFMC Foreclosure Mitigation Counseling – must select type of first loan product below:</p> <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months <input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months <input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months <input type="checkbox"/> Client did not disclose	<p>Select primary reason for default:</p> <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Medical issues <input type="checkbox"/> Increase in Expense <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death of Family member <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Increase in loan payment <input type="checkbox"/> Other
---	--

Please provide the following information for the mortgage servicer or land contract holder that you make your payments to:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Please describe the circumstance(s) that occurred which resulted in the mortgage or land contract payments getting behind?			
What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?		Do you feel that you have recovered from the situation listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section III – Must be completed for ALL Counseling Services		
How did client hear about MSHDA's Homeownership Counseling Programs:		
<input type="checkbox"/> Referral from MSHDA	<input type="checkbox"/> Referral from a Real Estate Professional	<input type="checkbox"/> Referral from Habitat
<input type="checkbox"/> Referral from Department of Human Services	<input type="checkbox"/> Referral from a Community Organization	<input type="checkbox"/> Walk in Self-Referral
<input type="checkbox"/> Referral from Lender	<input type="checkbox"/> Referral from Friend/Relative	<input type="checkbox"/> Radio, TV, or PSA
		<input type="checkbox"/> Other:
If client is looking to purchase a home, list the county they intend to reside in:		

I hereby certify that the information given above is accurate and complete. I understand that if information I provided is discovered to be false or misleading, my participation may be denied or terminated.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

Section IV – To be completed by Homeownership Counselor for MSHDA Homeownership Counseling Program(s) eligibility.	
Verified Family Income: \$	Family Maximum Income Limit: \$
Family is Eligible for Pre-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Family is Eligible for Post-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name:	Agency Phone Number:
Counselor Name:	Counselor Signature Verifying Information: Date:

**MSHDA's Homeownership Division
Counseling Agreement and Release of Information**

- Select Service Type:**
 Homeownership Counseling
 Foreclosure Counseling
 NFMC Foreclosure Counseling

MSHDA Approved Counseling Agency: Circle of Love CDC		Loan Number:
Address for Foreclosure Counseling: 1809 Durand Street	City: Saginaw	Zip: 48602

In signing this agreement and release, I am agreeing to actively participate in the Homeownership Counseling Program being offered by this Michigan State Housing Development Authority (MSHDA) counseling agency in order to receive counseling services. Participation in this program is voluntary and requires me to establish the reason for my delinquency and to develop an Action Plan in cooperation with the Counselor, and understand that I will receive a copy of that Plan.

1. I may be referred to other housing services of the organization or another agency 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.
2. I understand that this Agency receives funds through MSHDA, HUD and NFMC Programs and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. If the services received from this agency are funded by the NFMC Program, 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 understand that a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
5. I understand that this Agency provides both pre-purchase and post-purchase counseling services and I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies or organizations as appropriate.
6. I understand that this Agency provides information and education on numerous housing programs and loan products and I further understand that the housing counseling I receive from this Agency in no way obligates me to choose any of these particular housing programs or loan products.

Failure to sign the consent form may result in denial of program assistance or termination of counseling program benefits.

CONSENT: I/We hereby allow this Agency its agents, employees, or its affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Homeownership Counseling Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

For Pre-Purchase Counseling Services only:

I acknowledge the agency provided me with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

NOTE: If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related services, please contact MSHDA's Homeownership Counseling Program at (517)373-6840.

_____	_____	_____
Client's Printed Name	Signature	Date
_____	_____	_____
Client's Printed Name	Signature	Date
_____	_____	_____
Pamelia D. Brazil	_____	_____
Counselor's Printed Name	Counselor's Signature	Date signed
_____	_____	_____
Circle of Love CDC	Saginaw	989 921-0569
Name of Counseling Agency	City - Location of Agency	Contact Number



CIRCLE OF LOVE COMMUNITY DEVELOPMENT CORPORATION

1809 Durand St.
Saginaw, MI 48602
Phone: (989)921-0569 Fax: (989)754 -1654

CLIENT COUNSELING AGREEMENT

I agree to participate in counseling sessions to help improve my housing situation. I understand that staff counselors may discuss information on my credit history, financial situation, employment, or related family problems. I understand that it may be necessary for the counselors to discuss this information with representatives of other firms or agencies as is necessary to seek a solution to my problem(s).

I also understand that these procedures are necessary in assisting me with my housing problem. I understand that information about my personal circumstances will be treated as totally confidential and that no information will be divulged to any party who is not directly involved in the situation.

I authorize the Circle of Love Community Development Corporation to discuss any information related to my personal circumstances as may be necessary to help secure my full legal rights in attempting to secure or improve my housing problem.

In addition, I agree to assist in developing a case management plan to resolve my housing and/or financial problem. I also agree to perform in a timely manner, any and all tasks assigned to me to resolve my problem.

I agree that all materials and information obtained is the property of Circle of Love.

