

INSTRUCTIONS AND INTAKE DEFAULT APPLICATION

Intake Application Instructions: The following application must be completed before an appointment will be schedule. **Please complete the entire application and bring the requested documentation listed below prior to your first scheduled appointment.**

Please note that appointments will be schedule based on the return of the completed application. Any incomplete application will be returned which will delay the scheduling of an appointment for you.

Upon receipt of the application the following will occur:

1. Credit report will be pulled and application reviewed
2. Call will be made to you to schedule an appointment
3. A letter confirming your appointment will be mailed to you
4. Phone call prior to your appointment to remind you

Please fax application to 919-688-0082, Attention Darlene Tilley or mail too:

***Attention – Darlene Tilley
DAH
400 West Main Street, Suite 408
Durham, NC 27701***

PLEASE KEEP THIS PAGE AND BRING WITH YOU TO YOUR SCHEDULED APPOINTMENT ALONG WITH THE DOCUMENTATION LISTED BELOW. DO NOT FAX OR MAIL THIS INFORMATION BACK WITH YOUR APPLICATION – BRING WITH YOU TO APPOINTMENT!

- ✓ Your last two pay subs – if married need both husband and wife stubs (*also anyone over 18yr old working and living in the household)
- ✓ Bank statements for two (2) months – both checking and savings
- ✓ Last two (2) years of tax returns
- ✓ Your utility bills (ex: telephone, water, gas, electric)
- ✓ Your most recent credit card statements (preferably NOT internet printouts)
- ✓ Any other relevant bills, statements, or paperwork

The counselor can cancel your appointment if you do not have all the requested documentation listed above during your appointment. This means that you would have to schedule another appointment to be seen. **PLEASE HAVE ALL REQUIRED PAPERWORK LISTED ABOVE BEFORE COMING TO YOUR SCHEDULED APPOINTMENT! PLEASE NOTE WE WILL CHARGE \$10.00 FOR COPIES THAT WE HAVE TO MAKE, SO PLEASE MAKE COPIES OF ALL INFORMATION REQUESTED ABOVE BEFORE YOU COME TO YOUR APPOINTMENT.**

If you live in the City of Durham and your income is 80% or below of the median family income, please use the **City of Durham Intake Default Application**. **Please use the chart below for verifying your income. Click on this link to download the City of Durham Intake Default Application.**

80% of the Raleigh/Durham/Chapel Hill Median Family Income by Family Size

1	2	3	4	5	6	7	8
\$39,550	\$45,200	\$50,850	\$56,500	\$61,000	\$65,550	\$70,050	\$74,600



If your income is above 80% and you live in Durham or outside of Durham, please click on this link for your Intake Default Application.

400 West Main Street, Suite 408

Durham, NC 27701

Phone: 919-683-1185 Fax: 919-688-0082

Website: dahc.org

Instructions: Please fill out the first four pages of this form. Then read and sign the following forms: *Government Monitoring Purpose, Client Conflict of Interest Disclosure Statement, Credit Report Authorization and Counseling Agreement*. Bring the following information to your 1st counseling session:

- Your last two pay stubs – if married need both husband and wife stubs (*also anyone over 18yr old working and living in the household)
- Bank statements for two (2) months – both checking & savings
- Last two (2) years of tax returns
- Your utility bills (ex: telephone, water, gas, electric)
- Your most recent credit card statements (preferably NOT internet printouts)
- Any other relevant bills, statements, or paperwork
- **Be sure to come a few minutes early for your first appointment and to give at least 24 hours notice if you need to cancel!**

DEFAULT/FORECLOSURE PRE-APPLICATION FORM

DATE _____

*Name _____

*Street Address _____

*City _____ *State _____ *Zip _____

*Home Phone # _____ Cell Phone # _____

*Age _____ *Date of Birth _____

*Social Security # _____

*Spouse/Co-Borrower Name _____

Home Phone # _____ Cell Phone # _____

Age _____ Date of Birth _____

Social Security # _____

***Household Type:** Single Adult ___ Widow ___ Female headed single parent ___ Other ___
Male headed single parent ___ Married without kids ___ Married with kids ___ Two unrelated adults

DEPENDENTS:

Name _____ Date of Birth _____ Age _____ Gender _____
Name _____ Date of Birth _____ Age _____ Gender _____
Name _____ Date of Birth _____ Age _____ Gender _____
Name _____ Date of Birth _____ Age _____ Gender _____
Name _____ Date of Birth _____ Age _____ Gender _____
Name _____ Date of Birth _____ Age _____ Gender _____

RESIDENTIAL INFORMATION:

How long at current address _____ If less than two years, previous address:

