



TAMPA BAY COMMUNITY DEVELOPMENT CORP.

HOUSING COUNSELING SERVICES

2139 N.E. Coachman Road, Clearwater, FL 33765

TEL: Clearwater (727) 446-6222 • Tampa (813) 849-1121 • FAX: (727) 446-8727

www.tampabaycdc.org

A HUD Approved Agency



Please find enclosed our Foreclosure Prevention and Intervention Program Application. It is important that you complete the application **in full** so that we may be better prepared to discuss ways to assist you. After we receive and review your application, we will immediately call you to set an appointment.

Since time is so critical in preventing the possibility of Foreclosure, you must **complete** and **return** the application as soon as possible so we may assist you.

Following is a list of documents that you **must include with the application**:

- Hardship letter
- 2 most recent pay stubs for each person in the household
- Proof of income from SSI/SSD, pensions, child support, alimony, etc. for each person in the household
- Latest correspondence from lender
- Any documents pertaining to foreclosure
- Most recent bank statements for anyone that lives in the home over the age of 18
- Copies of recent utility bills

Please fill out the application **completely**. Incomplete information will delay the processing of your application.

Because of the urgency in getting our members the assistance they need in a timely manner, if you cannot keep your scheduled appointment, please call at least **24** hours in advance to re-schedule, so that we may give the time to another member.

Sincerely,

William J. Sanchez
Vice-President
Program Manager



Home Ownership Center



Client Information Form

TAMPA BAY CDC

THE HOMEBUYERS CLUB

Case Number: _____ HUD Number: _____ HBC Number: _____

Services Requested: Homebuyer Education Class Credit Repair Budgeting Debt Reduction
One-on-One Counseling: Pre-purchase Post-purchase Mortgage Default / Foreclosure

Applicant Name: _____
First MI Last

Co-Applicant Name: _____
First MI Last

Address: _____ **City/ Zip:** _____
(P.O. BOX NOT ACCEPTED)

Name of Apartment Complex: _____ (If Applicable)

Phone: _____
Home Work Cell

E-mail: (optional) _____ **Marital Status:** () Married () Single () Engaged

How Did You Hear about Us? _____ () Divorced () Widowed

Demographic Information: Household Size: Number of Adults: _____ Number of Children: _____

Race/National Origin: () American Indian/Alaskan () African American () Asian American
() Hispanic/Latino () White () Other

Gender: () Male () Female Female Head of Household: () Yes

Is someone in the household disabled? () You () Co-applicant () Child **Age:** _____

Total Gross Household Income: \$ _____ () hourly () weekly () bi-weekly () monthly () yearly
(Please include all sources of income: Salary, SSI/SSD, Unemployment, Child Support, etc. from all household members)

I CERTIFY THIS INFORMATION TO BE TRUE AND CORRECT. _____
SIGNATURE DATE

In order to provide these services at no charge to you, we must provide our funding sources with the information for all people who attend our programs. Please be advised that this information is strictly confidential and will not be shared with anyone. Thank you.

FOR INTERNAL USE ONLY

MFI CALCULATION: Household size _____ TOTAL HOUSEHOLD INCOME \$ _____ MFI _____

PROPERTY JURISDICTION: () Pinellas Co. () City/Clearwater () City/Largo () City/St. Pete () Hillsborough Co () Other

VERIFIED BY: () Property Appraiser Website Spoke to: _____ @ Property Appraiser Office



TAMPA BAY COMMUNITY DEVELOPMENT CORP.



HOUSING COUNSELING SERVICES

2139 N.E. Coachman Road, Clearwater, FL 33765

TEL: Clearwater (727) 446-6222 • Tampa (813) 849-1121 • FAX: (727) 446-8727

www.tampabaycdc.org

A HUD Approved Agency

APPLICATION

FORECLOSURE PREVENTION AND INTERVENTION PROGRAM

Please **Complete** This Application In **FULL** And Return It To Us **Promptly**

First Lender _____ Acct # _____ Loan Bal. \$ _____
 Original Date of Loan _____ Original Amount of Loan \$ _____
 Type of loan (FHA, Conv. Adjustable) _____ Interest Rate _____
 Current Monthly Payment \$ _____ # of Months Past Due _____ Total Amount Due \$ _____
 Does Payment Include Taxes and Insurance? _____

Second Lender _____ Acct # _____ Loan Bal. \$ _____
 Original Date of Loan _____ Original Amount of Loan \$ _____
 Purpose of Loan _____ Interest Rate _____
 Current Monthly Payment \$ _____ # of Months Past Due _____ Total Amount Due \$ _____

Did You Receive Down Payment Assistance? _____ From Whom? _____
 Estimated Value of Property \$ _____

List any contact you've had in writing or by phone with the lender(s). Write their name(s), phone number(s), fax number(s), etc.:

NOTE: Please **attach** to this application any written communication/documents you have received from Lender(s)

Condition of the Property: () Excellent () Good () Fair () Poor
 How Strong is Your Commitment to Save the Home From Foreclosure?
 () Very strong () Moderately strong () Not very strong
 Are There Any "Co-signers" on the Mortgage Not Living on the Property? Yes ____ No ____
 Please Attach a "Hardship Letter" Which Explains:
 • How the payments became delinquent?
 • Why you can now make payments?
 • How much you feel you can pay additionally each month to bring the loan current?

