Dear Prospective Client,

Welcome! We at NHS Brooklyn are happy to extend our services to your family and you. NHS Brooklyn is a non-profit organization focused primarily on advocating for the sustainability and affordability of housing within our communities. We strive to achieve this goal through foreclosure intervention counseling, financial and homeownership education, and referrals to other servicers, as needed.

Please complete the attached forms to begin the application process. Documents included:

- Intake form
- Disclosure statement
- Checklist of required documentation

After you have gathered ALL necessary documentation, please contact NHS at 718-469-4679 to schedule an appointment.

Thank you for contacting NHS Brooklyn. We look forward to working with you.

Sincerely,

NHS Brooklyn

Enclosures

Your NHS Brooklyn housing counselor is:

____________________________________

Office: ______________________________
Mortgage Assistance
DOCUMENTS REQUIRED FOR COUNSELING

_______ MORTGAGE NOTE (FROM CLOSING DOCUMENTS) OR LAST LOAN MODIFICATION AGREEMENT
_______ MORTGAGE STATEMENT (MONTHLY STATEMENT)
_______ DEED
_______ INCOME INFO (PAYSTUBS, 4 IF PAID WEEKLY, 2 IF BIWEEKLY, SS AWARD LETTER, PENSION, CHILD SUPPORT, ETC.)
_______ FEDERAL INCOME TAX RETURNS with all 1040s, W2s, 1099s (PAST 2 YEARS)
_______ BANK STATEMENT (TWO MOST CURRENT & ALL PAGES FOR ALL ACCOUNTS)
_______ HOMEOWNERS INSURANCE (DECLARATION PAGE)
_______ PROPERTY TAX STATEMENT
_______ WATER BILL
_______ CURRENT UTILITY BILL (CON ED & NATIONAL GRID)
_______ IDENTIFICATION
_______ CURRENT LEASE AGREEMENT (IF APPLICABLE)
_______ LEGAL DOCUMENTS SERVED (IF APPLICABLE)
_______ HARDSHIP LETTER (COUNSELOR WILL GUIDE YOU ON HOW TO WRITE THIS)
_______ BUDGET
_______ MONEY ORDER FOR CREDIT REPORT ($25 INDIVIDUAL, $30 JOINT)
_______ OTHER: ________________________________________________________________

PLEASE NOTE: Required documents are needed for one-on-one counseling.
Mortgage Assistance
INTAKE FORM

Today's date: ____________________________

NHS Location: □East Flatbush  □Canarsie  □ Other (Specify):   How learned of NHS Brooklyn: ____________

HOMEOWNER INFORMATION

First Name: ___________________________ Last Name: ___________________________ D.O.B. ___________ SSN: ___________

Address (w/apt): ___________________________ City: ___________ State: _____ Zip Code: _______

Previous address if less than two years: ___________________________ Email: ___________________________

Cell Phone: ___________________________ Home Phone: ___________________________ Work Phone: ___________________________

Gender:  Male □  Female □  Are you a female, single head of household: Yes □ No □

Marital Status (choose one): □ Single □ Married □ Separated □ Widowed

Veteran: Yes □ No □  Active military: Yes □ No □

Race: □ Black/African American □ White/Caucasian □ Native American □ Asian □ Pacific Islander □ Other: ___________

Ethnicity - Hispanic: Yes □ No □  Foreign born: Yes □ No □  Proficient English speaker? Yes □ No □

Highest Level of Education (choose one): □ College □ Vocational □ High School/GED □ Primary School □ None

Current Housing (choose one): □ Homeowner with mortgage □ Homeowner without mortgage □ Other: ___________

Number of People in Household: ___________ Number of Children in Household (Age 17 and under): ___________

EMPLOYMENT

Are you currently employed? Yes □ No □  Are you retired? Yes □ No □

Employer: ___________________________ Title: ___________________________

Start Date: ___________ End Date (if applicable): ___________ Self-Employed: Yes □ No □


REASON FOR DELINQUENCY □ Loss of income □ Reduction in income □ Death in family □ Other (explain):

__________________________________________
Mortgage Assistance
INTAKE FORM

CO-BORROWER INFORMATION

First Name: __________________ Last Name: ___________________ D.O.B.: _______________ SSN: __________________

