

For office use ONLY: Intake Date: _____ Client#: _____

FORECLOSURE INTERVENTION COUNSELING ENROLLMENT PACKET

One-on-one Counseling

The following documents are required **BEFORE** scheduling a counseling session

NOTE: Please physically sign where requested. Electronic signatures cannot be accepted.

- Photo ID for all borrowers listed on the mortgage
- Proof of income: All sources
- Most recent bank statement
- Mortgage information: Most recent correspondence from mortgage lender

We cannot schedule an appointment until documents are turned in.
Copies only – original documents will not be returned.

If you have any questions please contact the NEDCO office nearest to you:

Lane County

541-345-7106
888-345-7106
Fax: 541-345-9584
212 Main Street
Springfield, OR 97477
Lane.counseling@nedcocdc.org

Mid-Willamette Valley

503-779-2680
877-320-1479
Fax: 503-779-2682
437 Union St. NE
Salem, OR 97301
Marion.counseling@nedcocdc.org

Clackamas County

503-655-8974
Fax: 503-303-4763
421 High Street, Suite 110
Oregon City, OR 97045
Clackamas.counseling@nedcocdc.org

It is the policy of NEDCO to affirmatively implement programs to ensure equal opportunity in housing for all persons regardless of race, color, religion, gender, sexual orientation, handicap, familial status or national origin.

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Borrower		Co-Borrower	
Name		Name	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone		Cell Phone	
Email Address		Email Address	
Property Address (Street-City-State-Zip)		Relationship to Client:	
Mailing Address (if different from property address)			
Do you live in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you live in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer		Name of Employer	
City/State/Zip		City/State/Zip	
Position/Title		Position/Title	
Dates of Employment		Dates of Employment	

1st Mortgage

Lender Name: _____ Loan Number: _____

Is the loan: FHA VA Fannie Mae Freddie Mac Unpaid Principal Balance: _____

Payment: _____ Interest Rate: _____ % Rate Type: Fixed Adjustable

How many months (if any) past due: _____ Current Amount Due (Arrears): _____

Do you pay any HOA fees? Yes, (\$ _____) No Are your HOA fees: Monthly Yearly

Who pays property taxes: I Do Lender Does Are your property taxes current? Yes No

Who pays homeowner's insurance: I Do Lender Does Is your insurance current? Yes No

Name of homeowner's insurance carrier: _____ Phone: _____

2nd Mortgage

Lender Name: _____ Is this loan a Home Equity LOC? Yes No

Loan Number: _____ Date of Loan: _____

Payment: _____ Interest Rate: _____ %

How many months (if any) past due: _____ Unpaid Principal Balance: _____

1. What hardship caused you to need help with your mortgage?	
2. Is this hardship: <input type="checkbox"/> Short term (less than 6 months) <input type="checkbox"/> Long term (greater than 6 months) <input type="checkbox"/> Permanent	
3. What is your desired outcome for your home: <input type="checkbox"/> Sell <input type="checkbox"/> Keep <input type="checkbox"/> Unsure	
4. Have you received either a: <input type="checkbox"/> Notice of Sale <input type="checkbox"/> Judicial Summons and Complaint? When? _____	
5. Are you participating in the Foreclosure Avoidance Mediation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Mediation Date: _____	
6. Have you applied for a loan modification or forbearance within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Pending	
7. Has your loan been modified previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	
8. Is your home listed with a realtor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Are you in active bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which attorney are you working with? _____ When were any previous bankruptcies discharged? _____	
10. Current market value of your home (if known):	Source of value:
11. Describe general condition of your home/property:	
12. Number of people claimed as dependents on your federal tax return:	Total in household:
13. Did you contact, or were you contacted by a company offering to modify your loan for a fee prior to contacting NEDCO? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ Did you pay for their services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Have you contacted, or were you contacted by a debt consolidation company prior to contacting us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ Did you enter into a contract with them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Were you a first time homebuyer when you purchased this home? <input type="checkbox"/> Yes <input type="checkbox"/> No When did you purchase this home? _____	
16. Did you take a Homebuyer Education Course prior to purchasing this home? <input type="checkbox"/> Yes (Location: _____ Date: _____) <input type="checkbox"/> No	
17. How did you hear about NEDCO?	



