

CLIENT INTAKE APPLICATION

Dear Homeowner:

Our services are **free of charge** to the community and we are dedicated to providing you with as much as information so that you may make the right decision for yourself to help you keep your home.

Please fill out as much as you can on the attached Intake and Budget Application. Pay careful attention to the “Living Expenses” section and be as accurate as you can. This information is the key element of resolving your financial situation. If there are questions or information you do not understand, that’s okay, do your best to complete it and we will go through the rest of it together.

It is important that you disclose all pertinent information, as we need to have a complete and accurate picture of your situation in order to assist you.

Bring copies of the following documents to your appointment (*Do not bring originals, they will not be accepted*):

- Property information**
 - Mortgage note and deed of trust
 - Current property tax bill property
 - Insurance statement/bill

- Mortgage Information**
 - Current mortgage statement/bill
 - Hardship letter (explanation of your situation to the lender)
 - Notice of Default and any correspondence from the mortgage company or its attorney, even if it’s unopened
 - Any documentation from the courts or the sheriff regarding a foreclosure

- Income & Asset Information**
 - Banks statements for the past two (2) months (all accounts, including retirement accounts such as 401k)
 - Paycheck stubs for the past two (2) months (all employers)
 - W-2s for the past two (2) years (all employers)
 - 1040 Tax Returns for the past two (2) years (include all schedules)

- Debt Information**
 - Bills and statements for all expenses (most recent)
 - List of all outstanding debts/loan obligations (include statements w/balances & interest rates)
 - Current utility bills (e.g., natural gas, electricity, phone, cable, water & garbage)

CLIENT INTAKE APPLICATION

INSTRUCTIONS

1. Complete the entire Intake and Budget Application attached
2. Review and sign all of the Agreements and Authorization forms
3. Complete the uniform Request for Modification and Affidavit (RMA)
4. Complete the IRS Tax Form 4506T-EZ, if applicable
5. You may submit the Intake Application electronically, by fax, by regular mail or in person
6. Both the Request for Modification and Affidavit and IRS Tax Form 4606T-EZ must be returned via regular mail or in person as an *original signature* is required.

Once we have received your completed Intake Application, we will schedule you to speak with one of our certified counselors either in person or via phone/email. Please be sure to provide your backup documentation (the itemized documents on the first page) at the time of your appointment.

Please be advised that appointments are prioritized based on eminent danger of foreclosure.

We look forward to working with you.

Sincerely,

NID-Housing Counseling Agency

APPLICANT INFORMATION

How did you hear about NID-HCA?

- | | | |
|--|--|--|
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Community Agency | <input type="checkbox"/> NID-HCA Counselor |
| <input type="checkbox"/> HUD/Fannie Mae | <input type="checkbox"/> Real Estate Agent | <input type="checkbox"/> NID-HCA Client |
| <input type="checkbox"/> My lender | <input type="checkbox"/> Newspaper: _____ | |
| <input type="checkbox"/> Television | <input type="checkbox"/> Other: _____ | |

Please print clearly, using black or dark blue ink. Complete all sections.

APPLICANT INFORMATION

First Name	Last Name	Middle Name
Social Security Number	Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Current Street Address	City/State/Zip Code	How Long?
Previous Address (If at current address is less than two (2) years)		
Previous Street Address	City/State/Zip Code	How Long?
Home Phone	Work Phone	Cell Phone
Email	Preferred method of Contact	
Do you receive an HUD Vouchers or Section 8 for housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond		
Race: (Please check only one)		
<input type="checkbox"/> American India/Alaskan Native	<input type="checkbox"/> American India/Alaska Native and White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian and White	
<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Black or African-American and White	
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> American Indian/Alaska Native and Black/African American	
<input type="checkbox"/> White	<input type="checkbox"/> Choose not to respond	
<input type="checkbox"/> Other		
Preferred Language	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Are you currently bankruptcy? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13		
Highest Education Level (Please check only one)		
<input type="checkbox"/> No High School Diploma	<input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Some college, did not graduate	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> GED	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Doctorate
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a migrant farm worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live within 50 miles from US/Mexico border? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT FOR THE LAST TWO (2) YEARS		
Employer Name/Address	Job Title	Employment Dates

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Get FREE Housing Counseling, call our Toll Free Number 877-964-3422 to find an office in Your Area!

CO-APPLICANT INFORMATION

Please print clearly, using black or dark blue ink. Complete all sections.

CO-APPLICANT INFORMATION

First Name	Last Name	Middle Name
Social Security Number	Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Current Street Address	City/State/Zip Code	How Long?
Previous Address (If at current address is less than two (2) years)		
Previous Street Address	City/State/Zip Code	How Long?
Home Phone	Work Phone	Cell Phone
Email	Preferred method of Contact	
Do you receive an HUD Vouchers or Section 8 for housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond		
Race (Please check only one)		
<input type="checkbox"/> American India/Alaskan Native	<input type="checkbox"/> American India/Alaska Native and White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian and White	
<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Black or African-American and White	
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> American Indian/Alaska Native and Black/African American	
<input type="checkbox"/> White	<input type="checkbox"/> Choose not to respond	
<input type="checkbox"/> Other		
Preferred Language	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Are you currently bankruptcy? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13		
Highest Education Level (Please check only one)		
<input type="checkbox"/> No High School Diploma	<input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Some College, did not graduate	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> GED	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Doctorate
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a migrant farm worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live within 50 miles from US/Mexico border? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT FOR THE LAST TWO (2) YEARS		
Employer Name/Address	Job Title	Employment Dates

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HOUSEHOLD INFORMATION

Please print clearly, using black or dark blue ink. Complete all sections.

