

# Affordable Housing Alliance

59 Broad Street  
Eatontown, NJ 07724

732-389-2958

fax: 732-389-3163



formerly Monmouth Housing Alliance

"We Help With Housing"

## Foreclosure Intervention Client Counseling Session Packet 2015

### IMPORTANT CLIENT NOTICE

All Clients must complete all pages in this packet and provide all requested documents before an appointment can be scheduled. Please return the completed packet and ONLY COPIES of required documentation to this agency either in person or by mail. Our mailing address is AHA 59 Broad Street Eatontown, NJ 07724. Should you have any further questions or concerns, please call (732) 389-2958 and ask to speak with someone in our foreclosure department.

PLEASE THOROUGHLY READ THE INTERVENTION PACKET  
INSTRUCTIONS PRIOR TO COMPLETING & SUBMITTING.

DEAR CLIENT:

PLEASE BE ADVISED THAT ALL COUNSELING PACKETS, FORMS AND FUTURE REQUESTS FOR MISSING AND/OR UPDATED DOCUMENTS WILL **ONLY** BE ACCEPTED IN THE FOLLOWING MANNER:

## **MAIL OR HAND DELIVERY**

**ATTENTION:**

**FORECLOSURE COUNSELING DEPARTMENT**  
59 BROAD STREET EATONTOWN, NJ 07724

**EMAIL:**

**[4CLOSUREHELP1@HOUSINGALL.ORG](mailto:4CLOSUREHELP1@HOUSINGALL.ORG)**

# **FAXES WILL NOT BE** **ACCEPTED**

IF YOU DO FAX YOUR COUNSELING PACKETS, FORMS AND FUTURE REQUESTS FOR MISSING AND/OR UPDATED DOCUMENTS THEY WILL NOT BE ACCEPTED OR ACKNOWLEDGED AS RECEIVED.

Dear Homeowner,

I'm so glad you took that tough first step and contacted us about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation.

To assist us in providing you with the most effective and efficient service, please complete the attached worksheets as thoroughly as possible. You only need to complete the "current" column on the monthly spending plan. Please give the monthly spending plan careful attention. This information is the key element of resolving your financial situation. If there are questions or information you don't understand, that's okay. Do your best with it and we will go through the rest of it together.

Please know there is an emphasis on you being truthful with the information provided on the forms. We can't help with a resolution unless we have a complete and accurate understanding of your situation. Any loan workout or modification arrangements based on untruthful information is certain to fail.

Your first appointment will be a 30-minute phone interview, which is conducted by a counselor support staff person. Your second appointment will be a face-to-face meeting with a certified foreclosure counselor, which could last a half hour to an hour, so you must be on time. Many other families are in the same position as you and the demand for our services is high. We often have appointments back to back. If you arrive late, we will only be able to work with you for the remaining time of your appointment.

Clients seeking counseling for the Making Home Affordable Program also referred to as the Home Affordable Modification Program (HAMP) and/or Obama Plan provide the list of required documents, including a copy of the modification documents for HAMP provided by your lender.

YOU MUST PROVIDE THE FOLLOWING LIST OF DOCUMENTS PRIOR TO YOUR APPOINTMENTS;  
PLEASE SEE THE DOCUMENTATION AND THE DESCRIPTION OF EACH PROVIDED BELOW.

- **All correspondence;** from mortgage company or its attorney, including foreclosure and sheriff sale notices, even if it's unopened (if applicable)
- **Mortgage monthly statement** – statement you are sent each month showing the payment owed
- **Proof of Income – ONE MONTH** pay stubs for all employment and income statements for all other household income, social security, pension, unemployment, alimony, child support, or six month profit and loss statements if self-employed; (4 PAY STUBS IF PAID WEEKLY, 2 PAY STUBS IF PAID BI-WEEKLY)
- **Proof of Assets** - last 2 months from all saving and checking accounts and/or additional asset information such as Pension Plan, 401K, Stock/Bonds, etc (if applicable)
- **Most recent copy of utility bill** – electric, gas, water and or cable for proof of current residency
- **Tax Returns** - past recent 2-years with W-2s / 3-years if self-employed with Schedule C and Profit/Loss Statement
- **Note**
- **Deed**
- **Proof of Loan Modification for Making Home Affordable (if applicable)**
- **Hardship Letter-** Explains the borrowers' circumstances, hardship and causes of how you fell behind in making your monthly mortgage payments. The letter should be addressed to the lender/servicer and include the type of workout plan you are seeking in order to get back on track with making your monthly mortgage payments. (*See sample hardship letter on page 4*)

- **Credit report** – Consumers are allowed 1 free credit report a year from each of the three credit bureaus. Visit [www.annualcreditreport.com](http://www.annualcreditreport.com) to order your free report. Agency can pull a credit report for a fee (\$17 individual or \$35 joint).

