

# NEIGHBORHOOD HOUSING & DEVELOPMENT CORPORATION

633 NW 8<sup>TH</sup> AVE.  
GAINESVILLE, FL 32601  
TELEPHONE (352)380-9119 FAX (352)380-9170  
WWW.GNHDC.ORG

Dear Homeowner,

We're so glad you took that tough first step and contacted HOPE hotline, HUD, or NHDC 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 intake form as thoroughly as possible. 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.

There are some specific documents you will need to locate and turn in with your intake form:

- Copy of your mortgage (if available)
- Copy of your note (if available)
- Any correspondence from the mortgage company or its attorney, even if it's unopened
- Any documents from the courts or the sheriff regarding a foreclosure
- Driver's License or Picture ID for all individuals on mortgage
- Social Security cards for all individuals on mortgage
- Most recent pay stubs for all employment
- Last two months of all bank statements
- **All** most recent bills and statements for all expenses
- Last year's tax return
- A hardship letter that answers the following questions:
  - What caused your situation?
  - How have you tried to fix your financial situation?
  - Why do you want to keep or sell your home?

Our first appointment will last an hour and a half. 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, we will only be able to work with you for the remaining time of your appointment.

**Once your completed packet has been received and reviewed, we will contact you to schedule an appointment. You may it drop off at Marion County Community Services, mail, email ([aconklin@gnhdc.org](mailto:aconklin@gnhdc.org)) or fax it in.**

You have taken the first step to resolving your situation. We look forward to working with you.

Sincerely,  
NHDC Housing Advisors

**Appointment Location:  
Marion County Community Services  
2631 SE Third Street  
Ocala, FL 34471**

02/2018

## FORECLOSURE INTERVENTION INTAKE FORM

### CUSTOMER

*Please Print Clearly*

Name: \_\_\_\_\_  
*Last MI First*

#### PHYSICAL ADDRESS

Street

City State Zip Code County

#### MAILING ADDRESS (if different from physical address)

Street

City State Zip Code County

Home: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Mobile/Cell (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
No. of years at current address

#### Race (please circle one):

- |   |                                   |                |
|---|-----------------------------------|----------------|
| 1. Black or African American              | 3. Asian                          | 5. White       |
| 2. Native Hawaiian/Other Pacific Islander | 4. American Indian/Alaskan Native | 6. Other _____ |

Credit Score (if known): \_\_\_\_\_ Repository (Circle corresponding): Experian TransUnion Equifax

Gender (please circle one): Female Male

Hispanic? Yes No Language spoken in the home (if not English): \_\_\_\_\_

Disabled? Yes No Are you foreign born? Yes No

Are you a Veteran? Yes No

Marital Status (please circle one): Single Married Divorced Separated Widowed

#### Household Type (please select the most accurate)?

- |  |  |                             |          |
|--|--|-----------------------------|----------|
| 1. Female headed single parent household | 2. Male headed single parent household | 3. Single adult             |          |
| 4. Two or more unrelated adults          | 5. Married with children               | 6. Married without children | 7. Other |

#### Reason for Default (Please, circle most significant reason):

1. Business venture failed 2. Death of a family member 3. Divorce/Separation 4. Increase in Expense  
5. Increase in loan payment 6. Loss of income 7. Medical issues 8. Not in Default 9. Other: \_\_\_\_\_  
10. Poor Budget Skills 11. Reduction in Income (How much income did you lose? \_\_\_\_\_).

\*\*\*\*\*Annual Family or Household Income (REQUIRED!): \$ \_\_\_\_\_\*\*\*\*\*



**Education (please circle one):**

- 1. Below High School Diploma                      3.. High School Diploma or Equivalent                      5. Masters Degree
- 2. Two-Year College                                      4. Bachelor’s Degree    6. Above Masters Degree

**Relationship to Customer (please circle one):** Spouse    Domestic Partner    Daughter    Son    Sister    Brother  
Girlfriend    Boyfriend    Mother    Father    Other: \_\_\_\_\_

**CUSTOMER EMPLOYMENT — Last 2 Years** *Please Print Clearly*

Primary Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Part Time or Full Time (Please circle one) Years in Profession: \_\_\_\_

Gross Income (before taxes): \$ \_\_\_\_\_ Net Income (after taxes): \$ \_\_\_\_\_

Is this amount paid    \_\_\_hourly    \_\_\_weekly    \_\_\_every two weeks    \_\_\_twice a month    \_\_\_monthly?

