



2320 Cutting Boulevard tel 510.237.6459
Richmond, CA 94804 fax 510.237.6482

Dear Homeowner:

We are glad you took that tough first step and contacted us about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation.

To help us help you, please sign all the disclosures and fill out as much as you can on the attached worksheet. 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 don't understand, that's ok. Do your best with it and we will go through the rest of it together.

You will find there is an emphasis on being truthful. We can't help with a resolution unless we have a complete and accurate picture of your situation. **A plan based on half-truths is certain to fail.**

Bring your completed application to our office. (Be sure to write your loan number at the top of each page.)

Please arrive on time to your appointment, as soon as the counselor schedule it . Many other families are in the same position as you and the demand for our services is high. If you have any questions, you can reach us at (510) 237-6459.

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

Sincerely,

NHS of the Eastbay

DOCUMENTS REQUESTED

(We will only accept copies—no originals!)

- **Mortgage Note and/or Deed of Trust** – Find the loan documents given to you by your mortgage or title company when you bought your home or your most recent refinance transaction. Look for the document titled “DEED OF TRUST” and copy all of the pages. (If it says at the bottom Page 1 of 15, we need all 15 pages.) Also attach any of these documents that you find in your paperwork:
 - Adjustable Rate Rider
 - Condominium Rider
 - Second Home Rider
 - Balloon Rider
 - Planned Unit Development Rider
 - Family Rider
 - VA Rider
 - Biweekly Payment Rider
 - Other(s) [specify] _____
- **Property Tax Bill** – Please include a copy of your most recent property tax bill. If it is included in your escrow payment, just make a notation letting us know.
- **Property Insurance Statement** – Please include a copy of your Homeowner’s Insurance Declarations Page.
- **Mortgage Statement** – Please include a copy of your most recent mortgage statement. This is the monthly payment you make for your mortgage.
- **Hardship Letter** - Please address your hardship letter to your lender. State the nature of your current situation, when it began, how long will last, how you plan to work it out and what assistance from your lender is needed. Keep in mind that decreasing value of a property is not a hardship!
- **Bank Statements** - 2 months most recent bank statements – complete with all pages, even if page is blank or information not relevant to account. Also we must have the actual monthly statement that you receive from your bank either by regular mail or electronically--the transaction history print out from your account’s website is not sufficient.
- **Paycheck Stubs** - If employed, please provide 60 days most recent paystubs with YTD (Year-To-Date) information, for all borrowers. (If paid weekly, please send the 8 most recent, consecutive paystubs; if paid bi-weekly/semi-monthly please send the 4 most recent, consecutive paystubs; if paid monthly, please send the 2 most recent, consecutive paystubs.) If self employed, please provide YTD (Year-To-Date) profit & loss report. If you have a rental income, please provide the completed REO (Real Estate Own) form, along with the rental agreement and proof of rental income that has been deposited in your bank account.
- **Income Tax Return** – Please provide copies of your income tax returns for the most recent two years (all schedules) and W-2’s, 1099’s or any documents supporting your return for the same years.
- **Bills** – Please provide copies of most recent bills and statements for ALL debts, credit cards and other loans.
- **Utility Bills** – Please provide copies of most recent utility bills (electric/gas, water/sewer, cell/home phone, cable/satellite services (bundles), car, life and other insurance, etc.)

Remember all of the documents requested above are mandatory. If any of them are missing, your case will be delayed. We also want to let you know that every time that we request missing/additional documentation and you don’t promptly return this information to us, we will then need to update all the other documents already in your file. We can not submit loan modification packages with paycheck stubs and bank statements older than 60 days because it will be discarded by your lender. Remember to update your file if something in your current situation changes.

See attached samples of forms. You may adjust them to your own situation: P&L; REO

Neighborhood Housing Services Pledge
Client/Counselor Contract

Neighborhood Housing Services of the Eastbay and its counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

I/We, _____(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.

