



Westchester Residential Opportunities
470 Mamaroneck Ave Suite 410, White Plains, NY 10605
914-428-4507 914-428-9455 Fax www.wroinc.org

INSTRUCTION PAGE

STEP 1

Complete the enclosed DEFAULT & DELIQUENCY COUNSELING INTAKE FORM.

STEP 2

Use CHECKLIST to ensure that you have COPIES of all Documents required. If you have your financial documents and completed STEP 1, you can follow STEP 3.

STEP 3

Attend WRO's ORIENTATION SESSION. Sessions are offered at:
10am & 6pm Every Wednesday at
470 Mamaroneck Ave, Ste 410
White Plains, NY 10605

You will leave your financial documents and Intake package with the facilitator. Your file will be assigned to a counselor and we will analysis your file to determine the options you have available. A 14 day letter will be mailed/emailed to you suggesting that you provide all copies of missing documents to your assigned counselor within 14 days or your file will be suspended. NOTE: Your lender will not accept an incomplete financial package.

Please call 914-428-4507 x334 to reserve your space to talk with a Mortgage Default Counselor facilitating the session. If the weather is a concern for you, we suggest that you call to cancel as our workshops will not be held if inclement weather is expected.

Homeowners, please do not ask anyone other than the names listed on your mortgage to attend our Orientation Session. Only the homeowners are welcome!



Westchester Residential Opportunities
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914-428-4507 914-428-9455 Fax www.wroinc.org

Dear Homeowner(s),

Thank you for contacting Westchester Residential Opportunities, Inc., for assistance with your mortgage needs. We are a not-for-profit agency that has been providing **FREE** mortgage default counseling for 14 years. We are a HUD approved agency, and receive grant funding that allows the agency to provide services at no cost to the community.

PLEASE NOTE: If you are currently unemployed with no other sources of income, we may not be able to assist you at this time or if we accept your application, we will need to suspend your file until you have other sources of income and proof of the income showing as deposits on your bank statements. Other sources such as; Rental lease agreements, Disability or Workman's Compensation benefits, Social Security benefits.

******We will attempt to help any homeowner or condo owner in Westchester County negotiate with your bank. However, if you are in bankruptcy, current on your mortgage or unemployed with no source of income, we ask that you contact us before you complete the Intake Package.******

As part of our services, we require all homeowners attend 3 or more of our Wealth Building Workshops. Especially if you have 55% or more of your income going towards debt! Visit our website through out the year for dates, locations and time. Periodically, you will receive a flyer by mail or email with this information.

We are unable to provide legal advise, therefore, when necessary, we will refer your legal questions to an attorney.

Should you have any questions, don't hesitate to call Veronica Raphael, Director of Foreclosure Prevention & Wealth Building Trainer at 914-428-4507 x334 or by email at vraphael@wroinc.org.

Mortgage Default & Delinquency Checklist

In order to insure that your intake packet is processed and reviewed efficiently, it is requested that you provide us with **COPIES-NO ORIGINAL DOCUMENTS** when you attend the Orientation Session. **Your lender requires a complete financial package.** Your counselor will suspend your file until it is complete after 30 days. If your package is incomplete, a letter listing the missing documents will be sent to you that will need to be returned within 14 days.

You Must Bring Copies of Original Documents

- WRO Intake Packet
- Signed and dated Client Counseling Agreement Form
- Financial Budget Worksheet
- Signed and dated Hardship Letter (*Explain why you are delinquent*) (**Sample is attached**).
- Copies of your 2 most recent pay stubs for all homeowners equal to 1 month.
Self Employed: Year to Date profit & Loss Statement
- Copies of Note and Mortgage, and any Riders (**Samples are attached**).
- Copies of HUD-1 Settlement form, Good Faith and Truth in Lending Statement from Closing.
- Copies of all Default Letters/Foreclosure Notices/Legal Notices
- Copies of last 2 months bank statements (Checking account and or Savings account).
- Copies of most current Mortgage Statement showing amount that you owe on the Mortgage.
- Copies of your Federal Tax Returns -1040's and all Schedules. (**Sign second page of 1040's**)
- Sign and Complete 4506T (**See attached**)
- Copies of W2's for the last 2 years- 2010 /2011
- Copy of a Utility Bill showing your name and address
- Money Order or Cash for \$13.50 per person named on the Mortgage
- Sign & date Consumer Authorization and Release form
- Making Home Affordable Form with signature and date (RMA)
- Dodd-Frank Certification signed and dated
- Copy of a New York State Drivers License for each homeowner named on the Mortgage.
- Copies of signed and current Lease/Rental Agreements
- Copy of drivers license for all names on the mortgage loan
- Other: _____

In Addition, the following items may be requested during the processing of your application:

- Pay off letter (**Must be requested by you from your lender**)
- Copies of all your Closing Documents
- Payment History (**Must be requested by you from your lender**)
- Copies of the first 5 pages of your Appraisal

Make sure you have contacted our office to RSVP for your Wednesday Orientation.

