



## Foreclosure Intervention & Default Counseling

Dear Homeowner,

I'm so glad you took that tough first step and contacted us about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation.

To assist us in providing you with the most effective and efficient service, please complete the attached worksheet as thoroughly as possible (The Monthly Spending Plan). Please give the monthly spending plan careful attention. This information is the key element of resolving your financial situation. If there are questions or information you don't understand, that's okay. Do your best with it and we will go through the rest of it together.

You will find there is an emphasis on being truthful. We can't help with a resolution unless we have a complete and accurate picture of your situation. A plan based on only part of your information is certain to fail.

Please complete and return the Disclosure Forms. As soon as the requested material is received, we can register you for our Home Retention – Understanding Your Options Workshop every Wednesday from 9am-11am. There are some specific documents you will need to locate and bring to the workshop:

- A **hardship letter**; briefly explain your situation – what happened, when it happened and why it happened. Explain your intention to keep or sell property, capacity to repay or how you plan to get back on track. (**see attached**)
- Copy of your **mortgage statement**
- Any documentation from the courts or the sheriff regarding a foreclosure
- Copies of your most recent proof(s) of **income/pay stubs**
- Copies of your most recent **bank statements** for the last 2 months
- Copies of any **unemployment** or **disability** benefits (to show proof of limited income, if applicable).
- Copies of any documents to support your hardship claim, such as disability, unemployment/lay-off.
- Copies of your last **2 years tax returns** (and/or 90 days **Profit and Loss** if you are a self employed earner).
- Verification of expenses – **2 household bills**, for 2 consecutive months (for example, February and April PG&E and phone bills).

After you attend the workshop the counselor will schedule an appointment to meet with you for counseling. The first appointment will last about an hour. Please arrive on time. Many other families are in the same position as you and the demand for our services is high. We often have appointments back to back. If you arrive late, I will only be able to work with you for the remaining time of your appointment.

You can reach me at **415.822.1022 Ext 112** or **Ed@sfhdc.org**

You have taken the first step to resolving your situation. I look forward to working with you. Please fax back information to **Diane** at **415.822.1077** or [Diane@sfhdc.org](mailto:Diane@sfhdc.org)

Sincerely,  
Ed Donaldson



# Foreclosure Intervention & Default Counseling

## Foreclosure Mitigation Counseling Agreement

**San Francisco Housing Development Corporation and its counselors agree to provide the following services:**

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

I/We, \_\_\_\_\_ and \_\_\_\_\_ 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.

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 [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.

**I/WE understand that San Francisco Housing Development Corporation 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/WE give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and June 30, 2011 and to give authorization for NFMC program administrators and/or their agents follow-up with me between with me between now and June 30, 2011 for the purposes of program evaluation.**

\_\_\_\_\_  
Homeowner Date \_\_\_\_\_

\_\_\_\_\_  
Homeowner Date \_\_\_\_\_

\_\_\_\_\_  
Counselor Date \_\_\_\_\_



## Foreclosure Intervention & Default Counseling

### Authorization for Release of Information & Privacy Policy

I hereby authorize the **San Francisco Housing Development Corporation** to release/exchange information from my records in order to assist me in resolving a mortgage default.

This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in resolving a mortgage default. Examples of such entities include mortgage servicers, mortgage investors, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

**You have the opportunity to "opt-out" of disclosures of your nonpublic information personal information to third parties (such as creditors) that is direct to us not to make those disclosures.**

**If you chose to "opt-out" we will not be able to answer questions from your creditors. If at any time you may wish to change your decision with regard to your "opt-out" you may call us at 415.822.1022 Ext 112 and do so.**

The doctrine of informed consent has been explained to me, and I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire 90 days from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

Borrower (printed) \_\_\_\_\_

Borrower (signed) \_\_\_\_\_ Date \_\_\_\_\_

Borrower (printed) \_\_\_\_\_ Date \_\_\_\_\_

Borrower (signed) \_\_\_\_\_ Date \_\_\_\_\_

Counselor (signed) \_\_\_\_\_ Date \_\_\_\_\_



# Foreclosure Intervention & Default Counseling

## CREDIT REPORT AUTHORIZATION

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

SPOUSE: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Spouse Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I (WE) hereby give permission to pull my (our) credit report for the purposes of my (our) application for assistance in regards to my home or my loan through the San Francisco Housing Development Corporation.

All information will be kept confidential between my Counselor and me. I further understand that the San Francisco Housing Development Corporation will be held harmless for information received in this credit report.