Number of people in household	Number of dependents	Age of dependents
Household Type (Please check only one)		
<input type="checkbox"/> Single adult	<input type="checkbox"/> Married without dependents	
<input type="checkbox"/> Female-headed single parent household	<input type="checkbox"/> Married with dependents	
<input type="checkbox"/> Male-headed single parent household	<input type="checkbox"/> Two or more unrelated adults	
	<input type="checkbox"/> Other: _____	
Head of Household: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Neither		

Tell us about your income (all sources)	Applicant	Co-Applicant
Gross Annual Income	\$	\$
Overtime Pay	\$	\$
Second Job / Part-Time / Season	\$	\$
Commission/Bonus/Tips	\$	\$
Pension / VA /SSI / SSA Benefits	\$	\$
Unemployment /Disability/ Compensation	\$	\$
Public Assistance / Foster Care	\$	\$
Self-Employed (Net Income)	\$	\$
Alimony / Child Support / Separation Income	\$	\$
Rental Income	\$	\$
Other: _____	\$	\$
TOTAL GROSS MONTHLY INCOME	\$	\$
TOTAL NET MONTHLY INCOME	\$	\$
TOTAL GROSS MONTHLY INCOME	\$	\$
TOTAL NET MONTHLY INCOME	\$	\$

Assets	Applicant	Co-Applicant
Available Cash	\$	\$
Checking	\$	\$
Savings	\$	\$
CDs	\$	\$
Stocks	\$	\$
Down Payment Gifts	\$	\$
Other Assets _____	\$	\$
Other Assets _____	\$	\$
Other Assets _____	\$	\$
Other Assets _____	\$	\$
TOTAL ASSETS	\$	\$

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HOUSEHOLD INFORMATION

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Summary

	Monthly
Total Income (From sections below)	\$
Total Expense (From selection below)	\$
Surplus/Shortfall	\$

Income

Type	Description	Monthly
Base Gross Salary		\$
Bonuses		\$
Commissions		\$
Other		\$

Expenses

Type	Description	Monthly
Housing: Rental Payment		\$
Housing: Mortgage Payment		\$
Housing: Property Taxes		\$
Housing: Home/Rental Insurance		\$
Housing: Utility-Electricity		\$
Housing: Utility-Natural Gas		\$
Housing: Utility-Refuse		\$
Telephone: Basic Service		\$
Telephone: Cell Phone		\$
Food: Groceries		\$
Food: Eating Out/Delivery		\$
Food: Other Food Expense		\$
Auto/Transportation: Loan Payments/Mass Transit Cost		\$
Auto: Gas		\$
Auto: Maintenance		\$
Auto: Parking		\$
Auto: Other Car Expense		\$
Health Care: Medical		\$
Health Care: Dental		\$
Health Care: Vision		\$
Health Care: Other Expense		\$

Additional Expenses Continued on Next Page

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Expenses (Continued)

Type	Description	Monthly
Entertainment: Movie Rentals		\$
Entertainment: Cable/Satellite		\$
Entertainment: Holidays/Events		\$
Entertainment: Hobbies		\$
Entertainment: Other expenses		\$
Liabilities/Credit Cards: Payments		\$
Liabilities/Credit Cards: Fees		\$
Liabilities Taxes		\$
Liabilities: Cashier's Checks/Payday Loans		\$
Liabilities: Other expenses		\$
Dependents: Clothing		\$
Dependents: Day Care		\$
Dependents: Child Support		\$
Dependents: Activities		\$
Dependents: Other Expenses		\$
Donations: Contribution		\$
Donations: Other Expenses		\$
Education: Tuition		\$
Education: Books		\$
Education: Other Expense		\$
Pets: Food		\$
Pets: Medical Insurance		\$
Pets: Other Expense		\$
Savings: Set aside		\$
Savings: Investment		\$
Savings: IRA		\$
Savings: Other		\$
		\$

Credit

Do any of the applicants have any credit problems we should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe briefly:

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HOMEOWNERSHIP & LOAN OBLIGATION INFORMATION

Please print clearly, using black or dark blue ink. Complete all sections.

<input type="checkbox"/> Single-Family detached	<input type="checkbox"/> 2-4 Unit	<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Condo-Townhome	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other
Condition of home: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
<input type="checkbox"/> I live in the house <input type="checkbox"/> this is a second home <input type="checkbox"/> This is a rental property <input type="checkbox"/> this house is vacant If this is a rental property, what is/are the monthly rent(s)? _____		
Address		City
State		Zip
Original Purchase Price \$		Amount owed (Total) \$
Number of Bedrooms		Year Purchased
Number of Bathrooms		Year Last Refinanced
Year Built/age of Home		Market value/List Price \$
Are you working a Real Estate Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Days Market