I agree to hold Circle of Love Community Development Corporation, its representatives, collaborative agencies and organizations harmless for any misinterpretations of information provided.

Client's signature

Date

Counselor's signature

Date



AUTHORIZATION TO OBTAIN CREDIT INFORMATION

I hereby authorize Circle of Love CDC to verify my past and present employment earnings record, bank accounts, stock holding, and other asset balances that are needed to process my application. I further authorize Circle of Love CDC to order a consumer credit report and verify other credit information, including past and present landlord references. It is understood that a photocopy of this form will also serve as authorization.

The information Circle of Love CDC obtains is only to be used in the processing of my application and can be shared with various agencies that fund the Circle of Love CDC Partnership programs.

To establish "proper identification", as required by the Fair Credit Report Act, please complete the following identifying information and supply the consumer interviewer with two (2) pieces of proper identification.

Name: _____

Address: _____

Previous Address (less than two yrs) _____

Phone#: _____ Birth Date: _____

SS#: _____ Employer: _____

Length of Employment: _____

I am the person named above and I understand that Federal Law provides that a person who obtains information from a consumer-reporting agency under false pretense shall be fined not more than \$5,000 or imprisoned for not more than one year or both.

COLCDC Representative

Client Signature

Witness

CO-Client Signature

Budget Planner

Monthly Income

Wages- one income	\$	_____	_____
Wages- second income	\$	_____	_____
Social Security	\$	_____	_____
Disability	\$	_____	_____
Workers Comp	\$	_____	_____
Unemployment	\$	_____	_____
Public Assistance	\$	_____	_____
Child Support	\$	_____	_____
 Total Income	\$	_____	_____

Fixed Expenses

Rent, lease, or mortgage	\$	_____	_____
Renter's insurance	\$	_____	_____
Car note #1	\$	_____	_____
Car note #2	\$	_____	_____
Car insurance	\$	_____	_____
Appliance, TV, furniture rental or loans	\$	_____	_____
Personal Loans	\$	_____	_____
Bank credit card	\$	_____	_____
Bank credit card	\$	_____	_____
Bank credit card	\$	_____	_____
Bank line of credit	\$	_____	_____
Department store credit card	\$	_____	_____
Department store credit card	\$	_____	_____
Other credit card	\$	_____	_____
Other credit card	\$	_____	_____
Student Loan	\$	_____	_____
Student Loan	\$	_____	_____
Student Loan	\$	_____	_____
Finger Hut	\$	_____	_____
Rent to Own	\$	_____	_____
Child support	\$	_____	_____
Child care	\$	_____	_____
Savings	\$	_____	_____
Total Fixed Expenses	\$	_____	_____

Controllable Expenses

Food	\$	_____	_____
Toiletries, cleaning supplies, laundry	\$	_____	_____
Car #1: fuel	\$	_____	_____
Car #1: repairs	\$	_____	_____
Car #2: fuel	\$	_____	_____
Car #2: repairs	\$	_____	_____
Electric	\$	_____	_____

Gas	\$	_____
Water	\$	_____
Telephone	\$	_____
Cell phone	\$	_____
Cable	\$	_____
Medical, dental, prescriptions, co-pays	\$	_____
Clothes	\$	_____
Hair care, nails, etc.	\$	_____
Adult allowances	\$	_____
Children allowances	\$	_____
Fast food- evenings	\$	_____
Fast food- lunches- one earner	\$	_____
Fast food- lunches- second earner	\$	_____
Finer dining	\$	_____
Hot lunches- school	\$	_____
Hobbies	\$	_____
School Activities	\$	_____
Alcohol	\$	_____
Tobacco, cigarettes	\$	_____
Subscriptions: newspapers, magazines	\$	_____
Dues: union, clubs	\$	_____
Education: tuition, fees, books, school supplies	\$	_____
Religious contributions, tithing	\$	_____
Charity contributions	\$	_____
Birthdays- immediate family	\$	_____
Birthdays- extended family, friends	\$	_____
Christmas- immediate family	\$	_____
Christmas- extended family, friends	\$	_____
Vacation expenses	\$	_____
Other expenses	\$	_____
Total Controllable Expenses	\$	_____
Monthly income	\$	_____
Fixed expenses	minuss \$	_____
Controllable expenses	allowable amount \$	_____
Monthly income	\$	_____
Fixed expenses	\$	_____
Controllable expenses	actual amount \$	_____
Total expenses	\$	_____
Difference btwn. income and expenses	\$	_____

This is the amount that you can use to begin paying off collection accounts and past due amounts. Disperse this amount between different accounts that are delinquent, in collection, or past due. Always reevaluate your controllable expenses, especially if you're currently living beyond your means.

Copyright © 2000 by Inner City Christian Federation



Michigan State Housing Development Authority
Division of Homeownership
National Foreclosure Mitigation Counseling Program

Privacy Policy

Our Agency, a MSHDA sub-grantee for the National Foreclosure Mitigation Counseling program, 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 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 our 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.

Client Initials and Date