Neighborhood Economic
Development Corporation

MONTHLY BUDGET

_____ From (mm/dd): _____ To (mm/dd): _____ Household Size: _____

Please fill out *ALL WHITE SPACES*, and add up every **Subtotal/Total**.

	Gross	Net		Gross	Net
Wage: ()			Wage: ()		
Child Support			Unemployment		
WIC					
SSI/SSDI					
SNAP			Total Income		

Housing	Estimated Budget	Actual	Goal Budget
1st Mortgage			
2nd Mortgage			
Taxes/Ins/HOA			
Rent			
Cable			
Internet			
Phone			
Electricity/ Water			
Gas			
Trash			
Subtotal			
Transport.	Estimated Budget	Actual	Goal Budget
Fuel			
Maintenance			
Bus			
Subtotal			
Insurance	Estimated Budget	Actual	Goal Budget
Car			
Health			
Life			
Renter's			
Subtotal			
Shopping	Estimated Budget	Actual	Goal Budget
Groceries			
Dining Out			
Clothing			
Household / Cleaning			
Subtotal			

Misc.	Estimated Budget	Actual	Goal Budget
Child Exp.			
School Exp.			
Medical/Dental			
Pet Care			
Entertainment			
Subtotal			
Savings Contribution	Estimated Budget	Actual	Goal Budget
Retirement			
College			
Savings			
Subtotal			
Loan Payment	Estimated Budget	Actual	Goal Budget
Credit Card			
Credit Card			
Credit Card			
Vehicle			
Student Loan			
Liens / Judgments			
Subtotal			
Other Payment	Estimated Budget	Actual	Goal Budget
Child Support			
Alimony			
Medical Debt			
Subtotal			
Total Expenses			

Applicant Signature: _____

Co-Applicant Signature: _____

Date: _____

ASSETS AND LIABILITIES

Do you own the following and what is the value?			Assets Total	What is the amount you owe?			Liabilities Total	Minimum Monthly Payment
Vehicle 1:	Vehicle 2:	Vehicle 3:	\$	Vehicle 1:	Vehicle 2:	Vehicle 3:	\$	\$
Home 1:	Home 2:	Home 3:	\$	Mortgage 1:	Mortgage 2:	Mortgage 3:	\$	\$
Cash:			\$	Unpaid Income/Property Taxes:			\$	\$
CDs:			\$	Child Support:			\$	\$
Saving Accounts:			\$	Credit Cards:			\$	\$
Checking Account:			\$	Store Credit:			\$	\$
Business Bank Accounts:			\$	Personal Lines of Credit:			\$	\$
Business Assets/Inventory:			\$	Medical Debt:			\$	\$
Retirement 401K/IRA:			\$	Personal Debt (to family/friends):			\$	\$
Stocks/Bonds (not retirement):			\$	Business Debt:			\$	\$
Other Investments:			\$	Student Loans:			\$	\$
Per Capita Trust:			\$	Collections:			\$	\$
Trust Fund:			\$	Other Debt:			\$	\$
Other Assets:			\$	Other Debt:			\$	\$
Total Assets:			\$	Total Liabilities:			\$	\$
Net Worth (Assets – Liabilities)								\$