What is the primary reason for your default or mortgage trouble?		
<input type="checkbox"/> Reduction in income	<input type="checkbox"/> Lack of budget	<input type="checkbox"/> Death of family member
<input type="checkbox"/> Loss of income	<input type="checkbox"/> Increased expenses	<input type="checkbox"/> Rate adjustment/increase
<input type="checkbox"/> Failed business venture	<input type="checkbox"/> Loss of home value	<input type="checkbox"/> Other _____
<input type="checkbox"/> Medical issues	<input type="checkbox"/> Separation/Divorce	
Loan Officer/Company		Phone
Real Estate Agent/Company		Phone
Loan documentation type: <input type="checkbox"/> Full docs <input type="checkbox"/> Low docs <input type="checkbox"/> No docs <input type="checkbox"/> Stated income <input type="checkbox"/> Don't recall/know		
1. Current Lender	Loan Number:	Last payment date:
Number of missed payments: <input type="checkbox"/> Current <input type="checkbox"/> 1-2 Missed <input type="checkbox"/> 3-4 Missed <input type="checkbox"/> 5+ Missed		
Rate %	Type: <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Privately Held <input type="checkbox"/> USDA	
Term: <input type="checkbox"/> Fixed <input type="checkbox"/> Interest only <input type="checkbox"/> Hybrid <input type="checkbox"/> Hybrid 3/27 <input type="checkbox"/> Hybrid 2/28		
Date to adjust	If ARM, has interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Lender provided previous workout? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what month/year?	
2. Current Lender	Loan Number:	Last payment date:
Number of missed payments: <input type="checkbox"/> Current <input type="checkbox"/> 1-2 Missed <input type="checkbox"/> 3-4 Missed <input type="checkbox"/> 5+ Missed		
Rate %	Type: <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Privately Held <input type="checkbox"/> USDA	
Term: <input type="checkbox"/> Fixed <input type="checkbox"/> Interest only <input type="checkbox"/> Hybrid <input type="checkbox"/> Hybrid 3/27 <input type="checkbox"/> Hybrid 2/28		
Date to adjust	If ARM, has interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Lender provided previous workout? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what month/year?	
3. Current Lender	Loan Number:	Last payment date:
Number of missed payments: <input type="checkbox"/> Current <input type="checkbox"/> 1-2 Missed <input type="checkbox"/> 3-4 Missed <input type="checkbox"/> 5+ Missed		
Rate %	Type: <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Privately Held <input type="checkbox"/> USDA	
Term: <input type="checkbox"/> Fixed <input type="checkbox"/> Interest only <input type="checkbox"/> Hybrid <input type="checkbox"/> Hybrid 3/27 <input type="checkbox"/> Hybrid 2/28		
Date to adjust	If ARM, has interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Lender provided previous workout? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what month/year?	

Property Taxes <input type="checkbox"/> Escrowed <input type="checkbox"/> Current	Last date paid	\$
Home Insurance <input type="checkbox"/> Escrowed <input type="checkbox"/> Current	Last date paid	\$
Homeowner's Associate <input type="checkbox"/> Current	Last date paid	\$

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MORTGAGE INFORMATION

ONLY HOMEOWNERS NEED TO COMPLETE THIS FORM

Do you believe to be a victim of predatory lending? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

First Mortgage Information

Original Lender	Loan No
Loan Servicer	Date of origination
Original loan amount \$	Current balance \$
Monthly principal and interest \$	
Rate %	Type: <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Privately Held <input type="checkbox"/> USDA
Term: <input type="checkbox"/> Fixed <input type="checkbox"/> Interest only <input type="checkbox"/> Hybrid <input type="checkbox"/> Hybrid 3/27 <input type="checkbox"/> Hybrid 2/28	
If ARM, what is/what was the date of adjustment:	
Have you received a loan modification in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Property Taxes <input type="checkbox"/> Escrowed <input type="checkbox"/> Current Last date paid	\$
Home Insurance <input type="checkbox"/> Escrowed <input type="checkbox"/> Current Last date paid	\$
Homeowner's Associate <input type="checkbox"/> Current Last date paid:	\$

Second Mortgage Information

Original Lender	Loan No
Loan Servicer	Date of origination
Original loan amount \$	Current balance \$
Monthly principal and interest \$	
Rate %	Type: <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Privately Held <input type="checkbox"/> USDA
Term: <input type="checkbox"/> Fixed <input type="checkbox"/> Interest only <input type="checkbox"/> Hybrid <input type="checkbox"/> Hybrid 3/27 <input type="checkbox"/> Hybrid 2/28	
If ARM, what is/what was the date of adjustment:	
Have you received a loan modification in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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HARDSHIP LETTER INSTRUCTIONS

The hardship letter states the reason why you cannot make the mortgage payment. The Hardship Letter should be an honest, heartfelt statement outlining the circumstances that have created the problem. This letter is the main reasoning to the situation, so the mortgage lender can take into consideration to your circumstance. The letter should include the following components:

1. A brief apology for having to ask the lender to take the loss.
2. A description of the steps the homeowner has taken (using credit cards, borrowed from family, borrowed from retirement account, etc.) to be able to stay in the home.
3. A clear statement that the homeowner has extended all available options to stay current on the mortgage and that a Loan Modification is the only remaining objective, other than foreclosure.

While it is important for the homeowner to provide a complete picture of their hardship, it is also important to avoid a letter to excessively long. In order to get your lender to understand the hardship, your lender needs to read the letter and connect with the writer. Limit the letter to manageable length (one page if possible). If possible, attach to the Hardship Letter any documents, receipts or notices that support the homeowner's hardship.

