



**Mailing Address**  
2200 Powell Street, #530  
Emeryville, CA 94608

**Contact Info**  
**Phone:** 510-268-9792  
**Fax:** 510-268-8776

www.makingyourhomeaffordable.org  
www.nidonline.org

**Counselor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Borrower Intake Application

**How did you hear about NID-HCA?**  Internet  HUD/Fannie Mae  My Lender  Real Estate Agent  Seminar  TV  
 Friend/Family  Community Agency  Gov't Agency  NID-HCA Counselor  NID-HCA Client  Other: \_\_\_\_\_

**Borrower:** \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M  F

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Total Monthly Income: (GROSS) \_\_\_\_\_ (NET) \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Property Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ County: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

# of Dependents: \_\_\_\_\_ # in Household: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Yrs. In Home: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Reason for Hardship: \_\_\_\_\_

Are you a U.S. Citizen? Y  N  Are you a permanent resident? Y  N  Highest Education Level \_\_\_\_\_

Are you a migrant worker? Y  N  Do you live within 50 miles from the U.S./Mexico border? Y  N

**Co-Borrower:** \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M  F

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Total Monthly Income: (GROSS) \_\_\_\_\_ (NET) \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Co-Borrower Email: \_\_\_\_\_

Are you a U.S. Citizen? Y  N  Are you a permanent resident? Y  N  Highest Education Level \_\_\_\_\_

Are you a migrant worker? Y  N  Do you live within 50 miles from the U.S./Mexico border? Y  N

**Lender:** \_\_\_\_\_ **Loan #:** \_\_\_\_\_

Original Lender: \_\_\_\_\_ Loan #: \_\_\_\_\_

Monthly Mortgage Payment: \$ \_\_\_\_\_ Rate: \_\_\_\_\_ Term: \_\_\_\_\_ FHA or VA (Circle One)

Type of Loan:  Fixed  ARM  Other \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_ Months Remaining: \_\_\_\_\_

If ARM, has pymt adjusted:  N  Y Date: \_\_\_\_\_ Have you received a loan modification? Y  N

Missed payments :  Current  30-60 days  61-90 days  91-120 days  120+ days

Property Tax/Insurance included in Mortgage: Y  N  Property Type: \_\_\_\_\_ INTEREST Only? Y  N

Monthly Payment (2<sup>nd</sup> Mortgage): \_\_\_\_\_ Lender: \_\_\_\_\_ Balance: \_\_\_\_\_

Sale Date? Y  N  Date: \_\_\_\_\_



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**Expenses**

Type	Description	Monthly
1 <sup>st</sup> Mortgage Payment		\$
2 <sup>nd</sup> Mortgage Payment		\$
HOA/Property Tax & Insurance		\$
Home Equity Line		\$
Rent		\$
Auto Loan		\$
Auto Insurance		\$
Child Support/Alimony		\$
Credit Card Payments (total)		\$
Installment Loans		\$
Insurance		\$
Medical		\$
Utilities: Cable TV		\$
Utilities: Cell Phone		\$
Utilities: Water/Sewer		\$
Utilities: Telephone		\$
Food & Groceries		\$
Public Transportation		\$
	Total Expense	\$

**Summary Monthly**

Total Gross Income	\$	31% of Gross:
Total Net Income	\$	Surplus:
Total Expense	\$	Shortfall:

**Credit:** Do any of the applicants have any credit problems we should know about?  YES  NO  
 If yes, explain: \_\_\_\_\_

**List all liability/debt:**

Account Name: \_\_\_\_\_ Monthly Min. Payment: \$ \_\_\_\_\_ Account Balance: \_\_\_\_\_

Account Name: \_\_\_\_\_ Monthly Min. Payment: \$ \_\_\_\_\_ Account Balance: \_\_\_\_\_

Account Name: \_\_\_\_\_ Monthly Min. Payment: \$ \_\_\_\_\_ Account Balance: \_\_\_\_\_

# CLIENT/COUNSELOR AGREEMENT

**NID Housing Counseling Agency (NID-HCA) and its counselors agree to provide the following FREE services:**

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

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.

### **NID-HCA Certification of NFMC Client**

The housing counseling agencies that work under the National Foreclosure Mitigation Counseling (NFMC) program receive compensation based on predetermined counseling benchmarks and numbers of unduplicated families counseled and reported.

I, \_\_\_\_\_, agree to work with NID-HCA for counseling in an attempt  
(Client Name)  
to reach a workout resolution with \_\_\_\_\_.  
(Lender/Servicer)

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

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# THIRD PARTY AUTHORIZATION AGREEMENT

I authorize, \_\_\_\_\_ of NID Housing Counseling Agency  
(Print Counselor's Name)

located at \_\_\_\_\_  
(Print Counselor's Address)

who can be contacted at \_\_\_\_\_ to:  
(Print Counselor's Phone Number)

- a) Discuss and negotiate my loan application or mortgage status with my lender, attorney, trustee and/or title company;
- b) Share statistical information about my transaction with NeighborWorks<sup>®</sup> America, HUD or other government funders in conformance with the privacy act;
- c) Obtain my/our credit report to review my/our credit file for housing counseling in connection with my pursuit of a loan to purchase real property;
- d) Obtain my/our report and review my/our credit file for informational inquiry purposes;
- e) Obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) from the lender and/or the title company that closed the loan if I purchase or refinance;
- f) Permit NeighborWorks<sup>®</sup> 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 NID-HCA 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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Lender

\_\_\_\_\_  
Loan Number

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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 and helps you determine a potentially realizable objective you set for yourself.
- Identifies resources within the Agency (such as loans, grants or rental opportunities), community or government agencies that might assist in meeting your need or resolving your 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(s) 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 NID-HCA 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, 2013 for the purposes of program evaluation.
4. Acknowledge that I have received a copy of **NID-HCA's Privacy Policy**.
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 obligates 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/Date

\_\_\_\_\_  
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 forms, such as your name, address, social security number, and financials
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transaction and credit card usage
- Information we receive from a credit reporting agency, such as your credit history

### **You may opt out of certain disclosures**

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.

### **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 transaction based grant or fee or other potential conflict related to the services I/we receive.**

Client Name: \_\_\_\_\_ Client Name \_\_\_\_\_

Signature/Date \_\_\_\_\_ 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 \_\_\_\_\_

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