Neighborhood Economic
Development Corporation

Family Status		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Female head of household <input type="checkbox"/> Male head of household		
<i>Please select both Ethnicity and Race: (select as many as apply)</i>		
Single Race: <input type="checkbox"/> American Indian/Alaskan 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	Multi-Race: <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and white <input type="checkbox"/> Black or African American and white <input type="checkbox"/> Other multiple races	Ethnicity: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total annual income for all members of household before taxes (not take home):
Do you live in a rural area?	Are you and active member of the military?	Are you a veteran?
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		
Highest level of education completed:		
<input type="checkbox"/> Grade K-5 <input type="checkbox"/> Grade 6-8 <input type="checkbox"/> Some High School		
<input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Attended Graduate School		
<input type="checkbox"/> Two Year Degree <input type="checkbox"/> College Graduate (4-Year College) <input type="checkbox"/> Graduate Degree		

I understand the information I have provided in this application will be kept confidential. I certify that all the statements made on this application are true to the best of my knowledge. I understand that any misrepresentation, false or misleading statement may result in immediate termination of services with NEDCO.

Applicant: Printed Name
Signature
Date

Co-Applicant: Printed Name
Signature
Date



AUTHORIZATION AND CONSENT TO OBTAIN CREDIT REPORT FOR FINANCIAL ANALYSIS AND PROGRAM EVALUATION

I authorize NEDCO to:

1. Pull my credit report (a soft inquiry which will not affect my credit score negatively):
 - Within 30 days of coming to NEDCO
 - Within 30 days of exiting NEDCO
 - Up to three times within five years of my exit from NEDCO
2. Use my credit scores at entry and exit from NEDCO for program evaluation purposes.
3. Keep my credit information confidential, as described in the Privacy Policy.

Fair Credit Reporting Act Notice – By signing below, I understand, authorize, and approve the request of my credit report. I understand that NEDCO intends to use the credit score for purposes of financial analysis and program evaluation, and this information will not affect my eligibility for participation in any NEDCO program. I understand that my consent is voluntary. If I do not give consent, NEDCO cannot obtain the report. I understand that I can withdraw my consent at any time. This notice is given to me pursuant to the Fair Credit Reporting Act.

Applicant: Printed Name	Signature	Date
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Co-Applicant: Printed Name	Signature	Date
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NEDCO (Neighborhood Economic Development Corporation) offers a variety of homeownership and financial literacy services to help families build and protect assets and prepare for financial success. We have found that it can be beneficial to our clients if we can share information with other relevant agencies such as lenders, creditors and other social service agencies. Read the following Release of Information disclaimer carefully and, if you wish, please sign.

RELEASE OF INFORMATION

I hereby agree to allow NEDCO to share any information, including financial and credit data relevant to my work with NEDCO or required for related programs, with relevant agencies, organizations, mortgage lenders, financial institutions or educational institutions. Furthermore, I agree to allow other creditors, agencies, organizations, financial institutions or mortgage lenders to share information with NEDCO.

Applicant: Printed Name	Signature	Date
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Co-Applicant: Printed Name	Signature	Date
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It is the policy of NEDCO (Neighborhood Economic Development Corporation) to affirmatively implement programs to ensure equal opportunity in housing for all persons regardless of race, color, religion, gender, sexual orientation, handicap, familial status or national origin.

If you have any questions about this application, please contact a Financial Counselor at the NEDCO office nearest to you.



PRIVACY POLICY

NEDCO is committed to ensuring the privacy of individuals and/or families who participate in our counseling and education. We realize the information you give us is 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 will be shared with creditors, programs monitors and others only with your authorization and signature on the Foreclosure Intervention 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 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 non-public 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 your 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 503-779-2680 and do so.

Release of your information to third parties:

We may also disclose any nonpublic personal information about you, or former participants, to anyone as permitted by law (e.g. if we are compelled by legal process). 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.