**The Note and the Deed can be obtained by doing the following:** The **Note**- If you cannot find it, a copy can be requested from the attorney who conducted your closing or directly from your lender/servicing company. (*Mortgage Note is usually 3 pages long, **PLEASE PROVIDE ALL PAGES***)

The **Deed**- If you cannot find it, it can be requested at your county clerk's office or download a copy from the county clerk's website.

If you have refinanced your home, you will not receive a new Deed, it is the same as the one originally filed.

### **SAMPLE HARDSHIP LETTER**

If you should need assistance or guidance with your writing your hardship letter, please see use the following **GUIDELINE**. You **MUST** compose your own letter, but feel free to use the same or a similar format.

*(Excerpts Provided by the National Consumer Law Center)*

#### **REMEMBER TO ADDRESS YOUR HARDSHIP LETTER TO YOUR LENDER/SERVICER**

Dear Lender/Servicer,

#### **STATE WHAT TYPE OF WORKOUT PLAN YOU ARE SEEKING**

This letter is to support our application for a loan modification plan that will help us get our mortgage payments back on track with an affordable mortgage. We have lived in our home for over 20 years and we want to work hard to keep it.

#### **EXPLAIN ANY SPECIAL HARDSHIP CIRCUMSTANCES FULLY**

Our youngest child is learning disabled and attends a special program at school. If we lose our home we will probably have to move out of this school district. Our doctor have said that moving is likely to disrupt our boys' development.

#### **EXPLAIN WHAT CAUSED YOU TO FALL BEHIND ON PAYMENTS SUCH AS REDUCATION IN PAY, DEATH, ILLNESS, DIVORCE, DISABILITY, UNAVOIDABLE INCREASE IN EXPENSES, ETC**

My husband has been employed in the construction business for more than 20 years as a plasterer and mason. He was laid off by his prior employer last September and his unemployment compensation was only 60% of his prior income. I was able to increase my hours as a school aid as of December 1 to make up part of the difference, but we were unable to make full mortgage payments for December through April.

#### **EXPLAIN YOUR PLAN FOR GETTING PAYMENTS BACK ON TRACK. CONVINC THE LENDER THAT YOU HAVE A PLAN THAT WILL WORK**

We will be able to start making full payments again soon. My husband got a part time job as of April 15 which will expand to full time employment as of July 1. He will be paid less than his previous job, but with my increase in hours our income will be approximately 90% of what it was before the lay-off. My husband's new job is indoor work which will be steady and his new employer is a construction company that has been in business for 35 years.

#### **EXPLAIN WHAT MONEY YOU HAVE SET ASIDE FOR YOUR PAYMENTS (IF SO). ATTACH EVIDENCE OF YOUR BUDGET (INCOME AND EXPENSES) TO SUPPORT YOUR PLAN. SPECIFY WHAT TYPE OF PAYMENT SCHEDULE YOU THINK YOU CAN KEEP.**

Our financial information is enclosed with this letter. If we can have a loan modification that involves payments of no more than \$800 a month, we know we can make it. You will see that we have minimized all our expenses and it is most important to us to keep this home. Please put yourself in our position and try to help. We thank you very much for any effort you can make.