Address (w/apt): _______________________________ City: ___________________ State: _____ Zip Code: _____

Previous address if less than two years: _______________________________ Email: _______________________

Cell Phone: ___________________________ Home Phone: __________________ Work Phone: __________________

Gender: Male ☐ Female ☐ Are you a female, single head of household: Yes ☐ No ☐

Marital Status (choose one): □ Single □ Married □ Separated □ Widowed

Veteran: Yes ☐ No ☐ Active military: Yes ☐ No ☐

Race: □ Black/African American □ White/Caucasian □ Native American □ Asian □ Pacific Islander □ Other: __________

Ethnicity - Hispanic: Yes ☐ No ☐ Foreign born: Yes ☐ No ☐ Proficient English speaker? Yes ☐ No ☐

Highest Level of Education (choose one): □ College □ Vocational □ High School/GED □ Primary School □ None

Current Housing (choose one): □ Homeowner with mortgage □ Homeowner without mortgage □ Other: __________

Number of People in Household: __________ Number of Children in Household (Age 17 and under): __________

EMPLOYMENT

Are you currently employed? Yes ☐ No ☐ Are you retired? Yes ☐ No ☐

Co-owner's Employer: __________________________________________ Title: __________________________

Start Date: ________________ End Date (if applicable): ________________ Self-Employed: Yes ☐ No ☐

Business Type: __________________________ Monthly Gross Income: $ __________ Monthly Net Income: $ __________
Mortgage Assistance
INTAKE FORM

PROPERTY INFORMATION

How is the Property Owned?  □ Solely  □ Jointly  □ With Others

If with others, indicate names: __________________________________________

Names on Deed: _________________________________________________________

Names on Mortgage: _____________________________________________________

Is the mortgage in the name of a Senior?  Yes □ No □

Property Description (choose one):  □ Single Family  □ Multiple Units (specify #) ______________

Year Purchased: ___________ Year of Last Refinance: ___________ Year of Last Modification: ___________

What is the property condition?  □ Fair  □ Satisfactory  □ Good  □ Excellent

FIRST MORTGAGE  Product: □ FHA  □ Conventional  Type: □ Fixed  □ Adjustable  □ Other

Original Mortgage: $_________________ Balance: $_________________ Monthly Payment: $______________

Mortgage Term: _________________ Interest: ____________%

Date of Default (Month/Year): __________________ Length of time in arrears: _____ years _____ months

Mortgage Company: _________________________________________________________

Loan Servicer: ____________________________________________________________

SECOND MORTGAGE  Product: □ FHA  □ Conventional  Type: □ Fixed  □ Adjustable  □ Other

Original Mortgage: $_________________ Balance: $_________________ Monthly Payment: $______________

Mortgage Term: _________________ Interest: ____________%

Date of Default (Month/Year): __________________ Length of time in arrears: _____ years _____ months

Mortgage Company: _________________________________________________________

Loan Servicer: ____________________________________________________________

Mortgage Assistance Intake Form 3  rev. 02022017
Mortgage Assistance
INTAKE FORM

PERSONAL BUDGET WORKSHEET

Please complete the following order to us to fully assess your situation and provide a response to your request for assistance.

<table>
<thead>
<tr>
<th>Homeowner Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Owner Name:</td>
</tr>
<tr>
<td>Property Address:</td>
</tr>
<tr>
<td>Billing Address</td>
</tr>
</tbody>
</table>

CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Homeowner</th>
<th>Home:</th>
<th>Work:</th>
<th>Mobile:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Co-Owner:</th>
<th>Home:</th>
<th>Work:</th>
<th>Mobile:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Income (List net Income for all household members)

<table>
<thead>
<tr>
<th>Homeowner</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Owner</td>
<td>$</td>
</tr>
<tr>
<td>Other Household Members</td>
<td>$</td>
</tr>
<tr>
<td>Child Support/alimony</td>
<td>$</td>
</tr>
<tr>
<td>Rental Income</td>
<td>$</td>
</tr>
<tr>
<td>Other Income</td>
<td>$</td>
</tr>
</tbody>
</table>

Please explain the reason you fell behind on your payments

Expenses (List minimum monthly payment)