City _____ State _____ Zip _____

***1st Mortgage Company Name** _____

Address _____

City _____ State _____ Zip _____

Phone # _____ ***Monthly Payment \$** _____

Estimate Value of your home \$ _____ Balance of 1st Mortgage _____ Interest Rate _____

***First Loan Product:** Fixed rate currently under 8% _____ Fixed rated 8% greater _____
ARM under 8% _____ ARM currently 8% or greater _____ Other _____

***Loan Status:** Current _____ 30-60 days late _____ 61-90 days late _____ 91-120 days late 121 & days late _____

2ndst Mortgage Company Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Monthly Payment \$ _____

#Months Past Due _____ How Much Past Due \$ _____

Estimate Value of your home \$ _____ Balance of 1st Mortgage _____ Interest Rate _____

***PRIMARY DEFAULT REASON:**

___ Reduction in income ___ Poor budget skills ___ Loss of income ___ Medical ___ Increase in Expenses
___ Divorce/Separation ___ Death in Family ___ Business failed ___ Increase in loan payment ___ Other

EMPLOYMENT INFORMATION:

Applicant's Income

Hourly rate: \$ _____ Week: \$ _____ Semi-Monthly: \$ _____

Bi-weekly: \$ _____ Monthly: \$ _____ Annual: \$ _____

Employer: _____ Job Title _____

Employer's Address (Personnel Dept): _____

City _____ State _____ Zip _____ Phone # _____

Hours per Week: _____ Length of time at Current Employment: _____

If less than two years, previous employment:

Previous employment Dates of Employment

City _____ State _____ Zip _____ Phone # _____

Co-Applicant's Income

Hourly rate: \$ _____ Week: \$ _____ Semi-Monthly: \$ _____

Bi-weekly: \$ _____ Monthly: \$ _____ Annual: \$ _____

Employer: _____ Job Title _____

Employer's Address (Personnel Dept): _____

City _____ State _____ Zip _____ Phone # _____

Hours per Week: _____ Length of time at Current Employment: _____

If less than two years, previous employment:

Previous employment Dates of Employment

City _____ State _____ Zip _____ Phone # _____

Durham Affordable Housing Coalition Monthly Household Budget

MONTHLY EXPENSE CATEGORY	TYPE	IMPORTANCE	ESTIMATE
Housing Expenses			
Rent or 1 st Mortgage			
2 nd Mortgage/Home Equity Loan			
Property tax			
Homeowner's or Renter's Insurance			
Homeowner's Association Dues			
Garbage collection			
Water and Sewer			
Electricity			
Gas or oil heat			
Home and lawn maintenance			
Home improvements			
Home security			
Home furnishings			
Appliances/Electronics			
Cleaning supplies			
Contingency for surprise repairs			
Banking Expenses			
Bank service fees			
Bank loans			
Credit card debt			
Savings			
Transportation Expenses			
Car payments			
Auto insurance			
Driver's license fees			
Auto tags/Inspection			
Auto property tax			
Gasoline			
Car wash			
Auto maintenance			
Auto repairs			
AAA or road services club			
Bus, cabs, parking fees			
Parking tickets			
Contingency for surprise repairs			
Food Expenses			
Groceries			
School lunches			
Vending machines			
Snacks			
Fast Food stops			
Eating out			
Pet food			

MONTHLY EXPENSE CATEGORY	TYPE	IMPORTANCE	ESTIMATE
Communication Expenses			
Basic telephone			
Long distance service			
Cell phone			
Internet connection			
Cable TV or dish fees			
Health Expenses			
Health insurance			
Life insurance			
Regular medications			
Vitamins			
Regular doctor visits			
Dental visits			
Eye care			
Veterinary visits			
Contingency for health expenses			
Child Expenses			
Child Support payments			
Regular child care			
Baby sitting costs			
Diapers/Formula/Supplies			
School supplies			
Allowances			
Tuition and fees			
Personal Expenses			
Postage			
Film developing			
Clothing			
Tobacco/Alcoholic beverages			
Barber/Beauty shop			
Toiletries			
Laundry			
Dry cleaning			
Household expenses (from stores)			
Membership and dues			
Hobby expenses			
Newspaper/Magazines/Books			
CDs/DVDs			
Movie rentals			
Software/Video games			
Recreation and Entertainment			
Sporting events			
Charitable contributions			
Gifts/Parties/Holidays			
Vacations and travel			
Miscellaneous untracked expenses			

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.