#### **IF YOU EXPECT TO BE WORKING WITH AN ADVOCATE, INCLUDE HIS OR HER NAME AND CONTACT INFORMATION; ALSO INCLUDE YOUR OWN NAME AND CONTACT INFORMATION**

Sincerely,

\_\_\_\_\_  
**SIGNATURE OF BORROWER(S)**

HOME OWNER INFORMATION WORKSHEET

Homeowner (A) \_\_\_\_\_

Homeowner (B) \_\_\_\_\_

Homeowner (A) Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Homeowner (B) Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (A) \_\_\_\_\_ Home Phone (B) \_\_\_\_\_

Work Phone (A) \_\_\_\_\_ Work Phone (B) \_\_\_\_\_

Cell Phone (A) \_\_\_\_\_ Cell Phone (B) \_\_\_\_\_

Email Address (A) \_\_\_\_\_

Email Address (B) \_\_\_\_\_

Homeowner (A) SSN \_\_\_\_\_ Homeowner (B) SSN \_\_\_\_\_

Homeowner (A) DOB \_\_\_\_\_ Homeowner (B) DOB \_\_\_\_\_

Homeowner (A) Employer 1 \_\_\_\_\_

Title \_\_\_\_\_ How Long? \_\_\_\_\_

Homeowner (A) Employer 2 \_\_\_\_\_

Title \_\_\_\_\_ How Long? \_\_\_\_\_

Homeowner (B) Employer 1 \_\_\_\_\_

Title \_\_\_\_\_ How Long? \_\_\_\_\_

Homeowner (B) Employer 2 \_\_\_\_\_

Title \_\_\_\_\_ How Long? \_\_\_\_\_

Homeowner (A) Education (Check one)

- College
- High School/GED
- None
- Primary
- Vocational

Homeowner (B) Education (Check one)

- College
- High School/GED
- None
- Primary
- Vocational

## MORTGAGE INFORMATION

	First Mortgage	Second Mortgage	Third Mortgage
<b>Loan Info</b>			
Mortgage Holder			
Monthly Payment			
Date of Loan			
Paid Through Date			
Delinquent Amount			
Outstanding Balance			
<b>Loan Type</b>			
Sub-prime			
FHA			
VA			
Insured Conventional List MI Company			
Uninsured Conventional			
Rural Development			
Contract for Deed			
Other:			
<b>Loan Terms</b>			
Fixed Rate			
Adjustable Rate			
Hybrid ARM (2/28)			
Interest Only			
Option ARM			
40/30 Balloon			
80/20			
Deferred			
Balloon			
Other:			
<b>Escrow Account Info</b>			
Taxes Escrowed (Y/N)			
Delinquent tax amount			
Insurance Escrowed (Y/N)			
Delinquent insurance amount			
<b>Homeowner Association (HOA) Info</b>			
Name of HOA			
Monthly assessment			
Paid through date			
Amount outstanding			
<b>Previous Workouts</b>			
Type of Workout			
Date of Workout			
Completed? (Y/N)			

## PROPERTY INFORMATION

### Type of Property

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single Family detached | <input type="checkbox"/> 2-4 Unit    | <input type="checkbox"/> Townhouse   |
| <input type="checkbox"/> Condominium            | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Other                  |                                      |                                      |

### Condition of Home

- Excellent   
  Good   
  Fair   
  Poor

Age of Home \_\_\_\_\_

Date Purchased \_\_\_\_\_

Tax Assessed Value \$ \_\_\_\_\_

Currently for Sale?     Yes     No

List Price \$ \_\_\_\_\_

Real estate agent \_\_\_\_\_

Phone number \_\_\_\_\_

Length of time on market \_\_\_\_\_

## HOUSEHOLD INFORMATION

Number of Adults Over 18 \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

Household Monthly Income	Gross	Net	Verification
Homeowner (A) Monthly Income Employer (1)	\$	\$	
Homeowner (A) Monthly Income Employer (2)	\$	\$	
Homeowner (B) Monthly Income Employer (1)	\$	\$	
Homeowner (B) Monthly Income Employer (2)	\$	\$	
Other Employment Income	\$	\$	
Other Employment Income	\$	\$	
Social Security /SSI / SSDI	\$	\$	
Child or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Monies From Rental properties	\$	\$	
Household Members Over Age 18 Wages	\$	\$	
Food Stamps	\$	\$	
MFIP	\$	\$	
Child care assistance	\$	\$	
Housing assistance	\$	\$	
Other	\$	\$	
Other	\$	\$	
<b>TOTAL HOUSEHOLD INCOME</b>	<b>\$</b>	<b>\$</b>	

## Monthly Spending Plan/Budget

The following categories are just suggestions; please only insert information that is applicable to your household's monthly expenses.

