



## SCOTT COUNTY CDA: FORECLOSURE PREVENTION APPLICATION CHECKLIST

Please send in all documents. If you have questions, please call 952-402-9022 and ask to speak with one of our Certified Foreclosure Prevention Counselors.

- ☐ Application and Intake Form
- ☐ Authorization of Release Information form
- ☐ Privacy Act Notice and Tennessen Warning (signed)
- ☐ Housing Counseling Program Disclosure (signed)
- ☐ Completed Hardship Letter to your lender
- ☐ Homeownership Advisory-Client Agreement (signed)
- ☐ Proof of household income for all members including:
  - Last 30 days proof of household income (paystubs, benefit statements)
  - Benefit statement/letter if you receive social security, disability, pension, and/or unemployment.
  - If self-employed, profit and loss statement for most recent quarter.
  - Most recent tax returns with all schedules
  - Lease agreement if you received rental income
  - Divorce decree if you receive child support and/or spousal support
- ☐ Two most recent, consecutive months of bank statements for all accounts (all pages)
- ☐ Mortgage Statement/ letters from your lender(s) and foreclosure attorney (if applicable)
- ☐ Recent Utility Bill(s)
- ☐ Any additional information: \_\_\_\_\_

### PLEASE RETURN ALL DOCUMENTS AND VERIFICATIONS TO:

Attn: Homeownership Department

Mail: Scott County CDA; 323 Naumkeag St. Shakopee, MN 55379

Fax: 952-496-2852

Email: [cda-info@scottcda.org](mailto:cda-info@scottcda.org)

#### Internal use only:

Client #: \_\_\_\_\_ / Case #: \_\_\_\_\_ Counselor: JE / CR Intake Date: \_\_\_\_\_ Authorization Given?: Y N

Staff: \_\_\_\_\_

Reason for Call: \_\_\_\_\_

Fannie / Freddie / FHA / MHFA / VA

**APPLICATION INFORMATION**

**How did you hear about us?** ☐ CDA Mailer, Flyer, or Brochure ☐ Newspaper ☐ Agency: \_\_\_\_\_  
☐ Lender / Mortgage Co ☐ Friend or Relative ☐ Internet ☐ Attorneys/Legal Team

• **\*Total Number of people in household:** \_\_\_\_\_ (**18 & over:** \_\_\_\_\_ **Children (under 18):** \_\_\_\_\_)

• **Do you have a co-applicant?** ☐ Yes ☐ No **\*If yes,** What is their relation to you: \_\_\_\_\_

**Applicant #1:****On Mortgage: Y/ N****Name (First/Last):** \_\_\_\_\_**Address:** \_\_\_\_\_**City:** \_\_\_\_\_, **MN Zip:** \_\_\_\_\_**Primary Phone(s):** \_\_\_\_\_**Social Security #:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_**Preferred Language:** ☐ English ☐ Other: \_\_\_\_\_**Do you need an interpreter?** ☐ Yes ☐ No**Email:** \_\_\_\_\_**Co-Applicant (if applicable):****On Mortgage: Y/N****Name (First/Last):** \_\_\_\_\_**Address:** \_\_\_\_\_**City:** \_\_\_\_\_, **MN Zip:** \_\_\_\_\_**Primary Phone(s):** \_\_\_\_\_**Social Security #:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_**Preferred Language:** ☐ English ☐ Other: \_\_\_\_\_**Do you need an interpreter?** ☐ Yes ☐ No**Email:** \_\_\_\_\_

**1. Race** (*mark all*): Caucasian / Asian / African American / East African / West African / Native Hawaiian or Other / Pacific Islander / Other: \_\_\_\_\_

**2. Are you Hispanic/Latino?** ☐ Yes ☐ No

**3. Are you a veteran?** ☐ Yes ☐ No

**4. Were you born outside of the U.S.?**

☐ Yes ☐ No

**5. \*Gender:** ☐ Male ☐ Female

**6. \*Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_\_ (**Your age**): \_\_\_\_\_

**7. Are you disabled?** ☐ Yes ☐ No

**8. Highest Education Level Completed:** (*mark 1*)

- ☐ Some high school / Some college or trade school  
☐ High school diploma or GED  
☐ Associates Degree  
☐ Bachelors Degree  
☐ Graduate degree

