



EMERGENCY MORTGAGE ASSISTANCE (EMA) PRE-APPLICATION CHECKLIST

	YES	NO
Are you 3 or more months behind on your mortgage payments?		
Are you unable to make full mortgage payments, but are NOT in bankruptcy?		
Have you received a notice or indication from your lender/servicer that your home is in danger of foreclosure?		
Is your delinquency due to involuntary: <ul style="list-style-type: none"> • Unemployment; OR • Underemployment (reduction in wages or hours); OR • Lost income due to a medical condition? 		
Has your income dropped by 15% or more?		
Is the delinquent mortgage the first mortgage on your home?		
Is the delinquent mortgage on your principal residence?		
Is the property a single-family residence (1-4 unit structure or condominium unit)?		
Is your current total household income less than or equal to the 120% Area Median Income for your area? <i>(See attached HUD chart – look for the row with your city or county, then go across to the column that has the size of your household; your household income must be less than that amount.)</i>		

If you answered “NO” to any question, you should explore other loss mitigation avenues.

If you answered “YES” to all of the above questions, you may be eligible for assistance from the Emergency Mortgage Assistance program. See our website at <http://www.mdhope.org/EMA.aspx> for additional information. If you click on the “EVENTS” tab at the top of that page, you can see events which offer EMA assistance highlighted in red. Toward the bottom of the main EMA page is the Prime Counselor Agency Referral List; these agencies can help you submit EMA applications. There is also a link to a Complete Emergency Mortgage Assistance Application; this can be submitted at an EMA DIRECT event or through a Prime Counselor.

All applicants should participate in financial counseling with an approved agency. Please see the full list of HOPE Housing Counseling Agencies on the website or pick one up at an EMA event. There is no charge for this counseling.

BORROWER

DATE

CO-BORROWER

DATE



Homeowner Name _____

Address _____

Phone _____

EMERGENCY MORTGAGE ASSISTANCE (EMA) PROGRAM REQUIRED DOCUMENTATION CHECKLIST

LEGIBLE, COMPLETE DOCUMENTS IN THE FOLLOWING ORDER <i>(bolded items mandatory)</i>	AGENCY	DHCD USE
1. Transmittal Sheet*		
2. Loan Application*		
3. Privacy Act Notice*		
4. Third Party Authorization and Agreement to Release*		
5. Homeowner Affidavit* – Principal Residence / Imminent Foreclosure / Understanding		
6. Determination of Hardship		
- Hardship Letter		
- Termination or notice of salary reduction (hours/wages) from employer		
- Signed statement from attending physician if cause of hardship is medical condition resulting in loss of income (this should include anticipated date of ability to resume regular employment, if applicable)		
- Other evidence of hardship		
7. Property Information		
- Copy of deed	DHD	
- Copy of first page of current Homeowners Insurance Policy		
- Copy of most recent property tax bill with assessment	DHD	
- Copy of most recent utility bill for water & sewage (if in arrears)	DHD	
- Copy of Home Owners Association or condo fees statement, if applicable (if in arrears)		
8. Mortgage Information		
- Current mortgage statement(s)		
- Lender Notice of Intent to Foreclose or letter of default		
9. Current Income Information		
- Pay stubs for most recent 30 days for borrowers (all borrowers named on the first mortgage) OR other income verification with earnings history (including unemployment)		
- If self-employed, current profit and loss statement		
- Other income documentation, if applicable (SSI, pension, zero income affidavit*)		
10. "Pre-Event" Income Information (prior to loss of job, decrease in income, or medical event/condition) for all borrowers		
- Most recent 2 years of federal tax returns with all schedules, W-2s, and 1099s for all borrowers		
11. Credit Information		
- Credit Report (within 90 days) (3 sources or tri-merge) for all borrowers		
- Verification of all loans not listed on credit report		
12. Asset Information		
- Verification of Deposit for all accounts OR 2 most recent months of bank statements (all pages) on all accounts for all borrowers		
- Bankruptcy discharge (if applicable)		
13. Household Budget Plan		
14. Proof of Identification & Eligible Immigration Status		

Forms marked with an asterisk will be provided by the agency taking the application.