If you have any questions, feel free to email Veronica Raphael at vraphael@wroinc.org or call 914-428-4507 x334.

Intake Date: _____

Case Number: MD- _____

DEFAULT & DELIQUENCY COUNSELING INTAKE FORM

Have you filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date it was discharged _____ Is this property a Co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are you current on your maintenance fees? _____
--

I. IDENTIFYING INFORMATION:

1. Borrower's Name: _____

Address: _____ City _____ Zip _____

DOB _____ Social Security No. _____-_____-_____

Phone: () _____-_____ Work Phone: () _____-_____ Cell: () _____-_____

E-mail: _____ Gross Annual Income: \$ _____

2. Co-Borrower's Name (if any) _____ Relationship to you: _____

Are they on the mortgage? Yes No Do they currently reside with you in the property? Yes No

DOB _____ Social Security No. _____-_____-_____

Phone: () _____-_____ Work Phone: () _____-_____ Cell: () _____-_____

Their Gross Annual Income: \$ _____

3. Is there anyone else on the mortgage with you? Yes No

If yes, please indicate their name: _____ D.O.B. _____ Their Gross Annual Income: \$ _____

4. Additional Income from Household Members

Name	D.O.B.	Monthly Income / Household Contribution	Income Source
1.		\$	
2.			
3.			
4.			

Total Annual Household Income: \$ _____

II. MORTGAGE INFORMATION

1. Are you currently behind in your mortgage? Yes No If YES, how many months?

1 - 2 Months (30-60 Days) 2 - 3 Months (61-90 Days) 3 - 4 months (91-120 Days) 5 + Months (121+ Days)

Months behind on 1st Mortgage: _____ Months behind on 2nd Mortgage: _____

Total Arrears: \$ _____ Total Cash on hand: \$ _____

2. Type of Mortgage: (Check all that apply)

- Purchase Home Equity Loan Resetting ARM Refinance
 Other Interest only Fixed Rate

3. Term of mortgage(s): 10yr 15 yr 30yr - 40yr (Circle One)

4. Interest Rate: Loan 1: Interest Rate _____ % / Loan 2: Interest Rate _____ %

5. Have you ever refinanced? Yes No If YES, When? _____ How many times? _____

Year Purchased: _____ Original Purchase Price \$ _____

Estimate of Current Property Value \$ _____ (Office Use Only)

Name of Current Lender / Servicer: _____

First Loan 1- Account Number: _____

Name of Current Lender / Servicer: _____

Equity/2nd Loan 2- Account Number: _____

III. PRINCIPAL AND INTEREST PAYMENT (Monthly)

a. Loan 1: 1st Mortgage Payment \$ _____ (Monthly)

b. Loan 2: 2nd Mortgage Payment \$ _____ (Monthly)

c. Property Taxes (Annual) \$ _____ \$ _____ (Monthly)

D. Insurance / or HOA Fee's (Annual) \$ _____ \$ _____ (Monthly)

Total Monthly Payment: ----- \$ _____ (Monthly) **** PITI

-Current Principal Balance \$ _____

-Other Liens (Taxes, Judgments Etc.): \$ _____

VI. GENERAL PROPERTY INFORMATION

1. Do you currently reside in the property identified above? Yes No

3. Multi-Family Home? Yes No

4. If YES, Number of units _____ 5. Rent received: \$ _____, \$ _____, \$ _____

-Number of Bedrooms _____ -Number of Bedrooms _____ -Number of Bedrooms _____

6. Condition of property: Excellent Good Fair Poor _____

V. OTHER IMPORTANT DEBT ISSUES:

*(You must provide proof if you indicate YES to any of the following if it is the reason for default)

Garnished wages	Yes _____	No _____
Court cases pending against you - Date _____	Yes _____	No _____
Pending utility shut-offs	Yes _____	No _____
Outstanding IRS Tax debts	Yes _____	No _____
Delinquent child support	Yes _____	No _____

**Anticipated Changes: _____

IV. ASSETS AND OTHER RESOURCES:

Savings	Yes _____	No _____	Amount \$ _____
Court Cases Pending Against Others	Yes _____	No _____	Value \$ _____
Anticipated Tax Refunds	Yes _____	No _____	Amount \$ _____
Assets Which Can Be Sold	Yes _____	No _____	Value \$ _____
Pension or Retirement Funds	Yes _____	No _____	Value \$ _____
Other Assets: _____			

III. OTHER INFORMATION

Please explain reason for the default: (i.e. medical, Unemployment, Financial, Resetting Mortgage, and/or Loss of income)

What are your objectives and plans?