Homeowner

Date

Homeowner

Date

Homeowner

Date

Counselor

Date

Counselor

Date



2320 Cutting Boulevard
 Richmond, CA 94804
 Tel. 510.237.6459
 Fax 510.237.6482
 Email: info@eastbaynhs.org



A member of the HOPE NOW Alliance

Today's Date: ____ / ____ / ____

POST-PURCHASE COUNSELING SERVICE REQUEST			
<input type="checkbox"/> Foreclosure Prevention <input type="checkbox"/> Mortgage Lending: () Refinance () Rehabilitation <input type="checkbox"/> Other _____			
APPLICANT <i>Please Print Clearly</i>		CO-APPLICANT <i>Please Print Clearly</i>	
<input type="checkbox"/> Female <input type="checkbox"/> Male Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		<input type="checkbox"/> Female <input type="checkbox"/> Male Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Last Name, First Name		Last Name, First Name	
Social Security #:		Social Security #:	
Date of Birth:		Date of Birth:	
Address:		Address:	
City, State, Zip Code		City, State, Zip Code	
How Long At This Address: ____ years ____ months		How Long At This Address: ____ years ____ months	
Email Address: Preferred ()		Email Address: Preferred ()	
Daytime Phone Number () Work () Home () Mobile Preferred ()		Daytime Phone Number () Work () Home () Mobile Preferred ()	
Evening Phone Number () Work () Home () Mobile Preferred ()		Evening Phone Number () Work () Home () Mobile Preferred ()	
Estimated Annual Income \$		Estimated Annual Income \$	
Family Composition & Marital Status <i>Check all that apply</i>		Family Composition & Marital Status <i>Check all that apply</i>	
() Single () Married () Divorced () Separated () Widow/er		() Single () Married () Divorced () Separated () Widow/er	
() Head of Household () Two or more un-related adults		() Head of Household () Two or more un-related adults	
Race / Ethnicity <i>Check all that apply</i>		Race / Ethnicity <i>Check all that apply</i>	
<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other <input type="checkbox"/> White, not of Hispanic origin ~~~~~ <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> US Citizen <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Hispanic <input type="checkbox"/> Foreign Born		<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other <input type="checkbox"/> White, not of Hispanic origin ~~~~~ <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> US Citizen <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Hispanic <input type="checkbox"/> Foreign Born	
Education & Special Needs <i>Check all that apply</i>		Education & Special Needs <i>Check all that apply</i>	
<input type="checkbox"/> Below High School Diploma <input type="checkbox"/> Disabled <input type="checkbox"/> HS Diploma or Equivalent <input type="checkbox"/> Veteran <input type="checkbox"/> Some College (2 – 3 years) <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Primary language: <input type="checkbox"/> Master's Degree _____ <input type="checkbox"/> Above Master's Degree		<input type="checkbox"/> Below High School Diploma <input type="checkbox"/> Disabled <input type="checkbox"/> HS Diploma or Equivalent <input type="checkbox"/> Veteran <input type="checkbox"/> Some College (2 – 3 years) <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Primary language: <input type="checkbox"/> Master's Degree _____ <input type="checkbox"/> Above Master's Degree	
Current Housing <i>Check all that apply</i>		Household Composition	
<input type="checkbox"/> Rent <input type="checkbox"/> Homeowner <input type="checkbox"/> Section 8 / Public Housing <input type="checkbox"/> with Mortgage <input type="checkbox"/> Living with Family/Friends (not paying rent) <input type="checkbox"/> Mortgage Paid off <input type="checkbox"/> Homeless <input type="checkbox"/> Predatory Lending Victim <input type="checkbox"/> Other: _____		<input type="checkbox"/> Dependents <input type="checkbox"/> Adult <input type="checkbox"/> Child Age ____ <input type="checkbox"/> Adult <input type="checkbox"/> Child Age ____ <input type="checkbox"/> Adult <input type="checkbox"/> Child Age ____ <input type="checkbox"/> Adult <input type="checkbox"/> Child Age ____ <input type="checkbox"/> Adult <input type="checkbox"/> Child Age ____ <input type="checkbox"/> Adult <input type="checkbox"/> Child Age ____ <input type="checkbox"/> Adult <input type="checkbox"/> Child Age ____ Total in Household: ____	

Tell Us About Your Home *(Check all that apply)*

<input type="checkbox"/> Single Family detached <input type="checkbox"/> Condo / Townhouse <input type="checkbox"/> 2-4 Unit <input type="checkbox"/> Cooperative <input type="checkbox"/> Mobile Home <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 this house	<input type="checkbox"/> This is a second house	<input type="checkbox"/> This is a rental property Monthly rent: \$ _____	<input type="checkbox"/> This house is vacant
<i>Property Address:</i> _____			
<i>City, State, Zip Code:</i> _____			
<i>Original Purchase Price</i> \$ _____		<i>Amount Owed (Total)</i> \$ _____	
<i>Number of Bedrooms</i> _____		<i>Year Purchased</i> _____	
<i>Number of Bathrooms</i> _____		<i>Year Last Refinanced</i> _____	
<i>Year Built / Age of Home</i> _____		<i>Market Value / List Price</i> \$ _____	
Are you working with a Real Estate Agent? Y / N Name/Phone: _____		<i># Days/Months on Market</i> _____	