EXAMPLES:

- Layoff Notice
- Letter from employer outlining a reduction in pay or a reduction in hours
- Receipt for excessive medical payments for medications or emergency payments
- Delinquency notices from creditors and/or services and utility providers
- Letter from doctors regarding injury or illness
- Disability benefits letter
- Divorce or separation papers
- Any documents supporting a family crisis hardship

Now that you understand what your lender or servicer is looking for, it's time to sit down and write a hardship letter. We made it easy for you by giving you a couple templates below that you can use as a boiler plate for your own letter. Make sure you make it unique to your situation.

Remember that your hardship letter is only one piece of the loan workout process, but key in helping you refinance or avoid foreclosure. You will still need to jump a few hurdles with your lender before they will approve you any kind of work out plan.

SAMPLE HARDSHIP LETTER

Name: (Your Name)

Address: (Your
Address) Lender

Name: (Your Lender)

Loan #:

To Whom It May Concern:

I am writing this letter to explain my unfortunate set of circumstances that have caused us to become delinquent on our mortgage. We have done everything in our power to make ends meet but unfortunately we have fallen short and would like you to consider working with us to modify our loan. Our number one goal is to keep our home and we would really appreciate the opportunity to do that.

The main reason that caused us to be late is (insert reason here and don't be too lengthy and long winded) Soon after being late and our income not being nearly enough, we had fallen further and further behind. Now, it's to the point where we cannot afford to pay what is owed to (lender). It is our full intention to pay what we owe. But at this time we have exhausted all of our income and resources so we are turning to you for help.

(The approximate date of hardship and we believe that our situation is Temporary or will be Permanent.)

Our situation has got better because (reason here) and we feel that a loan modification would benefit us both. We would appreciate if you can work with us to lower or delinquent amount owed and or payment so we can keep our home and also afford to make amends with your firm.

We truly hope that you will consider working with us and we are anxious to get this settled so we all can move on.

Sincerely and Respectfully,

Borrower's Signature Date Co-Borrower's Signature Date

FREE LEGAL COUNSELING SERVICE AGREEMENT

THIS AGREEMENT (the “Agreement”) is made as of _____, 20____ by and between _____ (hereinafter referred to as the “Borrower”) and NID Legal Services and Housing Rights Advocates (hereinafter referred to as “NID Legal Services and NID Housing Counseling Agency”). **NID Legal Services and NID-HCA will provide free legal loan modification and loan document review services to Borrower on the terms set forth below.**

1. NID Legal Services through its employees and/or agents will perform a loan document review and/ or loan modification hardship application for the Borrower to determine the extent and procedures applicable to Borrower’s individual situation. NID Legal Services and NID-HCA’ duties will consist of providing advice and consultation with respect to all legal matters relating to or affecting the Borrower’s mortgage loan.
2. Borrower agrees to provide NID Legal Services or their NID-HCA counselor all pertinent information as requested from time to time by NID Legal Services and NID-HCA reasonably required by Attorney in all furtherance of Attorney’s efforts including, but not limited to, any authorization required by Borrower’s mortgage company that will enable them to discuss Borrower’s situation with Attorney.
3. The NID Legal Services and NID-HCA shall provide the Borrower with up to four hours of free legal services.
4. Borrower acknowledges and agrees that NID Legal Services and NID-HCA can make no guarantee of any specific outcome. In the event that there is a modification of Borrower’s loan or the decision of the lender is adverse to Borrower of the loan modification in Borrower’s favor is not acceptable to Borrower, this Agreement does not obligate NID-HCA or NID Legal Services and Housing Rights Advocates to appeal the decision or litigate on Borrower’s behalf. Under this free legal services agreement, NID Legal Services and Housing Rights Advocates is strictly prohibited from providing civil litigation services. If Borrower wishes to appeal or litigate and the NID-HCA Legal Services and Housing Rights Advocates agree to represent Borrower, a separate agreement must be made by the parties for that purpose.
5. Other Matters. This Agreement contemplates that the Attorney will provide free advisory services to Borrower only with respect to the loan modification and loan document review services described above. Any other matters, except those incidental to and necessarily related to the covered matters, shall not be performed by the NID Legal Services and NID-HCA without the prior written authorization of Borrower.

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FREE LEGAL COUNSELING SERVICES AGREEMENT (CONTINUED)

6. No Guarantee. NID Legal Services agrees to use its best efforts in providing free advisory services to Borrower and to perform these services in a professional diligent, business-like manner. However, Borrower recognizes that NID-HCA and NID Legal Services cannot guarantee a particular result or outcome of any matter. Borrower understands that no promises, verbal or otherwise, not contained in this agreement can or will bind the actions of Attorney.

7. Termination of Services. NID Legal Services may terminate this Agreement and its representation of Borrower if Borrower is in breach of any of its obligations in this Agreement or if the NID Legal Services and NID-HCA is required to withdraw from representation of Borrower in accordance with the rules of professional conduct applicable to NID Legal Services and NID-HCA. Borrower may terminate this Agreement at any time.

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year fist above written.