- Property to be listed with realtor
- Request for loan modification
- Return property to lender
- Short Sale
- Refinance
- Unsure

Have you made an effort to arrange a workout on your own? What was the result?

4. DEMOGRAPHICS

Borrower marital Status: Single / Married / divorced / separated / widowed

Race: Black Hispanic White Asian Other **Gender:** Male / Female

Co-Borrower marital Status: Single / Married / divorced / separated / widowed

Race: Black Hispanic White Asian Other **Gender:** Male / Female

Total Number of Household Members (including yourself): _____

Total # of household members under the age of 18 years old: _____

Referral Source: Lender HUD Community Organization Legal 211 HOPE Other _____

FOR OFFICE USE ONLY

INTAKE SUMMARY NOTES:

Client in need of additional resources, referred to (agency): _____

Assigned counselor: _____ Date Case Assigned to counselor: _____

ADDITIONAL INFORMATION: _____

Westchester Residential Opportunities, Inc. (WRO)
Foreclosure Mitigation Counseling Agreement

1. I understand that WRO 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. I understand that WRO receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is 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 through CREDCO Information Services, for up to two additional times between now and December 31, 2011.
4. I give authorization for NFMC program administrators and/or their agents to follow-up with me between now and December 31, 2011 for the purposes of program evaluation.
4. I acknowledge that I have received a copy of WRO Privacy Policy.
5. I 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.
6. 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. I authorize WRO a HUD approved counseling agency, to discuss any information related to my personal circumstances as may be necessary to help secure my full legal right in attempting to secure or improve my housing.
8. I authorize WRO Inc, a HUD approved counseling agency, to release credit, financial, employment, and other information to other agencies or firms as may be necessary in the solution of my problem(s)
9. I authorize _____ / _____
Lender(s) Name) to use this form as consent for WRO to share and provide information on my behalf.

10. Property Address: _____

Loan 1#: _____

Loan 2#: _____

1. Clients Signature _____

Date _____

Printed Name _____

Last 4 digits of SS #: _____

2. Clients Signature _____

Date _____

Printed Name _____

Last 4 digits of SS #: _____

Counselors Signature _____

Counselors Printed Name _____

Privacy Policy

Westchester Residential Opportunities, Inc. is 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 monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. 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

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- 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
- 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 your "opt-out", you may call us at (914-428-4507) and do so.

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 or former customers 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.

(Please write/type your letter on a separate sheet of paper)

Identifying Information:

- Date
- Indicate your name and address
- Account number with lender

Description and reason of hardship

- Be specific about the reason for being in default or reason you feel you may go into default. Give a brief explanation and provide proof of the hardship. You can select more than one reason for the hardship.
 - Select from the reasons below:
 - Medical
 - Loss of income
 - Unemployment
 - Financial
 - Resetting Mortgage

Overview of income and expenses:

- Include any anticipated changes including when the changes will occur.
- State whether you have savings to offset any delinquency. This must be supported with bank statements that you will be asked to provide.

Proposed Plan:

- Describe it, state when the plan will be effective, list the reasons why you believe it will work, and include a statement about whether or not you are committed to see the plan through its conclusion

Methods and times to contact you and your housing counselor:

- Times and contact numbers for both.

***For your information:** The items listed below are attached with the hardship letter and submitted on your behalf to the lender. These items as requested on our instruction/checklist page.

- Financial Statement - budget worksheet
- Bank statements
- Income and expense verifications
- Hardship verification (e.g. medical documents, separation papers, court documents, etc)
- Verification for anticipated changes to income and expenses.

MAKE SURE TO SIGN AND DATE YOUR HARDSHIP LETTER!