Secondary Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Part Time or Full Time (Please circle one) Years in Profession: \_\_\_\_

Gross Income (before taxes): \$ \_\_\_\_\_ Net Income (after taxes): \$ \_\_\_\_\_

Is this amount paid    \_\_\_hourly    \_\_\_weekly    \_\_\_every two weeks    \_\_\_twice a month    \_\_\_monthly?

**CO-APPLICANT EMPLOYMENT — Last 2 Years**

Primary Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Part Time or Full Time (Please circle one) Years in Profession: \_\_\_\_

Gross Income (before taxes): \$ \_\_\_\_\_ Net Income (before taxes): \$ \_\_\_\_\_

Is this amount paid    \_\_\_hourly    \_\_\_weekly    \_\_\_every two weeks    \_\_\_twice a month    \_\_\_monthly?

Secondary Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Part Time or Full Time (Please circle one) Years in Profession: \_\_\_\_

Gross Income (before taxes): \$ \_\_\_\_\_ Net Income (before taxes): \$ \_\_\_\_\_

Is this amount paid    \_\_\_hourly    \_\_\_weekly    \_\_\_every two weeks    \_\_\_twice a month    \_\_\_monthly?

**ADDITIONAL INFORMATION**

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
<i>Are you currently in Chapter 13 bankruptcy?</i>	Yes	No	Yes	No
<i>If yes, when did it begin?</i> _____				
<i>If yes, when will it be paid out?</i> _____				
<i>If yes, how much is the payment?</i> _____				
<i>Have you had a Chapter 7 bankruptcy?</i>	Yes	No	Yes	No
<i>If yes, when was it discharged?</i> _____				
<i>Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)?</i>			Yes	No
<i>If yes, how much? \$ _____ From Where? _____</i>				

**AUTHORIZATION**

I/We hereby authorize Neighborhood Housing & Development Corporation Home Ownership Center 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. Pull credit report to review with client.

I/We hereby give permission to submit client-level information to the data collection system for the National Foreclosure Mitigation Counseling grant, open files to be reviewed for program monitoring compliance purpose, and provide authorization to conduct follow-up with client related to program evaluation. All information will be kept confidential between my Counselor and me. I further understand that Neighborhood Housing & Development Corporation will be held harmless for information received in this credit report.

I/We 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.

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

\_\_\_\_\_  
*Customer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicant*

\_\_\_\_\_  
*Date*



## LOAN INFORMATION

### Lien (Mortgage) Holder Information:

Lien Holder Name: \_\_\_\_\_

Type: (Please Circle One) FHA, Fannie Mae, Freddie Mac, Conventional, Other: \_\_\_\_\_

Monthly Payment (Including Escrow): \$ \_\_\_\_\_ Monthly Payment (Excluding Escrow): \$ \_\_\_\_\_

Interest Rate : \_\_\_\_\_ Past Due Amount:\$ \_\_\_\_\_ Principal Balance:\$ \_\_\_\_\_

Months Remaining: \_\_\_\_\_ Date of Last Payment Made: \_\_\_\_\_ Date Hardship Started: \_\_\_\_\_

## MONTHLY BUDGET ANALYSIS

Assets	Monthly Amount
Checking account(s)	
Savings account(s)	
Cash	
CDs	
Retirement account	
401K/ 403B	
Stocks and Bonds	
Money Market account(s)	
Other Liquid Funds	
<b>Total</b>	

Net Income	Monthly Amount
Employment	
SSI Disability	
Child Support/ Alimony	
Pension Income	
Public Assistance	
Self-employment Income	
Disability Income	
Other Employment	
<b>Total</b>	