Attorney

NID-HCA AND LEGAL SERVICES & HOUSING
RIGHTS ADVOCATES

Name

3560 Grand Avenue

Address

Oakland, CA 94610

City, State, Zip Code

Signature

Date

Borrower

Name

Address

City, State, Zip Code

Signature

Date

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FREE LEGAL COUNSELING AUTHORIZATION FORM

This letter grants NID-HCA and NID Legal Services and Housing Rights Advocates, and its representatives, permission to discuss and/or negotiate my loan with regards to the property at: _____

I authorize and request that all contact on my behalf be with NID-HCA and NID Legal Services and Housing Rights Advocates and any of its representatives on all aspects of my loan and this property from this point.

Borrower Information	
Primary Borrower	Co-Borrower (if applicable)
Name:	Name:
Date of Birth:	Date of Birth:
SSN:	SSN:

Mortgage Company: _____ Loan Number: _____

Date: _____ Signature: _____

This authorization also serves as notification to the lender, servicing companies and borrower(s) that any telephone conversations may be recorded for quality control purposes.

Internal Use for NID-HCA Representative Only		
NID-HCA and NID Legal Services & Housing Rights Advocates (Print Name)	Signature	Date

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CLIENT/COUNSELOR AGREEMENT

NID Housing Counseling Agency (NID-HCA) and its counselors agree to provide the following FREE 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; and
- Explanation of collection and foreclosure process Identification of assistance resources Referrals to needed resources Confidentiality, honesty, respect and professionalism in all services.

I/We, _____ (homeowners) 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.

NIDHCA Certification of NFMC Client

The housing counseling agencies that are working under the National Foreclosure Mitigation Counseling (NFMC) program receive compensation based on predetermined counseling benchmarks and numbers of unduplicated families counseled and reported. In an effort to avoid instances of one agency providing counseling services that have already been reported by another agency, we require all clients to certify the following statement:

I _____, agree to work exclusively with NID-HCA for (Print Client Name) counseling in an attempt to reach a workout resolution with _____ (Lender/Servicer) I certify that I am not working with any another housing counseling agency at this time or have not worked with another counseling agency in the past year. I understand that if I choose to go to another counseling agency, I will first inform NID-HCA of my decision.

Homeowner

Date

Homeowner

Date

Counselor

Date

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DISCLOSURE REGARDING AGENCY RELATIONSHIPS

NID-HCA is a not-for-profit organization that gets the majority of its income from grants and contributions. When you enter into a discussion with your housing counselor, we want you to understand the nature of the counseling relationship. The Counselor has an obligation to provide you with information that will support your housing goal with the utmost care, integrity, and honesty.

Counseling is a counselor-to-client or counselor-to-group activity during which the counselor completes some or all of the following activities:

- Interviews you to obtain basic information about you, your family and your housing need, problem or goal helps you determine a potentially realizable objective you set for yourself.
- Identifies resources within the Agency (such as loans, grants or rental opportunities), within the community or government agencies, that might assist in meeting the client's need or resolving the client's problem.
- Designs and explains a counseling plan that suggests how you can address your need or desire.
- Recommends additional private or group counseling sessions conducted by the Agency or by other community organizations.

I, _____ (Client Name):

1. Understand that NID-HCA 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. Understand that (name of organization) receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of personal information with NFMC program administrators or their agents for purposes of program monitoring compliance and evaluation.
3. Give permission for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2011 for the purposes of program evaluation.
4. Acknowledge that I have received a copy of **NID-HCA's Privacy Policy**.

[Need Help with your Mortgage Payments?](#)
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DISCLOSURE REGARDING AGENCY RELATIONSHIPS (Continued)

- 5. 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. *(We are prohibited by company policy to refer you to any non-related housing counseling service that we may be able to provide.)*
- 6. Understand that 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. Understand that NID-HCA provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from NID-HCA in no way obligated me to use any of the recommended services or services provided.

I/we acknowledge receipt of a copy of this disclosure and understand that NID-HCA may receive fees or grants in connection with my transaction. I also acknowledge that my counselor will disclose if there is a transaction-based grant or fee or other potential conflict related to the services I/we receive.

Client Name

Client Name

Signature

Signature

Date

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PRIVACY POLICY

We at NID-Housing Counseling Agency 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.

NID-HCA is committed to assuring the privacy of individuals and 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 “non-public 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. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future program.

Type 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 you account balance, payment history, parties to transaction and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt out of certain disclosure

You have the opportunity to “opt-out” of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures. Please complete the **Privacy Choices Form** to ensure that your instructions go into effect.

Release of your information to third parties

Within NID-HCA, we restrict access to non-public 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 non-public personal information.

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[Get FREE Housing Counseling, call our Toll Free Number 877-964-3422 to find an office in Your Area!](#)



PRIVACY POLICY (CONTINUED)

Counselor Obligations

Your counselor represents your interests and will provide you information and referrals on programs and resources that best meet your needs without regard to any other consideration. Your counselor cannot provide you with legal or financial advice; however your counselor will make recommendations based on his/her knowledge of programs related to your goal. To avoid steering, the recommendation will include competing sources as well. It is up to you to review the recommendation and make a choice about which company and services you want to apply for – whether or not the company was referred by the Counselor. You choose.

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 safeguards comply with federal regulations to guard your personal information.

I/we acknowledge receipt of a copy of this disclosure and understand that NIDHCA may receive fees or grants in connection with my transaction. I also acknowledge that my counselor will disclose if there is a transactionbased grant or fee or other potential conflict related to the services I/we receive.