Making Home Affordable Program Request For Modification and Affidavit (RMA)



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1 COMPLETE ALL THREE PAGES OF THIS FORM

Loan I.D. Number _____ Servicer _____

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth
Home phone number with area code		Home phone number with area code	
Cell or work number with area code		Cell or work number with area code	

I want to: Keep the Property Sell the Property

The property is my: Primary Residence Second Home Investment

The property is: Owner Occupied Renter Occupied Vacant

Mailing address _____

Property address (if same as mailing address, just write same) _____ E-mail address _____

Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer _____ Amount of offer \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted a credit-counseling agency for help <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following: Counselor's Name: _____ Agency Name: _____ Counselor's Phone Number: _____ Counselor's E-mail: _____
Who pays the real estate tax bill on your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA Fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Paid to: _____	Who pays the hazard insurance premium for your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by Condo or HOA Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Co.: _____ Insurance Co. Tel #: _____

Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 13 Filing Date: _____

Has your bankruptcy been discharged? Yes No Bankruptcy case number _____

Additional Liens/Mortgages or Judgments on this property:

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours; decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> Other: _____	
Explanation (continue on back of page 3 if necessary): _____	

INCOME/EXPENSES FOR HOUSEHOLD

Number of People in Household: _____

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony / Separation ²	\$	Insurance	\$	Savings/ Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other _____	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total (Gross Income)	\$	Total Debt/Expenses	\$	Total Assets	\$

INCOME MUST BE DOCUMENTED

Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

²You are not required to disclose Child Support, Alimony or Separation Maintenance Income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by Interviewer		Name/Address of Interviewer's Employer
This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number	
	Interviewer's Signature Date	
	Interviewer's Phone Number (include area code)	

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

Borrower Signature

Date

Co-Borrower Signature

Date

HOMEOWNER'S HOTLINE

*If you have questions about this document or the modification process, please call your servicer.
If you have questions about the program that your servicer cannot answer or need further counseling,
you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about
the program and offers free HUD-certified counseling services in English and Spanish.*

888-995-HOPETM
Homeowner's HOPE™ Hotline

NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct"

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





Westchester Residential Opportunities, Inc. (WRO)
470 Mamaroneck Avenue Room 410
White Plains, NY 10605
914-428-4507 914-428-9455 fax
www.wroinc.org

The following disclosure is being distributed to all clients who come to WRO for Housing Counseling, Home buying, Rental Assistance, Senior Housing and Foreclosure Counseling Services.

All clients are free to choose any lender or real estate professional you wish to for sales, rental and housing counseling. You are not obligated in any way to select a professional who you learn about through WRO's counseling, education, or referral processes.

All clients have the right to refuse services from Westchester Residential Opportunities.

You will not have to pay for WRO's counseling and education services, with the following exceptions: you may be asked to pay for the drawing of a credit report if required; and a fee may be charged for HUD Reverse Mortgage counseling where applicable.

I have read and understand the Disclosure Statement.

Signature

Date

Printed Name

Phone

Westchester Residential Opportunities Inc. (WRO) is a non-profit organization whose mission is to promote equal, affordable and accessible housing opportunities for all residents of our region.

WESTCHESTER RESIDENTIAL OPPORTUNITIES, INC.
470 MAMARONECK AVENUE, SUITE 410, WHITE PLAINS, NY 10605
(914) 428-4607 (PHONE) (914) 428-9455 (FAX)

CONSUMER AUTHORIZATION AND RELEASE

I hereby authorize CoreLogic Credco, LLC ("CREDCO" or "FAC") to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my housing counseling agency, Westchester Residential Opportunities, Inc. ("W.R.O.") for W.R.O. to provide housing counseling services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

I acknowledge that the Report is provided "AS IS" AND THAT CREDCO NOR W.R.O. MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND IMPLIED WARRANTIES ARISING FROM A COURSE OF DEALING OR A COURSE OF PERFORMANCE WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT OR THAT IT WILL MEET MY NEEDS AND CREDCO EXPRESSLY DISCLAIMS ALL SUCH REPRESENTATIONS AND WARRANTIES.

I recognize that the accuracy, validity or completeness of the Report provided by CREDCO and W.R.O. is not guaranteed by CREDCO or W.R.O. and I hereby release CREDCO and CREDCO's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "CREDCO's Affiliates") and W.R.O. from any liability for any negligence in connection with the preparation of the Report and from any loss, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report. I covenant not to sue or maintain any claim, cause of action, demand, cross action, counterclaim, third party action or other form of pleading against CREDCO or CREDCO's Affiliates or W.R.O. for damages based upon the inaccuracy, invalidity or incompleteness of any Report provided by CREDCO and W.R.O. hereunder. If one or more of the provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity or illegality or unenforceability will not affect any other provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

Any information collected will be used by the agency collecting it or its assignees for the sole purpose of budgeting and counseling services and will not be disclosed to any outside sources except as required and permitted by law.

Date

Applicant SSN

Applicant Name (Print)

Applicant Signature

Date

Co-Applicant SSN

Co-Applicant Name (Print)

Co-Applicant Signature

HELP FOR AMERICA'S HOMEOWNERS.



