



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 the below listed documents when you return these forms to our office. **The lender will not review our request for assistance without a complete financial package derived from the documents listed below.** We have provided this checklist for your convenience.

If you have any questions about completing the intake packet, please do not hesitate to contact us. I can be reached at (914) 428-4507 Ext. 324 / jcapote@wroinc.org – Judith Capote, Intake Counselor

YOU MUST BRING IN COPIES OF YOUR DOCUMENTS

- () WRO Intake packet
- () Signed Client Counseling Agreement Form
- () **Signed** Hardship Letter (*Describing reasons for difficulty paying mortgage-Sample is attached*)
- () **Copies** of 2 Most Recent Pay Stubs, for all borrowers (*1x month of pay*)
- () **Copies** of Note & Mortgage, and any Riders
- () **Copies** of HUD-1 Settlement form
- () **Copies** of Appraisal (*from last closing date of property*)
- () **Copies** of Any and **ALL** Default Letters / Foreclosure Notices / Legal Notices
- () **Copies** of last 2 months of bank statements (Checking accounts, savings accounts)
- () **Copies** of current Mortgage Statement (*shows amount owed*)
- () **Copies** of Federal Tax returns (**Last 2 years**) 2008 / 2007
- () **Copies** of W2's (**Last 2 years**) 2008 / 2007
- () **Copies** of signed agreements between lender (*if agreement made*) or describe verbal agreement.



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: _____ 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? Yes No If YES, how many months?

1 – 3 Months (30-60 Days) 4 - 6 Months (60-120 Days) Over 6 months (120+ Days)

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

Total Arrears: \$ _____

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 \$ _____ (As per Zillow: www.zillow.com)

Name of Current Lender / Servicer: _____

Loan 1- Account Number: _____

Name of Current Lender / Servicer: _____

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:

Are Your Wages Being Garnished	Yes _____	No _____
Court Cases Pending against you	Yes _____	No _____
Pending Utility Shut-offs	Yes _____	No _____
Car Loan pending Default or Repossessed	Yes _____	No _____
Outstanding IRS Tax Debts	Yes _____	No _____
Outstanding Student Loan Debts	Yes _____	No _____
Other: _____		

**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: _____			

IIV. OTHER INFORMATION

What is the reason for the default?

What are your objectives and plans?



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

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

Total Number of Household Members (including yourself): _____

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

Race: Black Hispanic White Asian Other

FOR OFFICE USE ONLY

INTAKE SUMMARY NOTES:

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

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 CIS Information Services, for up to two additional times between now and June 30, 2010.
4. I give authorization for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2010 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.

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 _____



Westchester Residential Opportunities, Inc. (WRO)

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.



SAMPLE HARDHIP LETTER

Identifying Information:

- Indicate your name and address, and account number with lender

Introductory paragraph:

- Indicate that you are writing to request _____ (list the foreclosure prevention tool that you are seeking)
 - Repayment Plan
 - Loan Modification
 - Forbearance
 - Partial Claim
 - Pre-foreclosure Sale
 - Deed in Lieu of foreclosure

Description and reason of hardship

- Be specific about the reason for being in default or reason you feel you may go into default!

Overview of income and expenses:

- Include any anticipated changes including when the changes will occur.
- State whether you have a lump sum of monies to offset any delinquency.

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

MAKE SURE TO SIGN AND DATE THIS LETTER!

For your information: The items listed below are attachments we would be sent along with the letter:

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