**9. Active Military?** ☐ Yes ☐ No

**10. Marital Status:** Single / Married / Divorced / Widow

**1. Race** (*mark all*): Caucasian / Asian / African American / East African / West African / Native Hawaiian or Other / Pacific Islander / Other: \_\_\_\_\_

**2. Hispanic/Latino?** ☐ Yes ☐ No

**3. Are you a veteran?** ☐ Yes ☐ No

**4. Were you born outside of the U.S.?**

☐ Yes ☐ No

**5. \*Gender:** ☐ Male ☐ Female

**6. \*Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_\_ (**Your age**): \_\_\_\_\_

**7. Are you disabled?** ☐ Yes ☐ No

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☐ High school diploma or GED  
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☐ Bachelors Degree  
☐ Graduate degree

**9. Active Military?** ☐ Yes ☐ No

**10. Marital Status:** Single / Married / Divorced / Widow

## HOUSEHOLD QUESTIONS:

1. Who is currently listed on the Mortgage?

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2. What is your Annual Household Income: \$\_\_\_\_\_/year

3. Are you a single parent household? ☐ Yes ☐ No

4. Have you received financial services from another agency? (DMP, credit repair, financial lit, etc.) ☐ Yes ☐ No

If yes, please note the type and length of services:

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5. What caused you to fall behind or has caused you to be concerned that you will fall behind on your mortgage?

☐ Loss of income

☐ Medical

☐ Increase in Expenses

☐ Increase in Expenses

☐ Divorce

☐ Death in Family

☐ Other: -----

Additional Information: -----

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6. When was the home purchased? -----

7. Purchase Price: \$ -----

8. Have you re-financed since original purchase? Yes / No

9. Have you have had a modification in the past? Yes / No

If Yes, when: -----

Explain: -----

10. Do you think there is equity in the property? Yes / No

11. What is the current condition of the home?

☐ Excellent ☐ Good ☐ Fair ☐ Poor/Needs Repairs

12. Type of housing unit: ☐ Single Family ☐ Townhome/Condo ☐ Mobile Home ☐ Multi-plex (2-4 units)

13. What is your goal for your home?

## MORTGAGE INFORMATION

Please list all mortgages and liens on the property

	First Mortgage	Second Mortgage	HOA or other Lien
Mortgage Company			
Balance/Loan Amount:	\$	\$	\$
Year loan was taken out?			
Monthly Payment:	\$	\$	\$
Includes Taxes and Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No, amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No, amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No, amount: _____
Interest Rate:	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM _____%	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM _____%	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM _____%
Loan Term (# of years left on this loan)			
Amount past due/number of months behind:	Months: _____ Amount: \$_____	Months: _____ Amount: \$_____	Months: _____ Amount: \$_____
Sheriff Sale date (If applicable):			

## HOUSEHOLD INCOME WORKSHEET

Please include income for all individuals in your household from all sources

### EMPLOYMENT INCOME

Household Member	Employer Name	Start Date	Hourly Wage	HRS/WK	Gross \$ per month (before taxes)	Net \$ per month (take home pay)
					\$	\$
					\$	\$
					\$	\$

### SELF-EMPLOYMENT INCOME

Household Member/owner	Name of Business	Start Date of Business	How do you track your income?	Gross \$ per month (earnings)	Net \$ per month (take home pay)
				\$	\$

### OTHER SOURCES OF INCOME

(Examples: Child support/Social Security (SSI/SSDI)/Unemployment/Veteran's Benefits/Cash Assistance/Rent Assistance/Other)

Household Member	SOURCES OF INCOME	Gross \$ per month (before taxes)	Net \$ per month (take home pay)
	Other Source: _____	\$	\$
	Other Source: _____	\$	\$