Essential Expenses	Monthly Amount	Months Delinquent
<b>Housing</b>		
Mortgage		
2 <sup>nd</sup> Mortgage		
Association Dues		
Property Taxes		
Home Owner's Insurance		
Phone		
Cellular Phone		
Water/Sewer		
Electric/Gas		
Trash/Sewer		
Cable TV/ Satellite/Internet		
<b>Subtotal</b>		
<b>Living Expenses</b>		
Groceries/Household Items		
Food at work/School		
Clothing: Laundry/Dry Cleaning		
Transportation (Gas/ Bus)		
Insurance (Auto, Medical, Life, etc.)		
Prescriptions		
Credit Card(s)		
Personal Loans		
Student Loans		
Alimony/ Child Support		
Car Loan		
Medical Bills		
Child Care		
<b>Subtotal</b>		
<b>Other (Specify)</b>		
Other:		
Other:		
Other:		
<b>Subtotal</b>		
<b>Total Expenses</b>		

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(352) 380-9170 FAX  
WWW.GNHDC.ORG

## AUTHORIZATION RELEASE

DATE \_\_\_\_\_

To Whom It May Concern:

I, (your name) \_\_\_\_\_, authorize (mortgage lender)  
\_\_\_\_\_, to discuss information regarding my mortgage, loan #  
\_\_\_\_\_, with a representative of Gainesville's Neighborhood Housing and Development Corporations.

Sincerely;

Borrower name: Print \_\_\_\_\_

Signature: \_\_\_\_\_

Co borrower: Print \_\_\_\_\_

Signature: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Borrower SSI#: \_\_\_\_\_

Co Borrower SSI#: \_\_\_\_\_

**FROM:**

<p><b>Corey Harris</b> Executive Director Ex. 102 <a href="mailto:charris@gnhdc.org">charris@gnhdc.org</a></p>	<p><b>Janice Crews</b> Director of Lending Programs Ex. 103 <a href="mailto:jcrews@gnhdc.org">jcrews@gnhdc.org</a></p>	<p><b>Kayla Ellsworth</b> Marketing Director &amp; Administrative Coordinator Ex. 100 <a href="mailto:kellsworth@gnhdc.org">kellsworth@gnhdc.org</a></p>
<p><b>Cheryl Beardsley</b> Chief Financial Officer Ex. 101 <a href="mailto:cbeardsley@gnhdc.org">cbeardsley@gnhdc.org</a></p>		<p><b>Pebbles Vance</b> Housing Counselor Ex. 107 <a href="mailto:pvance@gnhdc.org">pvance@gnhdc.org</a></p>

# PLEASE FILL OUT THIS FORM WITH A HOUSING COUNSELOR

## Exhibit 5: National Foreclosure Mitigation Counseling Program Making Home Affordable Eligibility Determination Checklist

**Directions:** Please check the appropriate “Yes” or “No” box when determining a client’s eligibility for the Making Home Affordable Program®. Shaded areas are requirements or options to be considered for the program. Non- shaded areas denote criteria that would disqualify the client from participating in the listed program. All shaded areas must be checked to determine if a client is eligible for a particular program. At the end of each section, check whether a client is eligible for the program by checking “Yes” or “No” and noting the reason, if applicable.

**Modification:** Home Affordable Modification Program (HAMP or HAMP Tier 1): NFMC Program Grantees must screen for eligibility by determining and documenting the following:

