



NEIGHBORHOOD PARTNERSHIP HOUSING SERVICES, INC.

"Building Stronger Communities"



Dear Homeowner,

I'm so glad you took the first step and contacted us about your mortgage. We understand how difficult it is to speak about this situation. We will 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. 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 partial or incomplete information is certain to fail.

There are some specific documents you will need to locate and bring to your appointment:

- **Copy of your note**
- **Any correspondence from the mortgage company or its attorney**
- **Most recent pay stubs for all employment**
- **Last two months of all bank statements**
- **Most recent bills and statements for all expenses**
- **Last two year's tax return & W-2's**

Your 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.

You can reach us at:

800-761-NPHS (6747)
320 W "G" St. suite #103
Ontario, CA 91762
www.nphousingservices.org

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

please be advised we are the mediator between you and your servicer, the final decision for any type modification, workout plan etc. will be up to your servicer. In addition, we will need to pull and review your credit report.

Sincerely,

The Neighborhood Partnership Housing Services Team



NEIGHBORHOOD PARTNERSHIP HOUSING SERVICES, INC.

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Authorization for Release of Information

I hereby authorize **Neighborhood Partnership Housing Services, Inc.** 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.

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 (print) _____

Borrower (signed) _____ Date _____

Borrower (print) _____

Borrower (signed) _____ Date _____

Counselor (signed) _____ Date _____

Neighborhood Partnership Housing Services
Ph: (800) 761-NPHS (6747)
Fax: (909) 467-0120
www.nphousingservices.org

Date: _____

Name: _____
First M Last

Address: _____
Street City State Zip Code

Home: (____) _____ - _____ Cell (____) _____ - _____

_____-_____-_____
Social Security Number

____/____/_____
Birth Date

Race (please circle):

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

Hispanic: Yes No Place of Birth: _____

Marital Status: 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender: Male Female

Disabled? Yes No

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

Family Size: _____ How many dependents? _____

What ages are they? _____, _____, _____, _____, _____, _____, _____

Education (please circle one):

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

Referred to by: Print Advertisement Bank Government TV Realtor Staff/Board member Walk-In Friend
Radio Newspaper Article If referred by another source not listed above, which one? _____

CO-APPLICANT

Name: _____
First M Last

_____-_____-_____
Social Security Number

____/____/_____
Birth Date

Race (please circle):

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

Hispanic: Yes No Place of Birth: _____

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

Gender (please circle): Male Female

Disabled? Yes No

Education (please circle one):

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

Relationship to Customer: Spouse Daughter Son Sister Brother Girlfriend Boyfriend Mother Father
Other: _____

CUSTOMER EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer: _____ Position _____

Phone: (____) _____ - _____ Net Income: \$ _____

Hire Date

Is this amount paid _____ weekly _____ every two weeks _____ twice a month _____ monthly

Co-Applicant Employment

Primary Employer: _____ Position _____

Phone: (____) _____ - _____ Net Income: \$ _____

Hire Date

Is this amount paid _____ weekly _____ every two weeks _____ twice a month _____ monthly

Financial Statement

Income

Income for all household members	Net
Borrower	\$
Co- Borrower	\$
Other Household member	\$
Rental Income	\$
Child Support/ Alimony	\$
Disability/ Social Security	\$
Rental Income	\$
Total	\$

Summary	
Total Income	\$
Total Expenses	\$
Surplus +/- Deficit -	\$

NOTES

Assets

Description	Estimated Value
Checking Accounts	\$
Savings Accounts	\$
IRA/401K/Keogh Accounts	\$
Other	\$
Total	\$

Expenses

Description	Minimum Monthly Payment	Delinquent Y/N
1st Mortgage	\$	
2nd Mortgage	\$	
Other Mortgage/ Liens/ Rents	\$	
Home Owners Insurance	\$	
Homeowners Assoc. Dues	\$	
Property Taxes	\$	
Other Insurance\ Life/ health	\$	
Transportation (gas/insurance)	\$	
Auto Loan (s)	\$	
Installment Loan (s)	\$	
Credit Card	\$	
Credit Card	\$	
Credit Card	\$	
Credit Card	\$	
Child Care	\$	
Child Support	\$	
Electric	\$	
Gas/ Oil	\$	
Water	\$	
Home Phone/ Cable/ Internet	\$	
Cell Phone	\$	
Groceries/ Dining Out	\$	
Other	\$	
Totals	\$	

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf.

Signature

Date

Signature

Date

PROPERTY INFORMATION

First Mortgage Lender: _____ **Loan Number:** _____

Interest Rate _____% **Fixed/ Adjustable/Interest Only/ Option Arm** (circle one)

Principal Balance \$ _____ **Monthly Payment \$** _____

Second Mortgage Lender: _____ **Loan Number:** _____

Interest Rate _____% **Fixed/ Adjustable/Interest Only/ Option Arm** (circle one)

Principal Balance \$ _____ **Monthly Payment \$** _____

Explanation of Financial Hardship

I'm having problems making my monthly payment due to financial difficulties.

I believe my situation is: _____ Temporary _____ Permanent

My financial difficulties are the result of:

Explain: _____

Client/Counselor Contract

Neighborhood Partnership Housing Services 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, _____ 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 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