1 <sup>st</sup> mortgage	_____
2 <sup>nd</sup> mortgage/HELOC	_____
Car payment	_____
Car insurance	_____
Gasoline	_____
Cell phone	_____
Cable/internet/phone	_____
Electricity	_____
Natural gas/oil	_____
Water	_____
Doctor visits/co-pays	_____
Medications	_____
Groceries	_____
Childcare	_____
Life insurance	_____
Tobacco/alcohol	_____
Gym membership	_____
Pets	_____
Credit cards	_____
Religious contributions	_____
Other (please specify)	_____
Other (please specify)	_____



**Household Assets**

Description	Value / Amount	Amount Owed
Automobile #1		
Automobile #2		
Automobile #3		
Cash on Hand Over \$100		
Checking Account		
Savings Account		
Anticipated Tax Refunds		
Money Market Funds		
Stocks/Bonds/CDs/Annuities, etc		
IRA / Keogh Accounts		
Computer/TV/Electronics		
Furniture		
Boats / Jet Skis		
RV/ Recreational Homes		
Motorcycles / Snowmobile		
Farm Equipment		
Trailers		
Other Property		
Other:		

**HOUSEHOLD ASSETS:**

*Please read below carefully: As head of Household I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*All of the information that I/We have provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file and no further assistance from the counselor will be provided.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CREDIT REPORT AUTHORIZATION

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

SPOUSE: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY, STATE, ZIP

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I (WE) hereby give permission to pull my (our) credit report for the purposes of my (our) application for assistance in regards to my home or my loan through the Affordable Housing Alliance.

All information will be kept confidential between my Counselor and me. I further understand that Affordable Housing Alliance will be held harmless for information received in this credit report.

Both Signatures are required if joint report is requested.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Spouse Signature Date

**IMPORTANT INFORMATION IF YOU WANT TO PAY BY CREDIT CARD**

If you are planning on paying for the credit report fee by credit card (\$17 if there is one person on the mortgage, \$35 if there are two) you must sign below and make a legible copy of the credit card you want to pay with on a separate sheet of paper (Visa or Master Card only). If we do not have a signature below and a copy of the credit card, we will not be able to pull the report. We will not accept credit card information over the phone.

\_\_\_\_\_  
Signature Signature

## AHA Documents Checklist

- Foreclosure Summons;** from mortgage company or its attorney, including the Foreclosure Complaint and foreclosure or sheriff sale notices, even if it's unopened (if applicable)
- Monthly Mortgage statement**
- Proof of Income – ONE MONTH** pay stubs for all employment and income statements for all other household income, social security, pension, unemployment, alimony, child support, or six month profit and loss statements if self-employed; (4 PAY STUBS IF PAID WEEKLY, 2 PAY STUBS IF PAID BI-WEEKLY)
- Proof of Assets** - last 2 months from all saving and checking accounts and/or additional asset information such as Pension Plan, 401K, Stock/Bonds, etc (if applicable)
- Most recent copy of utility bill** – electric, gas, water and or cable for proof of current residency
- Tax Returns** - past recent 2-years with W-2s / 3-years if self-employed with Schedule C and Profit/Loss Statement
- Mortgage Note** - If you cannot find it, a copy can be requested from the attorney who conducted your closing or directly from your lender/servicing company. (*Mortgage Note is usually 3 pages long, PLEASE PROVIDE ALL PAGES*)
- Mortgage Deed** - If you cannot find it, a copy can be requested at your county clerk's office or you can download a copy from the county clerk's website. If you have refinanced your home, you will not receive a new Deed. (It is the same as the one originally filed.)
- Proof of Loan Modification for Making Home Affordable (if applicable)**
- Hardship Letter-** Explains the borrowers' circumstances, hardship and causes of how you fell behind in making your monthly mortgage payments. The letter should be addressed to the lender/servicer and include the type of workout plan you are seeking in order to get back on track with making your monthly mortgage payments. (*See sample hardship letter on page 4*)
- Credit report** – Provide free report or submit a copy of your credit card or a money order for \$15 (individual report) or \$30 (joint report) and AHA will pull a report. Also, sign the credit authorization located on page 10.