8311 Liberty Road, Windsor Mill, MD 21244
Phone: (410) 496-1214 Fax: (410) 496-9352 Website: www.diversifiedhousing.org

EMERGENCY MORTGAGE ASSISTANCE (EMA)

Referral Transmittal

Homeowner Name(s): _____

Property: _____

Sub-Prime Organization: **Park Heights Renaissance, Inc.** Prepared By: **Dominique A. Clark**

Phone Number: **(410) 664-4890** Email: **dclark@parkheightsrenaissance.org**

Lender/Service Contact Information

Lender: _____ Contact Person: _____

Phone: _____ Email: _____

Comments: _____

Third Party Authorization and Release

I hereby authorize you, your investors, affiliates, agents, representatives and assigns to release and provide any and all information regarding my mortgage loan to Diversified Housing Development.

I further give you permission to discuss my mortgage account with the Housing Counselors and to permit the Housing Counselors to speak on my behalf.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature (s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

This authority will remain in effect until I notify you to cancel such authorization.

Your prompt reply will help to expedite my request for assistance.

Signature

Date

Social Security Number

Signature

Date

Social Security Number

If there are any problems with this transmittal please call (410)-496-1214 and speak with the sender. The information contained in this facsimile is privileged or confidential information intended for the individual or entity named above. If the reader of this message is not the intended recipient, you hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone.



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Referral Transmittal

Homeowner Name(s): _____

Property: _____

Organization: **Diversified Housing Development** Prepared By: **Linda Lee**

Phone Number: **410-496-1214** Email: **llee@diversifiedhousing.org**

Lender/Service Contact Information

Lender: _____ Contact Person: _____

Phone: _____ Email: _____

Comments: _____

Third Party Authorization and Release

I hereby authorize you, your investors, affiliates, agents, representatives and assigns to release and provide any and all information regarding my mortgage loan to Diversified Housing Development.

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THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE

Loan Number: _____

Servicer Name: _____

Property Address: _____

I/We do hereby authorize the lender/servicer named above to release or otherwise provide public and non-public personal financial information to the parties listed below:

HOUSING COUNSELING AGENCY

Name: _____ Phone: _____

**MD DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
EMA Program, 4th Floor, 100 Community Place, Crownsville, MD 21032**

Name: _____ Phone: _____

Information may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

I/We, the borrower(s) understand the lender/servicer will take reasonable steps to verify the identify of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall the lender/mortgage servicer have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/We, the borrower(s) do hereby indemnify and forever hold harmless the lender/mortgage servicer from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor.

I/We, the borrower(s) do hereby give permission for counselor, DHCD, HUD, and/or the mortgage servicer to contact us via email at any point during the application process and afterward during the load disbursement period, if applicable.

Email address: _____

I/We, the borrower(s) agree to this Authorization and the terms of the Release as stated above. All borrower(s) have signed and dated below. (Sign name, print name beneath line, and date)

BORROWER: _____ DATE: _____

CO-BORROWER: _____ DATE: _____



EMERGENCY MORTGAGE ASSISTANCE (EMA)

Privacy Act Statement

PURPOSE: In signing this document, you are authorizing HUD and the Maryland Department of Housing and Community Development, directly or through their agents, to request income information from such sources necessary to verify your household's income, employment status and such other information necessary to ensure that you are eligible for the federal benefits to be derived under this program and that those benefits are set at the correct level.

USES OF INFORMATION TO BE OBTAINED: HUD and the Maryland Department of Housing and Community Development are required to protect the income and employment information they obtain in accordance with the Privacy Act of 1974, 5 U.S.C. 552a, and the Maryland Department of Housing and Community Development is subject to state privacy laws. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes or unemployment/income verification purposes. Any persons engaging in unauthorized disclosures or improper uses of information obtained for the purposes described above may be subject to penalties.