(Both Signatures are required if joint report is requested.)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Spouse Signature Date

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## **SFHDC Homeownership Education Program Disclosure Statement**

Certain fact(s) or loan product(s) may be used as an educational tool to bring better awareness to our constituents. As the constituent(s) of the San Francisco Housing Development Corporation, you are not obligated to use the services of person(s), volunteer(s), and/or entities brought forth at our workshop or private one-on-one counseling sessions. Also, you are not obligated to purchase any housing that is developed directly or indirectly by SFHDC nor are you obligated to purchase any housing units that are presented and disclosed. You have the right to choose your own representation and to purchase any housing of your choice. Also it is important for us to disclose that we receive funding from several of the major Financial Institutions (such as U.S. Bank, Citi, Wells Fargo, Union Bank, B of A, HSBC Bank and Chase) and that you are under no obligation to go to any of these lending Institutions. If you have any questions or concerns in regards to this disclosure statement, please feel free to contact SFHDC at **415.822.1022**.

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Client Signature

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Date

# Foreclosure Intervention & Default Counseling

## Monthly Budget/Cash Flow Analysis

Gross Income		Monthly	Essential Expenses		Monthly	Months
		Amount	Housing		Amount	Delinquent
			Mortgage			
			2nd Mortgage			
Other			Property Taxes			
Other		\$ -	Homeowner's Insurance			
<b>Total</b>		\$ -	Electric/Gas			
			Water/Sewer/Trash			
			Phone/Cellular Phone			
			Cable TV/Internet			
			Alarm System			
			Homeowner's Association			
			<b>Subtotal</b>		\$ -	
			<b>Living Expenses</b>			
			Groceries/Household Items			
			Food At Work/School			
			Clothing:Laundry/Dry Cleaning			
			Transportation (Gas/Bus)			
			Insurance - Auto			
			Insurance - Medical/Dental			
			Prescriptions			
			Alimony/Child support			
			Child Care			
			School Tuition			
			Incidental expenses			
			Clubs Or Crafts			
			Other (Specify)			
			Other (Specify)			
			Other (Specify)			
			Other (Specify)			
			Other (Specify)			
			<b>Subtotal</b>			
			<b>Other (Specify)</b>		\$ -	
			Car Loan	-		
			Car Loan	-	\$ -	
			Other	Credit Cards		
			Other	Personal Loans	\$ -	
			Other	Student Loans		
			<b>Subtotal</b>		\$ -	
			<b>Total Expenses</b>		\$ -	

  

Assets		Total
		Amount
Checking		
Checking		
Savings		
Savings		\$ -
401K / 403B		\$ -
401K / 403B		\$ -
Car		
Car		
Boat		\$ -
RV		\$ -
Other	Business Net Worth	
Other Real Estate		\$ -
<b>Total</b>		\$ -

  

Equity Calculation		
Current Market Value Of Home*		\$ -
<b>Less</b>		\$ -
1st Mortgage		
2nd Mortgage / Equity Loan		
3rd Mortgage / Equity Loan		\$ -
Delinquent Payments		\$ -
Unpaid Property Taxes		\$ -
Other Liens		\$ -
<b>Total Equity</b>		\$ -

What type of Loan do you have (Option Arm or Fixed)? \_\_\_\_\_

How long have you had this Loan? \_\_\_\_\_

What is your Interest Rate? \_\_\_\_\_

## Foreclosure Intervention & Default Counseling

**The Sample Hardship Letter below can be used as a guide.**

- Don't forget to insert **your own details** inside the parenthesis or where appropriate.
- **Delete** any information that is not relevant to your case.
- Always date your letters.
- And always keep a copy of the letter you send for your records.

Your name  
Address  
City, State Zip

RE: Mortgage  
Account #: \_\_\_\_\_

Date

To \_\_\_\_\_

This letter is an update on my current financial standing, as of [month year]. I thank [bank] for the diligent work it is doing to help me, and other Americans, keep their homes. The economic hardship that has befallen the world's economy is deeply felt by all, and I was no exception to this at the start of the year.

Through this trying economic time for all, I was running a modest monthly budget deficit. However, I am excited to report an increase to my employment revenue since [month year], and am running a sustainable, consistent and verifiable modest monthly surplus. To the extent that were I offered a home affordable modification program (H.A.M.P.), I'd able to remit consistent payments, thereby securing returns to the investor/owner of this note.

I am happy to report this revitalized situation, beneficial to all concerned, and look forward to your continued efforts in helping myself, and other Americans, stay in their homes, as able.

Thank you for your time,

[signature]

Your name