## HOUSEHOLD EXPENSE WORKSHEET

Utilities	Monthly Amount	Liabilities	Monthly Amount
Electricity	\$	Alimony/Child Support	\$
Heat/Gas	\$	Car Loan	\$
Water/Sewer /Trash	\$	Car Loan	\$
Cell Phone	\$	Student Loan	\$
Cable/Dish /Internet/Home Phone	\$	Credit Card	\$
Groceries/Dining Out	\$	Credit Card	\$
Household Supplies	\$	Other Loan	\$
Transportation (Gas/parking/bus /train fare)	\$	Other Loan	\$
Child Care	\$	Health Insurance/Medical Bills	\$
Entertainment /Hobbies	\$	Auto Insurance	\$
Toiletries/Haircuts /Clothing/Etc.	\$	Life/Disability Insurance	\$
Other	\$	Education Expenses	\$
Total	\$	Total	\$

## FORECLOSURE PREVENTION INTAKE QUESTIONS

In your opinion, is your current mortgage affordable for you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you filed bankruptcy or are you planning to file bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Chapter 13 / Chapter 7  Date of Discharge: _____ OR Date you plan to file: _____
Have you been convicted of felony larceny, fraud, forgery, money laundering or tax evasion in connection with a mortgage or real estate transaction within the last 10 years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you heard from a foreclosure attorney?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you been in contact with your mortgage company?	<input type="checkbox"/> No	<input type="checkbox"/> Yes Explain what you have discussed:
Have you submitted paperwork to your mortgage company?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you fallen behind on your mortgage in the past?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you been contacted by or paid a fee to an attorney, individual, or company that has offered to modify your mortgage for a fee?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you working with any other organization offering foreclosure services?	<input type="checkbox"/> No	<input type="checkbox"/> Yes Explain who, when. Describe:
Notes:		

I/We hereby authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Scott County CDA, its employees, agents, or assigns (hereinafter collectively referred to as SCCDA) to release/exchange any information or materials requested in order to facilitate my participation in SCCDA's Foreclosure Prevention Program. agree that a photocopy of this may also serve as authorization. I/We authorize the exchange of information with any party authorized in this release to include but not be limited to in person, via phone, via fax, and via email. The groups or individuals that may be asked to release the above information includes but is not limited to:

- Mortgage Lender
- Mortgage Servicer
- Owner of the Mortgage Loan
- Past and present employers
- Support and alimony administrators
- Social Security Administration
- Veterans Administration
- State unemployment agencies
- Utility companies
- Banks & financial institutions
- Non-profit organizations
- U.S. Department of Housing and Redevelopment Authority (HUD)

I/We further authorize SCCDA to order a consumer credit report and verify other credit information, including past and present mortgages and contracts-for-deed. I/We also give my/our consent to contact my/our accountant, tax preparer, or the Internal Revenue Service, in the event my/our tax returns are needed to verify any reported income.

I/We also authorize SCCDA to release/exchange information with alt pertinent parties in order to assist me with the best plan to resolve my immediate situation.

This authorization will stay in effect until I complete my participation in the Foreclosure Prevention Program or revoke this authorization in writing. Additionally, I authorize SCCDA to contact my mortgage lender for a period of up to 36 months from the date of this application to inquire about the status of my/our mortgage, allowing Program staff to track the long-term effects of the program.

_____	_____	_____	_____
Name (please print)	Signature	Social security number	Date

_____	_____	_____	_____
Name (please print)	Signature	Social security number	Date

_____	_____
Address	City/State/Zip

Loan account number: \_\_\_\_\_ Loan account number: \_\_\_\_\_

Counselor(s): Jessica Erickson, Cindy Royle  
TID: 41-xxxx7785

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**Scott County CDA**  
**Combined Privacy Act Notice and Tennesen Warning**

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We at Scott County CDA value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding collection and disclosure of personal information. The following programs are funded in part by state, federal government agencies and local agencies:

- Financial Wellness Counseling;
- Homeownership Capacity;
- Homebuyer Education;
- Homebuyer Counseling;
- Home Equity Conversion Mortgage Counseling or Reverse Mortgage Counseling;
- Post Purchase and/or Refinance Counseling;
- Foreclosure Counseling.