Tell Us About Your Loans and Home Obligations

What is the Primary reason for your Default or Mortgage Trouble? *(Choose One)*

<input type="checkbox"/> Reduction in Income	<input type="checkbox"/> Medical issues	<input type="checkbox"/> Loss of Home Value	<input type="checkbox"/> Rate Adjustment / Increased payment
<input type="checkbox"/> Loss of Income	<input type="checkbox"/> Lack of Budget	<input type="checkbox"/> Divorce / Separation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Failed Business Venture	<input type="checkbox"/> Increase in Expense	<input type="checkbox"/> Death of Family member	

What kind of documentation was required when obtaining your current loan?

<input type="checkbox"/> Full Documentation	<input type="checkbox"/> No Documentation	<input type="checkbox"/> Stated Income	<input type="checkbox"/> Don't Recall / Don't Know
<input type="checkbox"/> Low Documentation			

	Current Lender & Loan Number(s)	# Missed Payments	Rate / Term / Adjustment Date	Balance	Monthly Payment
1	 Loan #	<input type="checkbox"/> Current <input type="checkbox"/> 1 -2 missed <input type="checkbox"/> 3 - 4 missed <input type="checkbox"/> 5 or more Date last Paid: _____	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> I/O <input type="checkbox"/> Hybrid <input type="checkbox"/> 3/27 <input type="checkbox"/> 2/28 <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Private Rate: _____ Date to Adjust: _____	\$ _____	\$ _____
				If ARM, has the interest rate already reset? Y / N Has lender provided previous workout? Y / N	
2	 Loan #	<input type="checkbox"/> Current <input type="checkbox"/> 1 -2 missed <input type="checkbox"/> 3 - 4 missed <input type="checkbox"/> 5 or more Date last Paid: _____	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> I/O <input type="checkbox"/> Hybrid <input type="checkbox"/> 3/27 <input type="checkbox"/> 2/28 <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Private Rate: _____ Date to Adjust: _____	\$ _____	\$ _____
				If ARM, has the interest rate already reset? Y / N Has lender provided previous workout? Y / N	
3	 Loan #	<input type="checkbox"/> Current <input type="checkbox"/> 1 -2 missed <input type="checkbox"/> 3 - 4 missed <input type="checkbox"/> 5 or more Date last Paid: _____	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> I/O <input type="checkbox"/> Hybrid <input type="checkbox"/> 3/27 <input type="checkbox"/> 2/28 <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Private Rate: _____ Date to Adjust: _____	\$ _____	\$ _____
				If ARM, has the interest rate already reset? Y / N Has lender provided previous workout? Y / N	
4	Property Taxes <i>Escrowed?</i> <input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Late Date Last Paid: _____		\$ _____	\$ _____
5	Home Insurance <i>Escrowed?</i> <input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Late Date Last Paid: _____		\$ _____	\$ _____
6	Homeowners Association (HOA)	<input type="checkbox"/> Current <input type="checkbox"/> Late Date Last Paid: _____		\$ _____	\$ _____
	TOTALS			\$ _____	\$ _____

Tell us about any late payments or bankruptcy	Applicant		Co-Applicant	
<i>Are currently late on any other payments? If yes, provide explanations on separate sheet.</i>	YES	NO	YES	NO
<i>Are you currently in Chapter 7 or 13 bankruptcy?</i>	YES	NO	YES	NO
<i>If yes, when did it begin? If yes, when will it be paid out? When was it discharged?</i>	_____	Case # _____	_____	Case # _____

DEBT, CREDIT & LIABILITIES		Applicant		Co-Applicant	
List all debt payments like credit cards, car payments, student loans, not regular household bills . Attach additional sheets if needed. Lender Name		Minimum Monthly Payment	Balance Owed	Minimum Monthly Payment	Balance Owed
Car Payment		\$	\$	\$	\$
Credit Card		\$	\$	\$	\$
Credit Card		\$	\$	\$	\$
Credit Card		\$	\$	\$	\$
Credit Card		\$	\$	\$	\$
Credit Card		\$	\$	\$	\$
Other Mortgage:		\$	\$	\$	\$
Other Mortgage:		\$	\$	\$	\$
Installment loan (e.g. furniture)		\$	\$	\$	\$
Student Loan		\$	\$	\$	\$
Alimony/Child Support		\$	\$	\$	\$
Total Debt & Liabilities		\$	\$	\$	\$