BORROWER
 _____ I do not wish to furnish this information

CO- BORROWER
 _____ I do not wish to furnish this information

RACE / NATIONAL ORIGIN:
BORROWER:

- _____ American Indian
- _____ Black, Non-Hispanic
- _____ White, Non-Hispanic
- _____ Hispanic
- _____ Asian
- _____ Other

SEX: _____ Male _____ Female

RACE / NATIONAL ORIGIN:
CO-BORROWER:

- _____ American Indian
- _____ Black, Non-Hispanic
- _____ White, Non-Hispanic
- _____ Hispanic
- _____ Asian
- _____ Other

SEX: _____ Male _____ Female

Income (circle one only) –to be completed by counselors only***

- A. <50% of AMI B. 50-80% of AMI C. 80-100% of AMI D. >100% of AMI

CERTIFICATION:

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. I hereby authorize the Housing Counselor, Inc. to obtain a Credit Bureau Report in my name, and/ or request verification of income and residence.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____



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COUNSELING AGREEMENT

In order to solve specific housing and other related problems, the applicant recognizes the need for counseling and pledges full cooperation with the counselor. The applicant authorizes the counselor to act on his/her behalf in order to improve his/her housing situation and obtain necessary services.

The applicant understands that any and all information that is required to obtain the help needed, and must be supplied by the applicant. The applicant further authorizes the counselor to obtain other information from outside sources (*including a credit report from one or all of the three credit reporting agencies*) when necessary. The need to exchange information or pass on information is also recognized by the client. It is further understood by the applicant that information obtained will be used to assist applicant in obtaining their housing needs.

The counselor pledges to preserve strict confidentiality concerning the applicant, and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no action without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interest of the applicant.

I _____, give authorization to Durham Affordable Housing Coalition to exchange and obtain information in regards to:

*If foreclosure, please provide the Loan No. # _____

Client Signature

Date

Counselor Signature

Date

Copy given to applicant _____ yes _____ no



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CLIENT CONFLICT OF INTEREST DISCLOSURE STATEMENT

From time to time **Durham Affordable Housing Coalition** makes our clients aware of products and/or services that we believe offer good value to our clients. These products and/or services might be available directly from **Durham Affordable Housing Coalition**, from lenders, developers, or other agencies with which **Durham Affordable Housing Coalition** has a working relationship, including but not limited to the attached list. You are under no obligation to use the products and/or services identified by **Durham Affordable Housing Coalition**, whether from us or from industry partners. Please understand that you are free to choose any lender, lending/financing product, or home, from any entity regardless of the recommendations made by the **Durham Affordable Housing Coalition** representative and still participate in our counseling program. It is your right and responsibility to decide whether to engage in any course of counseling with **Durham Affordable Housing Coalition** and to determine whether the counseling is suitable for you. The individual action plan and direction of our counseling sessions will be based on the housing counseling action plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling sessions. Additionally, you are under no obligation to obtain a mortgage or purchase a home and have the option to terminate the counseling program at any time for any reason.

I have reviewed the above and accept and agree to the above stated conflict of interest and disclosure policy. Every client is required to sign this statement, indicating they have read and understand its contents.

I _____ (please print name) certify that I have read and understand the above statement. Any questions I may have had were previously discussed with my counselor and answered to my satisfaction. I have provided with a copy of this disclosure statement.

Client Signature

Date

Counselor Signature

Date



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CREDIT REPORT AUTHORIZATION

NAME: _____
FIRST MIDDLE LAST

SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY # _____ / _____ / _____

SPOUSE SOCIAL SECURITY # _____ / _____ / _____

DATE OF BIRTH _____ / _____ / _____

SPOUSE DATE OF BIRTH _____ / _____ / _____

I (WE) hereby give permission to pull my (our) credit report (maximum of 3 times during counseling period) for the purpose of my (our) application for assistance in regards to my home or my loan through the Durham Affordable Housing Coalition.

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

*Both signatures are required if joint report is requested.

Client Signature

Date

Spouse Signature

Date

Certification of Foreclosure Mitigation Counseling

I/We certify that I/we have not received any counseling sessions for foreclosure mitigation intervention with any other counseling organizations from March 1, 2008 to December 31, 2008.

I understand that I am providing this information for the purpose of receiving counseling that is funded by NeighborWorks America.

Homeowner (Printed Name)

Homeowner (Signature)

Spouse Homeowner (Printed Name)

Spouse Homeowner (Signature)

Durham Affordable Housing Coalition
Counseling Agency

Counselor Signature

Date



Durham Affordable Housing Coalition Privacy Policy

Durham Affordable Housing Coalition 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 received 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

- You have the opportunity to “opt-out” of disclosures of your nonpublic information to third parties (such as your creditors), that is, direct not to make those disclosures.
- If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at anytime, you wish to change your decision with regard to your “opt-out”, you may call us at 919-683-1185.

Release of your information to third parties

- So long as you have not “opt-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.
- 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).
- 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.

Client Initials _____

Date _____