Print Client Name: _____

Signature _____ Date _____

Print Client Name: _____

Signature _____ Date _____

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PRIVACY OPTION FORM

ONLY HOMEOWNERS SEEKING LOSS MITIGATION ASSISTANCE SHOULD COMPLETE THIS FORM

If you prefer that NID-HCA 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). Please check the box or boxes below to indicate your privacy choices:

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

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

Print Client Name: _____

Signature _____ Date _____

Print Client Name: _____

Signature _____ Date _____

[Need Help with your Mortgage Payments?](#)
[Get FREE Housing Counseling, call our Toll Free Number 877-964-3422 to find an office in Your Area!](#)

Instructions for Completing RMA Form
 The numbered sections correspond to instructions on the right.

Borrower		Co-Borrower	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth
Home phone number with area code		Home phone number with area code	
Cell or work number with area code		Cell or work number with area code	
I want to: <input type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property			
The property is my: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment			
The property is: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant			
Mailing address			
Property address (if same as mailing address, just write same)		E-mail address	
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer _____ Amount of offer \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following: Counselor's Name: _____ Agency Name: _____ Counselor's Phone Number: _____ Counselor's E-mail: _____	
Who pays the real estate tax bill on your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA Fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Paid to: _____		Who pays the hazard insurance premium for your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by Condo or HOA Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Co.: _____ Insurance Co. Tel #: _____	
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number _____			
Additional Liens/Mortgages or Judgments on this property:			
Lien Holder's Name/Service	Balance	Contact Number	Loan Number
HARDSHIP AFFIDAVIT			
I (We) am/are requesting review under the Making Home Affordable program. I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):			
<input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.		<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.	
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.		<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.	
<input type="checkbox"/> Other: _____			
Explanation (continue on back of page 3 if necessary): _____ _____			

- Your loan ID number is on your mortgage statement
- Your loan servicer is the financial institution that collects your monthly mortgage payments.
- The borrower section must be the person whose name is on the mortgage.
- The co-borrower is a second person on the mortgage. Do not fill this section out for someone who is not listed on the mortgage.
- For this section, you should only choose on option for each question.
- Please provide a mailing address and property address if different. The property address should correspond to the mortgage you are applying to modify.
- If your property is not listed for sale, you do not need to fill out the rest of Section 7. Only include offers for sale that you received in the past year.
- Counselors are available free of charge and can be located on the Making Home Affordable website (www.MakingHomeAffordable.gov).
- If your real estate taxes and property insurance are part of your monthly payment that you make to your servicer, select "lender does." HOA: Homeowner's association
- See instructions for Section 9.
- The filing date indicates when you officially filed for bankruptcy. Only check the "yes" box for a discharged bankruptcy if you no longer owe any obligations.
- Additional liens include second (or third) mortgages and home equity lines of credit.
- Please select as many hardships that apply to your situation. You can use the extra lines to explain your hardship, though extensive explanations could delay the processing of your documentation.

Instructions for Completing RMA Form

The numbered sections correspond to instructions on the right.

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 2 COMPLETE ALL THREE PAGES OF THIS FORM

INCOME/EXPENSES FOR HOUSEHOLD¹

Number of People in Household: **14**

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$ 15	First Mortgage Payment	\$ 26	Checking Account(s)	\$ 37
Overtime	\$ 16	Second Mortgage Payment	\$ 27	Checking Account(s)	\$ 38
Child Support / Alimony / Separation ²	\$ 17	Insurance	\$ 28	Savings/ Money Market	\$ 39
Social Security/SSDI	\$ 18	Property Taxes	\$ 29	CDs	\$ 40
Other monthly income from pensions, annuities or retirement plans	\$ 19	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$ 30	Stocks / Bonds	\$ 41
Tips, commissions, bonus and self-employed income	\$ 20	Alimony, child support payments	\$ 31	Other Cash on Hand	\$ 42
Rents Received	\$ 21	Net Rental Expenses	\$ 32	Other Real Estate (estimated value)	\$ 43
Unemployment Income	\$ 22	HOA/Condo Fees/Property Maintenance	\$ 33	Other _____	\$ 44
Food Stamps/Welfare	\$ 23	Car Payments	\$ 34	Other _____	\$ 45
Other (investment income, royalties, interest, dividends etc.)	\$ 24	Other _____	\$ 35	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total (Gross Income)	\$ 25	Total Debt/Expenses	\$ 36	Total Assets	\$ 46

INCOME MUST BE DOCUMENTED

¹Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

²You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname. If you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER <input type="checkbox"/> I do not wish to furnish this information 47	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer

This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number <hr/> Interviewer's Signature Date <hr/> Interviewer's Phone Number (include area code)	Name/Address of Interviewer's Employer
--	--	---