I have read and understand the terms of the above policy:

Applicant: Printed Name

Signature

Date

Co-Applicant: Printed Name

Signature

Date



FORECLOSURE INTERVENTION COUNSELING AGREEMENT

1. I understand that NEDCO provides foreclosure intervention counseling and will help me understand my options to avoid foreclosure. I further understand that NEDCO can in no way prevent the lender from exercising their contractual right to foreclose on my property.
2. I understand that NEDCO cannot act or advise in my best interests without full disclosure from me about my finances and previous agreements with my lender.
3. I understand that NEDCO’s foreclosure intervention counselors will assess my expenses, income and spending and make recommendations accordingly. These recommendations will be based on NEDCO’s experience of lender programs and NEDCO will not enter into negotiations with the lender for a work-out plan that, according to their best knowledge, is not viable and sustainable. However, I may choose to attempt such negotiations on my own.
4. I understand that my Counselor is not a lender, real estate agent or other industry professional and cannot provide referrals to (or endorsement of) specific industry professionals. A referral list with multiple professional partners will be provided upon request.
5. I understand that my Counselor is not an attorney and cannot provide legal advice. I understand that, if I participate in Foreclosure Avoidance Mediation, I can request that my Counselor accompany me to mediation, but my Counselor cannot provide legal advice. If I would like legal advice about my situation, I will need to consult an attorney. A referral list with multiple attorneys and the local Legal Aid office will be provided upon request.
6. I understand that NEDCO receives funds through HUD (Housing and Urban Development), OHCS (Oregon Housing and Community Services), and Project Reinvest: Financial Capability through NeighborWorks America and as such, is required to share some of my personal information with program administrators, or their agents, for purposes of program monitoring, compliance and evaluation. I give permission for HUD, OHCS, and NeighborWorks program administrators and/or their agents to follow up with me between now and three years from the termination/completion of services with NEDCO for the purposes of program evaluation.
7. I understand that my counselor’s recommendations are just that, and I maintain full responsibility for all financial decisions that I make based on their recommendations.
8. I agree to open all of my mail and communicate with my servicer as needed. I will also inform NEDCO about updates and timelines given to me by my servicer.
9. I agree to keep all appointments made with NEDCO or to give 24 hour notice if canceling. I also agree to supply all documentation requested by NEDCO at each appointment.
10. I agree to notify NEDCO if I move from the house, enter into an agreement with my servicer, or decide to discontinue working with NEDCO.

Applicant: Printed Name	Signature	Date
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Co-Applicant: Printed Name	Signature	Date
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To (Lender Name and Address): _____

ATTN: LOSS MITIGATION

RE:
 Account Number: _____ Last Four digits of your SS#: _____

Borrower(s): _____

Property Address: _____

AUTHORIZATION TO RELEASE INFORMATION

Dear Sir or Madam:

I am working with NEDCO (Neighborhood Economic Development Corporation), a HUD certified counseling agency in Oregon, on a plan to resolve my mortgage delinquency. I hereby authorize you to release any and all information concerning my account to NEDCO at their request.

This authorization to NEDCO is further extended to share or retrieve related information with third parties and may be used in conjunction with my request and material information submitted to the above lender in reference to the same account. I further authorize you to discuss the above loan(s) with NEDCO or its assignees. They are working to help me address my financial problems and to propose a loss mitigation plan which is within your guidelines.

Borrower: Printed Name	Signature	Date
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Co-Borrower: Printed Name	Signature	Date
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Thank you for taking the time to update this client's file to reflect NEDCO's authorization.

Foreclosure Intervention Counselors' Names:

<p>Lane County Karen Saxe Joanne McKinney Erika Reyes Melissa Eaton Brenda Brown</p>	<p>Mid-Willamette Valley Maria Sanchez Maridalia Castro</p>	<p>Clackamas County Amy Hamilton Kelli Raglione Yunuen Tavares Marilyn Merritt</p>
<p>Lane County 541-345-7106 888-345-7106 Fax: 541-345-9584 212 Main Street Springfield, OR 97477</p>	<p>Mid-Willamette Valley 503-779-2680 877-320-1479 Fax: 503-779-2682 437 Union St. NE Salem, OR 97301</p>	<p>Clackamas County 503-655-8974 Fax: 503-303-4763 421 High Street, Suite 110 Oregon City, OR 97045</p>



Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me