I/WE UNDERSTAND THE AFOREGOING PRIVACY ACT STATEMENT. I/WE FURTHER UNDERSTAND THAT ANY INFORMATION THAT I/WE PROVIDE FOR THE EMERGENCY MORTGAGE ASSISTANCE PROGRAM WILL BE HANDLED IN ACCORDANCE WITH THIS STATEMENT.

BORROWER

DATE

BORROWER

DATE

HOMEOWNER AFFIDAVIT

PRINCIPAL RESIDENCE / IMMINENT FORECLOSURE / UNDERSTANDING / IMMIGRATION STATUS

PRINCIPAL RESIDENCE

I/We affirm, under penalties of perjury, that I am (we are) the homeowner(s) of the following property and occupy the property as my/our principal residence. I/We further affirm that I am (we are) the borrower(s) named on the first mortgage of the following property:

PROPERTY: _____

The above Property Address has been my/our Principal Residence since _____ (year). Do you and/or any of the owners own any other real property in the State of Maryland?

YES NO

IMMINENT FORECLOSURE

I/We further affirm that I/we are more than ninety (90) days delinquent on the payments of said first mortgage, and that we have received written or verbal notification that our principal residence is in danger of imminent foreclosure.

UNDERSTANDING

I/We understand that submitting an application does not guarantee eligibility or approval for Emergency Mortgage Assistance (EMA) funding. Funding will be on a first-come-first-served basis for complete, approved applications; an application will not be considered complete until all necessary documents have been received by DHCD. Failure to provide documents timely will result in termination of the EMA process. I/we further understand that funds will not be allocated until I/we have signed and returned the commitment letter from DHCD. Any failure to make payments timely or provide updated income, employment, or mortgage information within 10 days of change will be considered default, and EMA assistance will be terminated and I/we will then be responsible for any EMA monies paid on my/our behalf.

IMMIGRATION STATUS

I/we hereby declare and affirm that all persons named on the first mortgage are eligible to receive a federal public benefit under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1611. To be eligible to receive a federal public benefit under PRWORA, the homeowner must be a citizen, non-citizen national, or qualified alien under 8 U.S.C. §§ 1401, 1408, or 1641(b), respectively. Indicate which status applies to each borrower:

- Citizen - U.S.C. § 1401 _____
- Non-Citizen National - 8 U.S.C. § 1408 _____
- Qualified Alien - 8 U.S.C. § 1641(b) _____

Affidavit

- False or incomplete answers may cause default and foreclosure on your mortgage.
- **IT IS A FEDERAL OFFENSE PUNISHABLE BY A MAXIMUM OF A \$1,000,000 FINE, THIRTY YEARS IMPRISONMENT, OR BOTH, KNOWINGLY TO MAKE A FALSE STATEMENT IN THIS AFFIDAVIT (TITLE 18 UNITED STATES CODE, SECTION 1014).**

We [I] solemnly affirm under penalties of perjury and upon personal knowledge that the contents of this affidavit are true.

HOMEOWNER

(DATE)

HOMEOWNER

(DATE)



EMERGENCY MORTGAGE ASSISTANCE PROGRAM ZERO INCOME STATEMENT

Name: _____

Date: _____

Address: _____

SSN: _____

This self-declaration statement is to certify that I am not receiving income from any source whatsoever.

- I am not employed through any private or public employer.
- I am not receiving unemployment compensation benefits.
- I am not receiving Social Security, SSI, Disability benefits, Workers Compensation, Veteran's Pension, or any type of annuity benefits.
- I am not receiving Public Assistance (PA).
- I am not receiving income from an source (such as interest from bank accounts, rents from rental property, etc.).
- I am on maternity leave without pay _____ (please check if applicable)
- I am on medical leave without pay _____ (please check if applicable)
- I do not receive alimony or child support.
- **I understand that I must report any change in income status within 10 business days.**

I have read and understand the above statements and understand that any misrepresentation of the above will result in termination of my EMA assistance and I will be considered in default under the program, thereby causing all monies disbursed on my behalf to become payable according to the loan documents.