	Yes	No
Was the mortgage loan a first lien mortgage loan originated on or before January 1, 2009?		
Has the mortgage been previously modified under HAMP or has the client ever received a Trial Period Plan?		
Is this loan owned, guaranteed, or insured by Fannie Mae, Freddie Mac, FHA, VA, or USDA?		
Is the mortgage loan delinquent or is default reasonably foreseeable?		
Is the client a “natural” person? (Mortgage loans made to business entities are not eligible for assistance under HAMP)		
Is the mortgage loan secured by a single-family, one- to four-unit property that is occupied by the client as his or her primary residence? (Additionally, a loan will be considered for HAMP if: The property was originally non-owner occupied, but the servicer can verify that it is currently the client's principal residence; or  The client is temporarily displaced (e.g. military service, temporary foreign service assignment, or incarceration) but was occupying the property as his or her principal residence immediately prior to his or her displacement, intends to occupy the property as his or her principal residence upon his or her return and the current occupant is not a tenant).		
Is the property securing the mortgage loan vacant or condemned? (The property may be vacant if, as described above, the client is temporarily displaced).		
Is the mortgage loan secured by a single-family property that is used by the client for rental purposes only and not occupied by the client, whether as a principal residence, second home, or vacation home? (If the answer is yes, then the client is not eligible for HAMP, but may be eligible for HAMP Tier II. See the HAMP Tier 2 checklist below).		
Is the client’s current monthly mortgage payment, PITIA (including principal, interest, taxes, insurance, and when applicable, association fees, and existing escrow shortages) greater than 31% of the client’s verified income?		
Has the client provided documentation of his or her financial hardship?		
Has the client agreed to set-up an escrow account and flood insurance prior to the beginning of the trial period, if one does not exist?		
Is the current unpaid principal balance of the mortgage less than \$729,750 for a one-unit property, \$934,200 for a two-unit property; \$1,129,250 for a three-unit property; and \$1,403,400 for a four-unit property?		

Note: Under HAMP Tier 1, a borrower or co-borrower may receive only one modification.

**Is the client eligible for HAMP?**

Yes

No  \_\_\_\_\_



**PLEASE FILL OUT THIS FORM WITH A HOUSING COUNSELOR**

**Modification:** Home Affordable Modification Program Tier 2 (HAMP Tier 2): Please note, pursuant to NFMC guidelines, NFMC funds can only be used for single-family, owner-occupied, one-to-four unit properties. NFMC Program Grantees must screen for eligibility by determining and documenting responses to the following:

	Yes	No
Is the mortgage loan secured by a single family, one- to four-unit property that is occupied by the client as his or her primary residence? (Additionally, a loan will be considered for HAMP if: The property was originally non-owner occupied, but the servicer can verify that it is currently the client’s principal residence; or The client is temporarily displaced (e.g. military service, temporary foreign service assignment, or incarceration) but was occupying the property as his or her principal residence immediately prior to his or her displacement, intends to occupy the property as his or her principal residence upon his or her return and the current occupant is not a tenant).		
Is the property securing the mortgage loan vacant or condemned? (The property may be vacant if, as described above, the client is temporarily displaced).		
Is the client a “natural” person? (Mortgage loans made to business entities are not eligible for assistance under HAMP)		
Is the mortgage loan delinquent or is default reasonably foreseeable?		
Is the mortgage loan secured by a single-family property that is used by the client for rental purposes only and not occupied by the client, whether as a principal residence, second home, or vacation home?		
Is the mortgage loan securing the rental property delinquent? (Please check “No” or write in “N/A”, if this is not applicable)		
Was the mortgage loan a first lien mortgage loan originated on or before January 1, 2009?		
Is this loan owned, guaranteed, or insured by Fannie Mae, Freddie Mac, FHA, VA, or USDA? (If so, the homeowner is not eligible for HAMP or HAMP Tier 2)		
Has the client’s mortgage been previously modified or have they received a HAMP Tier 1 Trial Period Plan, of which, they defaulted? (HAMP Tier 2 Trial Period Plan must be at least 10% less than the failed Tier 1 Trial Period Plan); or (Please circle one option below) The client received a HAMP Tier 1 permanent modification, of which, they defaulted. (Additional eligibility criteria include: demonstratable change in circumstances or 12 or more months since effective date of HAMP Tier 1 modification); or The client received a HAMP Tier 2 Trial Period Plan or permanent modification, of which, the client defaulted.		
Is the client’s current monthly mortgage payment, PITIA (including principal, interest, taxes, insurance, and when applicable, association fees, and existing escrow shortages) greater than 25% of the client’s verified income?		
Has the client provided documentation of his or her financial hardship?		
Has the client agreed to set-up an escrow account and flood insurance prior to the beginning of the trial period, if one does not exist?		
Is the current unpaid principal balance of the mortgage less than \$729,750 for a one-unit property, \$934,200 for a two-unit property; \$1,129,250 for a three-unit property; and \$1,403,400 for a four-unit property?		
Has the client been convicted of felony larceny, theft, fraud, forgery, money laundering or tax evasion in connection with a mortgage or real estate transaction within the last 10 years?		