14. Indicate the number of people in a household who contribute to the total income.
15. Monthly gross wages are what you receive before taxes. Use your most current pay stub to find this amount.
16. This amount should be listed on a current pay stub.
17. If you receive child support, alimony, or separation maintenance income, you are not required to report it by law. You should only include this amount if you would like it to be included in the income calculation.
18. SSDI: Social Security/Disability Income
19. Only include if you are retired and collecting income from retirement funds.
20. If reported, this amount will be on your pay stub.
21. Only include rental income if used as part of your overall income.
22. You must have at least nine months of unemployment income to report on this form.
23. Report the amount indicated on your benefits letter. You must provide a copy of this letter as documentation of this income.
24. Add all other income and report sum in this box.
25. Add all amounts in income column (boxes 15-24) and report sum.
26. This amount can be found on your statement for your first mortgage.
27. If applicable, this amount can be found on your statement for your second mortgage or home equity lines of credit.
28. This refers only to homeowner's insurance and should be reported only if you pay this yourself.
29. Only report these taxes if you pay them yourself.
30. Add all credit cards and installment payments and report sum here.
31. If you are responsible for paying child support or alimony, you must report the amount here.
32. Report amount if your total rental income does not cover your total rental expenses.
33. HOA: Home Owner's Association; Report only if you pay these fees yourself.
34. Include car payments only if you are the owner of the vehicle.
35. Include any other pertinent household expenses.
36. Add all amounts in expense column (boxes 26-35) and report sum.
- 37-39. Report amounts for all accounts, if applicable.
40. CDs: certificates of deposit
- 41-42. Report amounts for all accounts, if applicable.
43. Include estimated value for all other properties owned.
- 44-45. Report any other assets other than the value of life insurance or retirement plans, including 401K, pension funds, IRAs, Keogh plans, etc.)
46. Add all amounts in assets column (boxes 37-45) and report sum.
47. This information is not required but encouraged to ensure federal compliance with anti-discrimination laws. No information reported in this section will affect your consideration to receive a modification.

Instructions for Completing RMA Form

The numbered sections correspond to instructions on the right.

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements, may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

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Borrower Signature _____

Date _____

Co-Borrower Signature _____

Date _____

HOMEOWNER'S HOTLINE

If you have questions about this document or the modification process, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



48. Please be sure to read entire agreement before signing. Do not leave off a signature as this will decrease efficient document processing.

**Making Home Affordable Program
Request For Modification and Affidavit (RMA)**



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1

COMPLETE ALL THREE PAGES OF THIS FORM

Loan I.D. Number _____

Servicer _____

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth
Home phone number with area code		Home phone number with area code	
Cell or work number with area code		Cell or work number with area code	

I want to:	<input type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property
The property is my:	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Second Home <input type="checkbox"/> Investment
The property is:	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant

Mailing address	
Property address (if same as mailing address, just write same)	E-mail address

<p>Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of offer _____ Amount of offer \$ _____</p> <p>Agent's Name: _____</p> <p>Agent's Phone Number: _____</p> <p>For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the following:</p> <p>Counselor's Name: _____</p> <p>Agency Name: _____</p> <p>Counselor's Phone Number: _____</p> <p>Counselor's E-mail: _____</p>
--	--

<p>Who pays the real estate tax bill on your property?</p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA</p> <p>Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Condominium or HOA Fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Paid to: _____</p>	<p>Who pays the hazard insurance premium for your property?</p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by Condo or HOA</p> <p>Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Insurance Co.: _____</p> <p>Insurance Co. Tel #: _____</p>
--	--

<p>Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____</p> <p>Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number _____</p>

Additional Liens/Mortgages or Judgments on this property:

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

Other: _____

Explanation (continue on back of page 3 if necessary): _____

INCOME/EXPENSES FOR HOUSEHOLD¹

Number of People in Household:

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony / Separation ²	\$	Insurance	\$	Savings/ Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other _____	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total (Gross Income)	\$	Total Debt/Expenses	\$	Total Assets	\$

INCOME MUST BE DOCUMENTED

¹Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

²You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer

This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	<i>Interviewer's Name (print or type) & ID Number</i>	<i>Name/Address of Interviewer's Employer</i>
	<i>Interviewer's Signature Date</i>	
	<i>Interviewer's Phone Number (include area code)</i>	

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

Borrower Signature

Date

Co-Borrower Signature

Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the modification process, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE™
Homeowner's HOPE™ Hotline

NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Short Form Request for Individual Tax Return Transcript

Department of the Treasury
Internal Revenue Service

▶ Request may not be processed if the form is incomplete or illegible.

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name	Telephone number
------------------	------------------

Address (including apt., room, or suite no.), city, state, and ZIP code

6 **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	▶ Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	▶ Spouse's signature	Date	

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Where to mail . . .

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

Instructions for Completing IRS Form 4506T-EZ

The numbered sections correspond to instructions on the right.

Form 4506T-EZ (October 2009) Department of the Treasury Internal Revenue Service	Short Form Request for Individual Tax Return Transcript	OMB No. 1545-2154
▶ Request may not be processed if the form is incomplete or illegible.		

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
2a If a joint return, enter spouse's name shown on tax return. 1	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	
Third party name 2	Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code	
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days. 3	

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	4	Telephone number of taxpayer on line 1a or 2a
	Signature (see instructions)	Date
	Spouse's signature	Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form **4506T-EZ** (10-2009)

1. If you filed a joint tax return, make sure you include both names on the Form 4506T-EZ.
2. The third party is your mortgage servicer. You can find the name of your servicer on your mortgage statements; however, the address where you send your monthly payments may not be the correct address for your servicer's foreclosure prevention department. To find the correct address and phone number for your servicer, please visit http://www.makinghomeaffordable.gov/contact_servicer.html.
3. Your servicer only needs your most recent year's tax return. Enter that tax year on the first line. For example, if you filed your taxes in April 2009, you were filing for the 2008 tax year, so you would enter "2008." If you only recently filed a tax return (within the last 90 days), enter that tax year and the year before because the IRS may not have processed that return yet and will not be able to send it to your servicer. For example, if you are requesting a HAMP modification in February of 2010 and filed your 2009 return in January, you should request 2009 and 2008 tax return information. This **completed form must be sent to your servicer**. If for any reason you would like to request your own copy of your tax returns, you can fill out a separate form and mail it directly to the appropriate IRS address listed on page 2 of this form.
4. Even if you file a joint tax return, you only need one signature (the person listed on line 1a) to file the Form 4506T-EZ. **NOTE:** The IRS must receive your form within 60 days of the signature date.