1st Mortgage (Include tax/ins) $  
2nd Mortgage $  
Other Mortgages or Rent $  
Auto Loan 1 $  
Auto Loan 2 $  
Installment Loan(s) $  
Credit Cards $  
Child Care $  
Child Support/alimony $  
School/Tuition $  
Electric $  
Gas/Oil $  
Water $  
Auto Insurance $  
Life/Other Insurance $  
Transportation (gas, bus fare) $  
Groceries $  
Dining Out $  
Cell Phone $  
Cable/Satellite $  
Internet $  
Misc./Other $  

Signature of Certificate of Completion

Homeowner: ________________________________  Date: ____________________

Co-Owner: ________________________________  Date: ____________________

Mortgage Assistance intake Form 6  rev. 03/02/17
Mortgage Assistance
INTAKE FORM

CLIENT/COUNSELOR CONTRACT

Neighborhood Housing Services of Brooklyn, CDC, Inc., and its counselors agree to provide the following services:

1. Development of an action plan
2. Analysis of any mortgage default, including the amount and cause of the default
3. Presentation and explanation of reasonable options available to the homeowner
4. Assistance communicating with the mortgage servicer and other creditors
5. Timely completion of promised action
6. Explanation of collection and foreclosure process
7. Identification of assistance resources
8. Referrals to needed resources
9. Confidentiality, honesty, respect, and professionalism in all services.

I/We, ________________________________, agree to the following terms of service:

1. I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
2. I/We will provide all necessary documentation and follow-up information within the timeframe requested.
3. I/We will be on time for appointments which are between 45 and 60 minutes and understand that if we are later for an appointment, the appointment will still end at the scheduled time.
4. I/We will call within 24 hours of a scheduled appointment if I/we will be unable to attend an appointment.
5. I/We will contact the counselor about any changes in our situation immediately.
6. I/We understand that breaking this agreement may cause the counseling organization to cease to provide its service assistance to me/us.

Borrower signature: ________________________________ Date: ____________

Co-borrower signature: ________________________________ Date: ____________

Counselor signature: ________________________________ Date: ____________
Mortgage Assistance
INTAKE FORM

AUTHORIZATION to RELEASE INFORMATION and REQUEST for COUNSELING

"I/we understand that my mortgage servicer and/or HUD may refer me to an independent counseling organization to help me with my financial obligations. For this purpose, I hereby authorize the servicer to release certain financial information, related to my mortgage loan, to Neighborhood Housing Services of Brooklyn, CDC, Inc. (NHS Brooklyn), 2806 Church Avenue, Brooklyn, NY 11226 and its subsidiary offices. All information released to NHS Brooklyn will remain strictly confidential. This information will include but not be limited to:

- Original Loan Amount
- Current Balance
- Payment Due Date
- Payment History
- Monthly payment Amount
- Amount Past Due/Date of Last Payment
- Credit Report(s)
- Loss Mitigation Agreement

"I further hereby authorize NHS Brooklyn to furnish any information regarding my financial status which may assist the servicer or its affiliates in determining whether my homeownership may be preserved by restructuring my loan or by other services. I also authorize NHS Brooklyn to receive copies of documents pertaining to my financial information including but not limited to: Forbearance Agreement, Modification, Partial Claim, Reinstatement Figures and Payoff Statements.

"I understand that NHS Brooklyn and its subsidiaries receive Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) Program and, as such, are required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance, and evaluation.

"I acknowledge that I have received a copy of NHS Brooklyn and its subsidiaries Privacy Policy.

"I may be referred to other housing services of NHS Brooklyn or another agency or agencies, as appropriate that may be able to assist me with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

"I understand that NHS Brooklyn and its subsidiaries provide information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from NHS Brooklyn and its subsidiaries in no way obligates me to choose any of these particular loan products or housing programs. I the client understand that I am not obligated to receive any other services offered by NHS Brooklyn and its subsidiaries or its exclusive partners. NHS Brooklyn will provide information on alternative services, programs and products upon request.

"I understand that my name will not be shared with other parties, but that other information gathered may be used for research, program or policy development, or other legitimate purpose by relevant funders of foreclosure prevention services including but not limited to the Center for New York City Neighborhoods, the New York State Office of the Attorney General, and the City of New York."

