

Scott County CDA's Supplemental Foreclosure Prevention Intake Packet

This information is requested in addition to the online application process.
If you have not first completed the online application process, please do so here:
<https://www.tfaforms.com/4953868?orgId=a0t4W000007Sa2vQAC>

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

Complete these required documents included in this packet:

- Intake Forms, page 2-4
- Completed Hardship Letter to Your Lender, page 5
- Authorization of Release Information Form (signed), page 6
- Homeownership Advisory-Client Agreement (signed), page 7

Provide these additional required documents & verifications:

- Last 30 days proof of household income for **all** members of the household. This includes:
 - Benefit statements or letters documenting your social security, disability, pension, and/or unemployment payments
 - If self-employed, provide profit and loss statement for most recent quarter
 - If you receive rental income, provide the Lease Agreement
 - If you receive child support and/or spousal support, provide the divorce decree
- Most recent tax returns with all schedules
- 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 note, completion and submission of all requested documents and verifications will assist your counselor in opening and reviewing your case sooner. Submission of an incomplete packet and/or missing required documentation will delay processing your application. **To ensure the timely processing of your application, please return all completed documents and verifications to:**

Mail: Scott County CDA
Attn: Homeownership Department
323 S. Naumkeag St.
Shakopee, MN 55379
Fax: 952-496-2852
Email: cda-info@scottcda.org

*If you have questions, please contact us at 952-402-9022 or by email.

Scott County CDA's Foreclosure Prevention Supplemental Intake Forms

Internal use only:

Client #: C-_____ / Case #: _____ Counselor: JE /CR Intake Date: _____ Authorization Given?: Y N Staff: _____

Reason for Call: _____ Fannie / Freddie / FHA / MHFA / VA

APPLICANT INFORMATION:

Primary Applicant:

Name (First/Last): _____

Email: _____

Primary Phone(s): _____ Mobile Home

Address: _____

City: _____, MN Zip: _____

Co-Applicant (if applicable): Relationship to Primary: _____

Name (First/Last): _____

Email: _____ Mobile Home

Primary Phone(s): _____ Mobile Home

Address: _____

City: _____, MN Zip: _____

FORECLOSURE PREVENTION INTAKE QUESTIONS:

In your opinion, is your current mortgage affordable for you?	<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 re-financed since the original purchase?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – When?
Have you had a modification in the past?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Explain when. Describe:
Have you filed bankruptcy or are you planning to file bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Which? <input type="checkbox"/> Chapter 13 <input type="checkbox"/> 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 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:
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

Notes:

HOUSEHOLD INCOME WORKSHEET

EMPLOYMENT INCOME

Household Member: <small>*Please include information for all adults in your household</small>	Employer Name, Occupation	Start Date	HRS/WK	Hourly Wage	Gross \$ per month (before taxes)	Net \$ per month (take home pay)
				\$	\$	\$
Employment Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed & Seeking Employment <input type="checkbox"/> Unemployed & Not Seeking Employment <input type="checkbox"/> Retired <input type="checkbox"/> Permanently Unable to Work					
				\$	\$	\$
Employment Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed & Seeking Employment <input type="checkbox"/> Unemployed & Not Seeking Employment <input type="checkbox"/> Retired <input type="checkbox"/> Permanently Unable to Work					
				\$	\$	\$
Employment Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed & Seeking Employment <input type="checkbox"/> Unemployed & Not Seeking Employment <input type="checkbox"/> Retired <input type="checkbox"/> Permanently Unable to Work					
				\$	\$	\$
Employment Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed & Seeking Employment <input type="checkbox"/> Unemployed & Not Seeking Employment <input type="checkbox"/> Retired <input type="checkbox"/> Permanently Unable to Work					

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)
	<input type="checkbox"/> Spousal Support <input type="checkbox"/> Child Support <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Investment Income <input type="checkbox"/> Unemployment <input type="checkbox"/> Income from Assets <input type="checkbox"/> Other: _____	\$	\$
	<input type="checkbox"/> Spousal Support <input type="checkbox"/> Child Support <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Investment Income <input type="checkbox"/> Unemployment <input type="checkbox"/> Income from Assets <input type="checkbox"/> Other: _____	\$	\$

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	\$

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:

Date hardship began: _____

Sheriff Sale Date: _____

Sincerely,

(Signature) (Print name)

(Signature) (Print name)

(Address, City, State, Zip)

(Phone number)

(Date)



Scott County CDA
Foreclosure Prevention Authorization of Release of Information

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/our participation in SCCDA's Foreclosure Prevention Program.

- 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 all 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/we authorize SCCDA to contact my/our 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

Scott County CDA
Foreclosure Counseling -- Homeownership Specialist — Client Agreement

Client Name: _____

DOB: ____/____/____

Homeownership Specialist 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 Specialist 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 Specialist 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 Specialist 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 Homeownership Specialist may terminate counseling services at any time. Reasons the Homeownership Specialist may terminate services include, but are not limited to, no progress on the agree-upon Action Plan steps, not responding to a Homeownership Specialist's attempt to contact you, or missing scheduled appointments.

Client 1 Signature: _____

Date: _____

Client 2 Signature: _____

Date: _____

Homeowner Specialist: _____

Date: _____