COMBINED MONTHLY DEBT PAYMENTS

Tell Us About Your Assets / Cash on Hand	Bank / Institution	Applicant	Co-Applicant
Checking Account(s)		\$	\$
Savings Account(s)		\$	\$
Mutual Funds, Stocks, Bonds		\$	\$
Retirement Funds		\$	\$
Cash Value of Life Insurance Policies		\$	\$
Other Assets		\$	\$
TOTAL CASH AND ASSETS		\$	\$
COMBINED HOUSEHOLD ASSETS (Applicant + Co-Applicant)			\$
If you expect to receive additional funds (e.g., tax refund, settlement, property sales, etc.) indicate the amount here			\$

Tell Us About Your Job / Employment	Applicant		Co-Applicant	
Current Employer (Name, Address, Phone Number)				
Title				
Hire Date / Years on Job	/ /	____ yrs	/ /	____ yrs
Other Current Employer OR Former Employer (If Current less than 2 years)				
Title				
Hire Date / Years on Job	/ /	____ yrs	/ /	____ yrs

Your Monthly Income <i>(All Sources)</i>	Applicant	Co-Applicant
Salary/Wages (Gross / Net Monthly)	\$ /	\$ /
Overtime Pay	\$	\$
2 nd Job/Part-Time/Seasonal	\$	\$
Commissions/Bonuses/Tips	\$	\$
<input type="checkbox"/> Pension <input type="checkbox"/> VA <input type="checkbox"/> SSI <input type="checkbox"/> SSA Benefits	\$	\$
Unemployment/Disability Compensation	\$	\$
<input type="checkbox"/> Public Assistance <input type="checkbox"/> Foster Care	\$	\$
Self – Employed (Net Income)	\$	\$
<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Separation Income	\$	\$
Other (explain)	\$	\$
TOTAL NET MONTHLY INCOME	\$	\$
TOTAL ANNUAL INCOME	\$	\$
COMBINED MONTHLY HOUSEHOLD INCOME		\$

Regular Monthly Living Expenses	Total Monthly Applicant	Total Monthly Co-Applicant
If Bundle ___ Yes ___ No - Cable/Satellite TV	\$	\$
Child Care / Child Support	\$	\$
Charity (Tithe, Gifts)	\$	\$
School Tuition _____ - Education Fees _____	\$	\$
Entertainment (Movies, DVDs, Music)	\$	\$
Food:Eating Out - ___ Work/School - ___ Family	\$	\$
Food: Groceries Only	\$	\$
Laundry and Dry Cleaning/ Other supplies	\$	\$
Insurance(s) – ___ Car / ___ Life / ___ Other	\$	\$
Medical and Dental if no included on paycheck	\$	\$
Telephone: ___ Home, ___ Cell, ___ Internet	\$	\$
Transportation: Gas and car maintenance	\$	\$
Transportation: ___ Tolls, ___ Bus, ___ BART	\$	\$
Utilities: Water	\$	\$
Utilities: Garbage	\$	\$
Utilities: Gas, Electric	\$	\$
Savings monthly	\$	\$
Other	\$	\$
Other	\$	\$
TOTAL LIVING EXPENSES	\$	\$
COMBINED HOUSEHOLD EXPENSES		\$

How did you learn about us?		<i>(Check all that apply)</i>	
<input type="checkbox"/> Friend / Family	<input type="checkbox"/> HOPE line	<input type="checkbox"/> City Government	<input type="checkbox"/> HUD / Fannie Mae
<input type="checkbox"/> NHS Board Member	<input type="checkbox"/> Seminar	<input type="checkbox"/> County Government	<input type="checkbox"/> RHA
<input type="checkbox"/> NHS Client	<input type="checkbox"/> Internet	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Radio	<input type="checkbox"/> Lender / Bank	<i>For office use only</i>	
<input type="checkbox"/> TV	<input type="checkbox"/> Realtor	Client Intake# _____ Assigned to: _____	
<input type="checkbox"/> Newspaper		Credit Score: TU [_____] Exp [_____] Eq [_____] <input type="checkbox"/> Tri-Merge	
		Funded by: [] HPF [] NFMC [] HUD [] RHA [] NHS [] NHSA	