\*These agencies receive the information described below.

### **Social Security Numbers**

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in the above referenced programs if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

### **Other Private Data**

Under Minnesota Statutes, your name and address may be public data. All other data we may ask about you is private data on individuals. Agreeing to share your public data is mandatory for participation in the above referenced programs. Sharing your private data is not mandatory for participation in the program. However, if you do not provide private information (such as income, debts, and assets) services to you may be more limited. We collect private data for the purposes of service delivery, program management, compliance, monitoring, research, and program evaluation.

We collect your private information from the following sources:

- Information we receive from you on applications or other forms,
- Information about your transactions with us, and
- Information we receive from a consumer credit reporting agency.

We may disclose private information about you which may include your name, address, social security number, employer, assets, debts, income, credit bureau reports, your credit history and your creditworthiness. We may disclose your private information to the following entities or their representatives identified below or to other entities properly authorized under law to review it.

- Staff at this organization and its partners operating in this program who need it to work on your case;
- Staff of the HECAT funders: Minnesota Housing Finance Agency, Family Housing Fund, Greater Minnesota Housing Fund, and the Minnesota Homeownership Center;
- Staff of the United States Department of Housing and Urban Development (HUD);
- Staff of the Homeownership Capacity funder: Minnesota Housing Finance Agency.

By signing below you agree to allow us to collect and share information as described above; please indicate your approval with your signature, below.

----- Name (please print)	----- Signature	----- Date
----- Name (please print)	----- Signature	----- Date

#### **Verbal acknowledgement is acceptable if information was provided to client in non-face-to-face session.**

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained in this document and understood its nature and intended use of the released information.

-----  
Client Name

-----  
Homeownership Advisor/Coach's Signature

-----  
Date

**NOTE:** A copy of this notice with Homeownership Advisor/Coach's signature has been mailed to the client.

**NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please communicate with your Homeownership Advisor about arranging alternative accommodations.**

**About Us and Program Purpose:**

Scott County CDA is a HUD approved counseling agency. The purpose of the homeownership counseling program is to provide one on one counseling to help consumers fix problems that prevent affordable mortgage financing. The counseling will analyze the consumer's financial and credit situation, identify those barriers preventing them from obtaining affordable mortgage financing and develop a plan to remove those barriers. The counselor will provide assistance with preparing a monthly and manageable budget plan. It will not be the responsibility of the counselor to fix the problem but rather to provide guidance and education to empower consumers in fixing those issues preventing affordable mortgage financing. The counseling agency provides housing counseling assistance to customers whose problems can be resolved within 24 months or less. If it is determined that issues will take longer than 24 months to fix, customers will be referred to a long-term housing counseling program.

We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, familial status, marital status, disability, status with regard to public assistance, sexual orientation or gender identity. We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.), title VIII of the Civil Rights Act, as well as the Human Rights Act.

**Description of Services:**

- **Home Buyer Education:** A course offered in a group setting designed to prepare you for the process of purchasing a home.
- **Homebuyer Counseling:** Homeownership Advisors work one-on-one with you to look at what you can afford, explain mortgage terms, and how to prepare and what to expect at closing. Advisors also help analyze your current financial situation, review credit and debt, and assist in setting goals to help you achieve homeownership.
- **Foreclosure Counseling:** Assists homeowners who have fallen behind or are in danger of falling behind on their mortgage. Homeownership Advisors guide homeowners through workout options relevant to the particular situation. In cases where foreclosure is unavoidable, Homeownership Advisors help organize an effective exit strategy.

**Organization Conduct:** No *Scott County CDA* employee, director, volunteer, contractor or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our organization's compliance with federal or state regulations and our commitment to serving the best interests of our clients.

**Organization Relationships:** *Scott County CDA* has a financial affiliation or professional affiliation with The US Department of Housing and Urban Development (HUD), Minnesota Housing Finance Agency, Minnesota Homeownership Center, Greater Minnesota Housing Fund, Family Housing Fund, and banks including Fargo Home Mortgage.

