

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 by a method below or ask for a secure upload link.**

Mail or drop off: Scott County CDA
Attn: Homeownership Department
100 5th Avenue E.
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:

Primary Phone(s): Mobile Home

Address:

City: , MN Zip:

FORECLOSURE PREVENTION INTAKE QUESTIONS:

In your opinion, is your current mortgage affordable for you?	No	Yes
Have you fallen behind on your mortgage in the past?	No	Yes
Have you re-financed since the original purchase?	No	Yes – When?
Have you had a modification in the past?	No	Yes – When? Describe:
Have you filed bankruptcy or are you planning to file bankruptcy?	No	Yes – Which? 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?	No	Yes
Have you heard from a foreclosure attorney?	No	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?	No	Yes
Are you working with any other organization offering foreclosure services?	No	Yes --Explain who, when:
Have you been in contact with your mortgage company?	No	Yes-- Explain what you have discussed:
Have you submitted paperwork to your mortgage company?	No	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:	<div style="display: flex; justify-content: space-between; font-size: small;"> Full Time Part Time Student Homemaker Unemployed & Seeking Employment Unemployed & Not Seeking Employment Retired Permanently Unable to Work </div>					
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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)
	<div style="font-size: small;"> Spousal Support Child Support SSI SSDI Investment Income Unemployment Income from Assets Other: _____ </div>		
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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. I/We 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 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
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_____ Name (please print)	_____ Signature	_____ Social security number	_____ Date
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_____ Address	_____ City	_____ State	_____ Zip
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Loan account number: _____ Loan account number: _____

Counselor(s): Jessica Erickson, Cindy Royle, Ruth Torres
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: _____