First Loan Number __________________________ Second Loan Number __________________________

Borrower Signature __________________________ Date __________________________

Borrower Social Security Number __________________________

Co-Borrower Signature __________________________ Date: __________________________

Co-Borrower Social Security Number: __________________________

Counselor Signature __________________________ Date __________________________
Mortgage Assistance
INTAKE FORM

FORECLOSURE MITIGATION COUNSELING AGREEMENT

1. I understand that Neighborhood Housing Services of Brooklyn, CDC, Inc. and its subsidiaries provide foreclosure mitigation counseling. Upon completion, I will receive a written action plan consisting of recommendations for handling my finances, including possible referrals to other housing agencies as appropriate.

2. I understand that Neighborhood Housing Services of Brooklyn, CDC, Inc. and its subsidiaries receive Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) Program and, as such, are required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

3. I give permission for NFMC program administrators and/or their agents to pull my credit report and to follow up with me for the purpose of program evaluation.

4. I acknowledge that I have received a copy of Neighborhood Housing Services of Brooklyn, CDC, Inc. and its subsidiaries Privacy Policy.

5. The EHLP client is not obligated to receive any other services offered by the Grantee or its exclusive partners.

Borrower Signature: ___________________________ Date: ____________

Co-Borrower Signature: ___________________________ Date: ____________
Mortgage Assistance
INTAKE FORM

PRIVACY POLICY and PRACTICES

Neighborhood Housing Services of Brooklyn, CDC, Inc. are 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 managers, 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 programs.

Types of information that we gather about you:
1. Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
2. 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
3. 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 opting out, you may call any of our offices at any time.

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 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.

I/We acknowledge that I/we have received a copy of Neighborhood Housing Services of Brooklyn, CDC, Inc. and its subsidiaries' Fee Schedule.

Client Signature: ________________________________ Date: __________

Client Signature: ________________________________ Date: __________
Mortgage Assistance
INTAKE FORM

DISCLOSURE STATEMENT TO CLIENTS

Neighborhood Housing Services of Brooklyn CDC, Inc. provides the following programs and services:

- Housing counseling, including Homebuyer Education and Counseling, Post-Purchase Education and Counseling, Foreclosure Intervention Education and Counseling, Reverse Mortgage Counseling, Insurance and Resiliency Counseling, Landlord Training, and Tenant Services.
- Down-payment Assistance Programs
- Emergency Home Loans

Funding Disclosure

NHS Brooklyn and its affiliates are funded through a variety of sources to support its mission. These funding sources include US Department of Housing and Urban Development (HUD), National Foreclosure Mitigation Counseling Program (NFMC), and other foundations, Private Organizations, and financial institutions. A copy of our funding partners is attached.

These programs/services may also be offered by other providers, and clients are under no obligation to choose any of these particular loan products or housing programs that are provided through NHS Brooklyn and its affiliates. I, the client, understand that I am not obligated to receive any other services offered by NHS Brooklyn and its affiliates or its exclusive partners. NHS Brooklyn will provide information on alternative services, programs, and products upon request.

Client Name (PRINT): _____________________________

Client Signature: _______________________________________

Date: _____________________________

Second Client (if applicable) Name (PRINT): _____________________________

Second Client (if applicable) Signature: _____________________________

Date: _____________________________

Counselor Signature: _______________________________________

Date: _____________________________
Mortgage Assistance Program
FORECLOSURE INTERVENTION ACTION PLAN

File Opened Date: ____/____/____  Office: E. Flatbush Canarsie  Today's Date: ____/____/____

Client Name(s):

Property Address:

Client Email:

Cell Phone:  Home Phone:  Work Phone:

Recommendation: FCI MM CC LM RFRL HOP/ED

☐ Legal Services Referral List  ☐ Outside Agency Referral List
☐ Credit Coaching and Budget  ☐ One-on-one Counseling
☐ Loss Mitigation Negotiation  ☐ Other:

Actions to Be Taken by Client:

________________________________________________________________________

________________________________________________________________________

Documents Client to Submit:

☐ Mortgage Note  Next Appointment: ____/____/____
☐ Homeowner Insurance  Next Appointment: ____/____/____
☐ Mortgage Statement  Next Appointment: ____/____/____
☐ Pay Stubs/Tax Return  Meeting Type: ______________________
☐ Bank Statements

________________________________________________________________________

Client Name (Please Print)  Signature

Counselor Name (Please Print)  Signature

Rev. 11292016