**It is our duty to inform you that *Scott County CDA* and may receive payment for the following services:**

Homebuyer education, (registration fee), Homebuyer Counseling (credit report fee) and Foreclosure Counseling (credit report fee). If you choose to utilize any of these services, *Scott County CDA* will disclose any associated fees prior to your commitment. You further understand that the above described fee may be paid by you and may be included in your loan amount or real estate purchase agreement. However, you are not obligated to receive any services offered by our organization or exclusive partner(s).

**Alternative Services, Programs and Products:** *Scott County CDA* as appropriate, refers clients to other community service organizations. These organizations provide services such as emergency shelter, financial assistance, utility assistance and access to other locally available resources. While you may learn about the advantages/disadvantages of specific services, programs, and products during the education or counseling sessions, you are free to choose the services, programs, and products of your own choosing regardless of the recommendations made by the educator/counselor. You are not obligated to receive, purchase, or utilize any services offered or referred to by *Scott County CDA* or its partners. It is your responsibility and based on decisions made of your own free will to determine which services, programs, or products best meet your needs.

**Quality Assurance:** In order to assess client satisfaction and in compliance with grant funding requirements, *Scott County CDA* or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with *Scott County CDA* funders such as HUD, the Minnesota Homeownership Center and/or the Minnesota Housing Finance Agency.

**Errors and Omissions and Disclaimer of Liability:** I/we agree *Scott County CDA*, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in *Scott County CDA* counseling; and I hereby release and waive all claims of action against Scott County CDA and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

**\*I/we acknowledge that I/we received, reviewed, and agree to Scott County CDA's Program Disclosure.**

-----  
**Client Signature**

-----  
**Client Name (please print)**

-----  
**Date**

-----  
**Client Signature**

-----  
**Client Name (please print)**

-----  
**Date**

**Verbal acknowledgement is acceptable if information was provided to client in non-face-to-face session.**

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained in this document and understood its nature and intended use of the released information.

-----  
**Client Name**

-----  
**Homeownership Advisor/Coach's Signature**

-----  
**Date**

**NOTE:** A copy of this notice with Homeownership Advisor/Coach's signature has been mailed to the client.

## **Hardship Letter**

**An effective hardship letter to your lender should include:**

1) Explanation of your hardship/reason you fell behind on your payments

- 2) Dates of your hardship and if you expect it to be short-term or long term
- 3) How the situation has changed, if at all
- 4) How much, if any, money you have saved for a workout agreement.

**\*The hardship letter should be short and to the point. Attach additional pages if necessary.**

**To Whom It May Concern:**

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**Date hardship began:** \_\_\_\_\_

**Sheriff Sale Date:** \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Date)

## **Scott County CDA Homeownership Advisor – Client Agreement**

### **Homeownership Advisor Roles & Responsibilities**

- Providing services confidentially, honestly and respectfully.
- Reviewing your housing goal and your finances; including income, debts, assets, and credit history.

- In partnership with you, developing a household budget to assist you with managing your debt, expenses, and savings.
- In partnership with you, creating a client action plan with steps that you and your Homeownership Advisor will take in order to achieve your housing goal.
- Presenting reasonable options available based on your current situation.
- Offering referrals to needed resources.
- Providing guidance and education in support of your goal.
- Neither your Homeownership Advisor nor Scott County CDA, employees, agents, contractors, or directors may provide legal advice.

### Client Roles & Responsibilities

- Providing accurate information about your income, debts, expenses, credit and employment.
- Attending meetings, returning calls, and promptly providing requested paperwork.
- Being an active participant in the creation and completion of steps on your Action Plan.
- Notifying a Scott County CDA Homeownership Advisor if your housing situation or goal changes.
- Attending educational workshops (i.e. Homebuyer Education) as recommended.
- Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

**Termination of Services:** You or the advisor may terminate counseling services at any time. Reasons the advisor may terminate services include, but are not limited to, no progress on the agree-upon Action Plan steps, not responding to an advisor's attempt to contact you, or missing scheduled appointments.

### Signatures

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeownership Advisor/Coach

\_\_\_\_\_  
Date