Note: Under HAMP Tier 2, a borrower or co-borrower may receive a total of three permanent modifications, one each on three different mortgage loans.

**Is the client eligible for HAMP Tier 2?**

Yes

No  \_\_\_\_\_

**PLEASE FILL OUT THIS FORM WITH A HOUSING COUNSELOR**

**Refinance** Home Affordable Refinance Program (HARP or HARP 2.0): Please note, pursuant to NFMC guidelines, NFMC funds can only be used for single-family, owner-occupied, one-to-four unit properties. NFMC Program Grantees must screen for eligibility by determining and documenting the following:

	Yes	No
Is client the owner of a one- to four-unit home?		
Is the loan a first lien, conventional mortgage owned or guaranteed by Fannie Mae or Freddie Mac?		
Is client current on their mortgage (client must be current on the mortgage, have not missed more than one payment in the last 12 months, and have not missed any payments in the prior 6 months. If the client has had the loan for less than 12 months, he/she must not have missed any payments in the previous 6 months and have not missed more than one payment since inception of the mortgage)?		
Was the loan sold to Freddie Mac or Fannie Mae on or before May 31, 2009?		
Was the loan refinanced under HARP previously? (Not applicable to Fannie Mae loans that were refinanced under HARP between March-May 2009).		
Is the current loan to value greater than 80%? (For HARP 2.0 there is no longer a maximum LTV limit for borrower eligibility. However, if the client refinances under HAMP and their new loan is an adjustable loan their LTV may not be above 105%)		
Does the client have a source of income to support the new mortgage payments?		
Does the refinance improve the long-term affordability or stability of the loan?		

**Is the client eligible for HARP or HARP 2.0?**

Yes

No  \_\_\_\_\_

**FHA Loans** For clients with FHA loans, NFMC Program Grantees must screen for eligibility by determining and documenting the following:

	Yes	No
Is the client the owner of a one- to four-unit home?		
Is the client less than 12 payments behind on their mortgage?		
Does the client have income sufficient to support the new mortgage payments?		
With the modification, will the client’s front end DTI be as close as possible, but not less than 31% and their back end DTI less than 55%?		
Is the client eligible for the FHA Special Forbearance, or the FHA Loan Modification and Partial Claim?		

**Is the client eligible for a FHA Loan?**

Yes

No  \_\_\_\_\_

# PLEASE FILL OUT THIS FORM WITH A HOUSING COUNSELOR

**Short Sale or Deed-in-Lieu:** Home Affordable Foreclosure Alternatives (HAFA): NFMC Program Grantees must screen for eligibility by determining and documenting the following:

	Yes	No
Was the mortgage loan a first lien mortgage loan originated on or before January 1, 2009?		
Is the loan a first lien, conventional mortgage owned or guaranteed by Fannie Mae or Freddie Mac?		
Is client the owner of a one- to four-unit home? (The first loan must be less than \$729,750)		
Is the home the client's primary residence? (For mortgage loans that are more than 30 days delinquent, the property may be a principal residence, a second home, or an investment property. In addition, the property may be vacant but must not be condemned. For mortgage loans that are less than 31 days delinquent but evaluated as in imminent default, the mortgage property must be the client's principal residence).		
Was this property purchased in the last 12 months?		
Was the client qualified for HAMP based on verified income, but: Was not offered a trial modification due to inability to meet HAMP qualifications (for example, did not pass the NPV test or meet the target monthly mortgage payment ratio); or Was not offered a trial modification due to inability to meet HAMP qualifications (for example, did not pass the NPV test or meet the target monthly mortgage payment ratio); or Failed to complete the trial period successfully; or Became two consecutive payments (31 or more days) delinquent on the modified loan; or Requested a short sale or deed-in-lieu?		
Is the client more than 60 days delinquent and have cash reserves less than the greater or three times their current mortgage payment?		
Is the client in foreclosure, pending foreclosure, in pending litigation involving the mortgage, or in active bankruptcy?		
Has the client provided documentation of his or her financial hardship?		
Is the client's monthly debt ratio greater than 55%? (Active duty military service members of the U.S. armed forces with PCS orders relocating from a primary residence purchased on or before June 30, 2012, are exempt from the total monthly debt ratio requirement).		
Is the title on the client's property clean?		
Has the client been convicted of felony larceny, theft, fraud, forgery, money laundering or tax evasion in connection with a mortgage or real estate transaction within the last 10 years?		