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature

Date

Co-Borrower Signature

Date



Borrower Name: _____
 Loan Number: _____

FINANCIAL WORKSHEET
BORROWER INFORMATION

Property Address: _____

 Home # _____ Work# _____
 Cell # _____
 Best time to call: _____ E-mail: _____

Please check all that apply:
 I live in this house,
 Occupants in home:
 This is a second house,
 This house is vacant,
 This is a rental property
 Active Bankruptcy

Borrower Name: _____ Social Security #: _____
 Co-Borrower Name: _____ Social Security #: _____
 Mailing Address: _____

EMPLOYMENT INFORMATION

BORROWER

CO-BORROWER

Employer _____ Employer _____
 Position _____ Position _____

INCOME DATA

HOUSEHOLD INCOME	Primary Homeowner				Additional Occupants				
	Current		Current		Current		Current		
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	
Employment income									
Disability									
Rental Income									
Unemployment									
Child Support/Alimony									
Other									
Total Monthly Income		\$ -		\$ -		\$ -		\$ -	

Income Frequency: (please check one)

Primary Homeowner:
 Weekly Bi-weekly Monthly Quarterly Yearly

Additional Occupant(s):
 Weekly Bi-weekly Semi Monthly Quarterly Yearly

Current Employment Status Primary Homeowner: (please check one)
 Employed Full-Time Part-Time Unemployed/Not Working Self-Employed Retired

Current Employment Status Additional Occupant(s): (please check one)
 Employed Full-Time Part-Time Unemployed/Not Working Self-Employed Retired

ASSETS/LIABILITIES

DESCRIPTION	ESTIMATED VALUE	AMOUNT OWED	NET VALUE
Auto - Make/Model			\$ -
Auto - Make/Model			\$ -
Deposit Accts. - CKG/Savings		\$ -	\$ -
401K Savings Plan			
Stocks/Bonds/CDs			

HOUSEHOLD LIABILITIES AND EXPENSES

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
 - b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
 - c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
 - 7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
 - 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

Sign Here	Signature (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAILS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



Feel free to check www.mapquest.com as well as www.google.com and Yahoo.com for maps and driving directions.

From Northern Westchester: Route 9, 9A, Saw Mill Parkway or Taconic Parkway to I-287 eastbound OR I-684 to I-287 westbound to Exit 8. See below for directions from I-287.

From New York City: Major Deegan Expressway to New York Thruway (I-87), take Exit 8 at Elmsford to I-287 eastbound. Or Bronx River Parkway to Sprain Brook Parkway exit onto I-287 eastbound. Or Saw Mill Parkway to I-287 eastbound. See below for directions from I-287.

From Bronx/Queens: Whitestone Bridge to Hutchinson River Parkway North to Exit 23N Mamaroneck Avenue in White Plains. Do not exit at Mamaroneck Road in Scarsdale. Take a right off the exit ramp towards White Plains. Continue through a few traffic lights, and pass a Dunkin' Donuts on your left. Bear a slight left at the fork. Take the next left at the light onto Shapham Ave.

From Upstate (Rockland/Orange) New York: New York state thruway across Tappan Zee Bridge; take Exit 8 at Elmsford onto I-287 eastbound. OR Taconic Parkway to Sprain Brook Parkway exit onto I-287 eastbound. See below for directions from I-287.

From 287 going West (Portchester/Connecticut): Take Westchester Mall exit. Once facing Nordstrom, make a left at light onto Bloomingdale Rd. Continue through a few traffic lights to make a right onto Mamaroneck Ave. If you pass a Dunkin' Donuts on your right, you have gone too far. Once on Mamaroneck Ave., take a left turn at your first light, which is Shapham Place. Park in the municipal lot on your left and walk across Shapham Place to our building.

From 287 going East (Tarrytown/Taconic/Sprain): Take Exit 8W, making a left at the traffic light onto Bloomingdale Rd. Continue through a few traffic lights making a right onto Mamaroneck Ave. If you pass a Dunkin' Donuts on your right, you have gone too far. Once on Mamaroneck Ave., take a left turn at your first light, which is Shapham Place. Park in the municipal lot on your left and walk across Shapham Place to our building.

*****PARKING DETAILS:*****

There are a number of areas where you can park around Mamaroneck Ave. We recommend that you park in the **Shapham Place Municipal Parking Lot**. This parking is off Shapham Place, which is located on the corner of Mamaroneck Avenue and Shapham Place. There is metered parking available for up to 12 hours.

-Mass Transit Directions-

- Via Train: Take the Metro North Harlem River Line to White Plains. Taxis are available from the station. For schedules call 1-800-METROINFO.
- By Bus: Take #60 or #63 to the White Plains Bus Terminal, and get off at Old Mamaroneck Road. For schedules call (914) 682-2020.