NID - HCA

Education and Counseling Evaluation Form

National Office: 3560 Grand Avenue, Oakland, CA 94610
(510) 268-9792 P * (510) 268-8776 F * Client_Services@nidonline.org

Our organization and counselors strive to provide you with the highest level of service. We need your help in maintaining this goal. Please take a brief moment to complete and return this survey to our National Office, Client Services Department. This survey is anonymous and confidential. Thank you.

Please provide the following information:

NID-HCA Branch Office Location (City and State) _____ Counselor(s) that assisted you _____

Date first serviced: _____

1. Why were you seeking assistance from NID-HCA? (Check all that apply)

<input type="checkbox"/> Renting a house	<input type="checkbox"/> Behind in rent payments
<input type="checkbox"/> Looking to rent housing	<input type="checkbox"/> Current on rent payments
<input type="checkbox"/> Landlord problem	<input type="checkbox"/> Being evicted
<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Mortgage was current	<input type="checkbox"/> Buying some type of housing
<input type="checkbox"/> Interested in taking equity out of home	<input type="checkbox"/> Mortgage payments were delinquent

2. Who interviewed you when you first contacted the agency?

<input type="checkbox"/> A receptionist	<input type="checkbox"/> A counselor
---	--------------------------------------

3. Did the person who counseled you do any of the following? (Check all that apply)

<input type="checkbox"/> Helped you develop a plan to meet your housing needs	<input type="checkbox"/> Made recommendations on how to solve your housing problem
<input type="checkbox"/> Suggested that you join a group counseling session	<input type="checkbox"/> Got in touch with your landlord or mortgage company to work out a plan for you to pay back rent or past due mortgage payment
<input type="checkbox"/> Referred you to other community agencies who could help you	<input type="checkbox"/> Referred you to legal services

4. Was NID-HCA open during hours when it was convenient for you to obtain counseling?

Yes

No

5. Did the counselor complete a budget or financial analysis of your present situation in order to formulate a plan to achieve your goals?

Yes

No

N/A

6. If you wanted rental housing, did the counselor discuss HUD rental housing program (i.e., Section 8 or subsidized) for which you might be eligible?

Yes

No

7. Did NID-HCA charge you for their services?

Yes. \$ _____

No

8. Did you participate in any group education sessions?

Yes

No

9. Were you pleased with the level of service you received?

Yes

No

10. Did your counselor help to resolve your housing issue(s)?

Yes

No

11. On a level from 1-5 how would you rate the level of service your counselor provided to you?

1-Poor

4-Good

2-Fair

5-Excellent

3-Average

12. Did you gain knowledge from your counseling and/or education session?

Yes

No

13. Did you feel better prepared about how to handle your housing issue after engaging with NID-HCA?

Yes

No

14. Were there any other housing counseling agencies in your area available to provide the services you needed?

Yes No

15. Did your counselor provide you with a housing counseling plan which indicated the time frame to meet your housing goal?

Yes No

16. Was anyone at NID-HCA (or their family members) your builder, real estate agent or broker, mortgage broker, attorney, collection agent for your mortgage lender, creditor or owner of a property that you sought to rent or purchase?

Yes No

1. a) If you responded "Yes" to the question above, please indicate who the individual at NID-HCA was and what other capacity that they served in, or what the other service they provided:

17. Did anyone at NID-HCA refer you to a specific mortgage lender or broker, builder, real estate agent or broker, attorney or landlord?

Yes No

a) If you responded "Yes" to the question above, please indicate who the individual at NID-HCA was, who they referred you to and what service the that referral provided:

b) If you responded "Yes" to question above, did NID-HCA also provide you with a list of mortgage lenders, brokers, builders, real estate agents or brokers, attorneys or landlords?

Yes No

18. Were you encouraged to use a specific mortgage product, for example, one offered by NID-HCA itself or a particular lender or loan program?

Yes No

19. If the counselor discussed any specific loan products or features, properties or other programs, did they also provide information on at least three alternatives?

Yes No

20. Were you encouraged to purchase or rent a specific property, for example, one that the agency or one of its partners owned?

Yes No

21. Did the counselor or anyone employed at the agency offer to purchase a property that you own, or did they refer you to anyone who offered to purchase your property?

Yes No
If Yes, please elaborate:

22. If you need further counseling, will you:

Come back to NID-HCA or Go to another agency?
If you checked another agency, please tell us why:

23. Is there any additional information you would like us to know about your experience? Your comments, both positive and negative, are always appreciated.

Please return the completed form to the Client Services Department by any of the following methods:

- Mail: 3560 Grand Avenue, Oakland, CA 94610
- Email: Client_Services@nidonline.org
- Fax: (510) 268-8776