**Is the client eligible for a Short Sale or Deed-in-Lieu?**

Yes

No  \_\_\_\_\_

*Note: This document should be used to determine a client's eligibility for the Making Home Affordable (MHA) Program. Grantees should use this form during their initial assessment of their clients. Additionally, the form can be shared with clients to help them better understand MHA requirements.*

# NHDC Fee Schedule

As of January 1, 2016

## 1. Financial Fitness Program

The Financial Fitness program focus is on budgeting, credit education and other financial topics. It is intended for clients who have an interest in becoming a home owner but need to resolve some issues keeping them from securing a mortgage.

No charge; however, a credit report will be required. \*

## 2. Home Buyer Education Seminar \$50

**The Home Buyer Education (HBE) Seminar** is 8 hours of instruction the focuses on the home purchase process. Clients graduating from the class may be eligible for City, County, and State of Florida subsidy assistance or special financing offered by the mortgage lender.

## 3. Mortgage Delinquency/Foreclosure Intervention Counseling

No fee charged; however, a credit report is required.

### Other Fees

**Credit Reports-** Fee averages \$15.15-\$30.30 depending on the type of credit report required. \*(A credit report is not pulled by NHDC until we receive written authorization from the client and the fee for the report has been paid.)

## Acknowledgement of Fee Schedule

I have read this schedule and I am aware of the fees. I am responsible to pay for only those services specifically requested. I am not obligated to receive nor pay for any other services that may be offered by NHDC or its partners.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# NFMC Checklist

## Level 1:

- Intake Form
- Authorization Form
- Disclosure (Fee Schedule)
- Privacy Policy
- Budget-Based on oral information
- Action Plan & Counselor Notes
- Making Home Affordable Worksheet

## Level 2:

- Authorization Form
- Disclosure
- Privacy Policy
- Budget Verification (e.g., monthly bills, banks statements, mortgage statement, credit card statement, utility bill)
- Income Verification (e.g., tax returns, pay stubs, profit & loss statement, third party verification)
- Verification of Action Taken

**PRIVACY POLICY AND PRACTICES OF  
Neighborhood Housing and Development Corporation Homeownership Center**

We at **Neighborhood Housing and Development Corporation Homeownership Center** (NHDCHC) value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information.

Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

**Information We Collect**

We collect personal information to support our lending operations, financial fitness counseling, and to aid you in shopping for a home mortgage from a conventional lender. In addition, we collect personal information to assist you with resolving mortgage delinquency. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

**Information We Disclose**

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about our transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

**To Whom Do We Disclose**

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law. *Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.*

**Confidentiality and Security**

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguard complies with federal regulations to guard your personal information.

\_\_\_\_\_ **Initial(s)**

**Directing Us Not to Make Disclosures to Unaffiliated Third Parties**

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

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**PRIVACY CHOICES FORM**

**If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.**

**Box 1** – Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

**Box 2** – Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you have checked any of the boxes above,  
Please mail this form in a stamped envelope to:

**Neighborhood Housing and Development Corporation Homeownership Center  
633 NW 8<sup>th</sup> Avenue  
Gainesville, Florida 32601**

*Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.*