What other agencies/assistance have you already used to help resolve this issue? **(Please write them here)**

EMPLOYMENT INFORMATION**Applicant:**

Name of Employer _____ Gross Annual Income \$ _____ How Long? _____

Co-Applicant:

Name of Employer _____ Gross Annual Income \$ _____ How Long? _____

Other Household Income:

Name of Recipient _____ Source _____ Income \$ _____

Total Gross Annual Household Income \$ _____

MONTHLY HOUSEHOLD EXPENSES

First Mortgage* \$	Child Support \$
2 nd Lien \$	Cable \$
Utilities \$	Loans \$
Gas \$	Groceries \$
Water/Sewer \$	Credit Card \$
Phone \$	Credit Card \$
Cell Phone \$	Clothing \$
Car pmt #1 \$	Medical \$
Car pmt #2 \$	Life Insurance \$
Car Ins. \$	Donations \$
Gasoline \$	Other \$
Child Care \$	Other \$

*If you do not escrow

Taxes \$ _____

Insurance \$ _____

Total Expenses \$ _____

PRELIMINARY DETERMINATION*Together with your Counselor you will determine if the source of the financial problem is permanent/incurable, or temporary/curable***POSSIBLE OPTIONS IF INCURABLE:****Bankruptcy****Pre-foreclosure sale****Deed in lieu of foreclosure (FHA Mortgages Only)****Short sale****POSSIBLE OPTIONS IF CURABLE:****Workout plan** with mortgagee(s)**Forbearance agreement** with mortgagee(s)**Loan modification** with mortgagee(s)**Refinance mortgage** if sufficient equity/favorable terms**Loan application for Emergency Mortgage Payment Fund****Important Notice: Participation in the Foreclosure Prevention / Intervention Program** does not obligate or require you to use any service or product that may be suggested, offered or recommended by **Tampa Bay CDC or The HomeBuyers Club.****SOCIAL SECURITY NUMBER COLLECTION POLICY**

Tampa Bay CDC and its funding sources collect your Social Security number for the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.071(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes. By signing below, I/We acknowledge receipt of the Social Security Number Collection Policy disclosure.

Signature_____
Signature of Spouse/Co-Buyer_____
Social Security No._____
Social Security No._____
Birth Date_____
Birth Date



TAMPA BAY COMMUNITY DEVELOPMENT CORP.



HOUSING COUNSELING SERVICES

2139 N.E. Coachman Road, Clearwater, FL 33765

TEL: Clearwater (727) 446-6222 • Tampa (813) 849-1121 • FAX: (727) 446-8727

www.tampabaycdc.org

A HUD Approved Agency

To: (Name of lender) _____

Attn: _____

From: (Your name) _____

Address _____

SS # _____

Acct # _____

AUTHORIZATION TO RELEASE PERSONAL & FINANCIAL INFORMATION

To Whom It May Concern:

With receipt of this written authorization, I (we) hereby authorize you to release personal or financial information, which may be contained in your files regarding the above, named persons or accounts.

Release of information may be verbal, written, or by FAX transmission and released to representatives of:

Tampa Bay Community Development Corporation
2139 NE Coachman Road
Clearwater, FL 33765

I further authorize Tampa Bay CDC to obtain all information necessary, including a credit report, to assist me/us in an evaluation of our present situation. I understand that the information may be shared with volunteer advisors and/or lenders in an effort to determine eligibility for a workable solution to prevent foreclosure. Tampa Bay CDC is a HUD certified counseling agency, providing services in Florida and I am requesting their assistance in resolving a current or threatened mortgage deficiency problem. Your cooperation with them in this matter will be greatly appreciated.

Borrower

Co-borrower

Date



TAMPA BAY COMMUNITY DEVELOPMENT CORP.

HOUSING COUNSELING SERVICES

2139 N.E. Coachman Road, Clearwater, FL 33765

TEL: Clearwater (727) 446-6222 • Tampa (813) 849-1121 • FAX: (727) 446-8727



www.tampabaycdc.org

A HUD Approved Agency

FORECLOSURE MITIGATION COUNSELING AGREEMENT

1. I understand that Tampa Bay Community Development Corporation (TBCDC) 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 that TBCDC 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 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 TBCDC's Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies 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.
6. 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.
7. I understand that TBCDC provides information and education on other housing programs and I further understand that the housing counseling I receive from TBCDC in no way obligates me to choose any of these particular housing programs.

Client's Signature _____

Date _____



TAMPA BAY COMMUNITY DEVELOPMENT CORP.



HOUSING COUNSELING SERVICES

2139 N.E. Coachman Road, Clearwater, FL 33765

TEL: Clearwater (727) 446-6222 • Tampa (813) 849-1121 • FAX: (727) 446-8727

www.tampabaycdc.org

A HUD APPROVED AGENCY

PRIVACY POLICY

Tampa Bay Community Development Corporation 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.

**PLEASE RETAIN THIS DISCLOSURE FOR YOUR RECORDS
DO NOT RETURN THIS FORM WITH YOUR APPLICATION**



TAMPA BAY COMMUNITY DEVELOPMENT CORP.

HOUSING COUNSELING SERVICES

2139 N.E. Coachman Road, Clearwater, FL 33765

TEL: Clearwater (727) 446-6222 • Tampa (813) 849-1121 • FAX: (727) 446-8727

www.tampabaycdc.org

A HUD Approved Agency



SOCIAL SECURITY NUMBER COLLECTION POLICY DISCLOSURE

Effective October 1, 2007

Please be advised, Tampa Bay CDC and its government funding sources collect your Social Security number for the following purposes:

Classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.071(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes.

PLEASE RETAIN THIS DISCLOSURE FOR YOUR RECORDS

DO NOT RETURN THIS FORM WITH YOUR APPLICATION