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Phone:(510)237-6459
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AUTHORIZATION AGREEMENT

I authorize Neighborhood Housing Services (NHS) and its counselors **Eric Nobles, Javier Hernandez & Lynette Gibson McElhane**y to:

- (a) Discuss and negotiate my loan application or mortgage status with my lender, attorney, trustee and/or title company; **This Authorization is effective for the duration of the loan modification, obtain a loan, refinance, or rehabilitation process.**
- (b) Share statistical information about my transaction with NeighborWorks® America, HUD or other government funders in conformance with the privacy act; and,
- (c) Obtain my/our report and review my/our credit file for informational inquiry purposes;
- (d) Permit NeighborWorks® America or its authorize representatives, duly designated third-party contractors and/or agents (for program evaluations purposes) to retrieve and review client credit information and records, including credit reports, up to two (2) additional times between client intake date and June 30, 2013 and to conduct follow-up interviews/communications with clients for program evaluations purposes.

Authorization is further granted to NHS to use a photostatic copy of my/our signatures below, to obtain information regarding any of these items.

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

Name of Applicant (Please Print)

Name of Co-Applicant (Please Print)

Signature of Applicant

Date

Signature of Co-Applicant

Date

Social Security Number

Social Security Number

Lender

Loan #

Lender

Loan #

Prop. Address: _____

Password





DISCLOSURE REGARDING AGENCY RELATIONSHIPS

NHS is a not-for-profit organization that gets its income from grants and fees it charges for its services. 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.

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.

Statement Regarding Potential Conflicts of Interest

Your counselor may suggest programs or services offered by NHS or a partner that provides financial grants to NHS. Even though NHS may earn fees or receive payment from a funder, your counselor does not receive compensation (like commissions or bonuses) from such referrals. Some typical examples are:

Fee Income: NHS is a landlord and a lender. If you apply for and receive housing or a loan from NHS, you will be charged a fair market or reduced cost. All proceeds are returned to the agency to maintain our programs.

Grants: NHS may receive grants from the foundations of financial institutions. By law, foundation decisions are independent of any business relationships that the financial institution may have with NHS or its clients. In some cases, NHS receives transaction-specific grants (counseling fees) from banks that provide loans to our clients as a way of helping fund our counseling programs.

Your counselor will disclose whether your lender is expected to remit a grant in relationship to your transaction.

I/we acknowledge receipt of a copy of this disclosure and understand that NHS may receive fees or grants in connection with my transaction. I also acknowledge that I can request a list of current donors and 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 _____

Client _____

Date _____

Date _____



PRIVACY POLICY AND PRACTICES OF Eastbay Neighborhood Housing Services, Inc.

We at Eastbay Neighborhood Housing Services, Inc. - value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

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

Information We Disclose

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

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

To Whom Do We Disclose

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

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

We may also disclose personal information about you to third parties as permitted by law.

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Confidentiality and Security

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

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

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

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

PRIVACY CHOICES FORM

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

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

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

Name: _____

Address: _____

City: _____ State: CA Zip: _____

Phone Number: (____) ____ - _____

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

**Richmond (CA) Neighborhood Housing Services, Inc.
2320 Cutting Blvd., Richmond, CA 94804**

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



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Richmond, CA 94804
Tel: (510)237.6459
Fax:(237.6482
www.eastbaynhs.org

Privacy Policy

East Bay NHS is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (510)237-6459 and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.



2320 Cutting Boulevard
Richmond, CA 94804
Tel: (510)237.6459
Fax: (237.6482
www.eastbaynhs.org

Foreclosure Mitigation Counseling Agreement

1. I understand that Richmond Neighborhood Housing Services dba Neighborhood Housing Services of the Eastbay (East Bay NHS) provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that East Bay NHS receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me the next three years for the purposes of program evaluation.

You may decline by signing here:

Client's signature _____ Date _____

Client's signature _____ Date _____

4. I acknowledge that I have received a copy of East Bay NHS's Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I understand East Bay NHS provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from East Bay NHS in no way obligates me to choose any of these particular loan products or housing programs.

As acknowledge that I read and understand this Disclosure my signature below:

Client's signature _____ Date _____

Client's signature _____ Date _____

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.



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.



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

Borrower	Co-Borrower
<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion	<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

 Borrower Signature

 Date

 Co-Borrower Signature

 Date