NOTE: REGULAR MONETARY CONTRIBUTIONS FROM FRIENDS, RELATIVES, ETC. IS INCOME AND MUST BE REPORTED. YOU MUST OBTAIN A NOTARIZED STATEMENT OF AMOUNT RECEIVED FROM YOUR CONTRIBUTOR.

Affidavit

- **False or incomplete answers may cause default and foreclosure on your mortgage.**
- **IT IS A FEDERAL OFFENSE PUNISHABLE BY A MAXIMUM OF A \$1,000,000 FINE, THIRTY YEARS IMPRISONMENT, OR BOTH, KNOWINGLY TO MAKE A FALSE STATEMENT IN THIS AFFIDAVIT (TITLE 18 UNITED STATES CODE, SECTION 1014).**

I solemnly affirm under penalties of perjury and upon personal knowledge that the contents of this affidavit are true.

NAME (DATE)

Emergency Mortgage Assistance (EMA) Program Application

REQUEST FOR EMERGENCY MORTGAGE ASSISTANCE (EMA) page 1

COMPLETE ALL THREE PAGES OF THIS FORM

Loan I.D. Number

Servicer

BORROWER	
Borrower's Name	
Social Security number	Date of birth
Home phone number with area code	
Cell or work number with area code	

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

I want to:	<input type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property	
The property is my:	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Second Home	<input type="checkbox"/> Investment
The property is:	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied	<input type="checkbox"/> Vacant

Mailing Address	
Property Address (if same as mailing address, just write same)	Email address

Is the property listed for sale? <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
Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete the following :
Date of Offer _____ Amount of Offer \$ _____	
Agent's Name: _____	Counselor's Name: _____
Agent's Phone Number: _____	Agency Name: _____
For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Counselor's Phone Number: _____
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	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	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	Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Condominium or HOA Fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Name of Insurance Co.: _____
Paid to: _____	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 Judgements on this property:

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

HARDSHIP AFFIDAVIT

I (we) am/ are requesting review under the Emergency Mortgage Assistance program.

I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> Involuntary loss of employment	<input type="checkbox"/> Decline in business earnings (self-employed)
<input type="checkbox"/> Involuntary reduction in wage or hours	<input type="checkbox"/> Loss of income as a result of medical condition/injury

Other:

Explanation:

INCOME/EXPENSES FOR BORROWER(S)

Number of People in Household:

Monthly Household Income	
Monthly Gross Wages	\$
Overtime	\$
Child Support / Alimony / Separation	\$
Social Security/SSDI	\$
Other monthly income from pensions, annuities or retirement plans	\$
Tips, commissions, bonus and self-employed income	\$
Rents Received	\$
Unemployment Income	\$
Food Stamps/ Welfare	\$
Other (investment income, royalties, interest, dividends etc.)	\$
Total (Gross Income)	\$

Monthly Household Expenses/Debt	
First Mortgage Payment	\$
Second Mortgage Payment	\$
Insurance	\$
Property Taxes	\$
Credit Cards / Installment Loan(s) (total minimum payment per month)	\$
Alimony, child support payments	\$
Net Rental Expenses	\$
HOA/Condo Fees/ Property Maintenance	\$
Car Payments	\$
Other	\$
Total Debt/Expense	\$

Household Assets	
Checking Account(s)	\$
Checking Account(s)	\$
Saving/ Money Market	\$
CDs	\$
Stocks / Bonds	\$
Other Cash on Hand	\$
Other Real Estate (estimated value)	\$
Other	\$
Other	\$
Do not include the value of life insurance or retirement plans when calculating assets (401k, Pension funds, annuities, IRAs, Keogh plans, etc.)	
Total Assets	\$

INCOME MUST BE DOCUMENTED

Include combined income and expenses from the borrower and co-borrower (if any).

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:	Interviewer's Name (print or type) & ID Number	
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Signature Date Interviewer's Phone Number (include area code)	

- Two or more unrelated adults
- Married with children
- Married without children
- Other

Family/Household Size: _____ How many dependents (other than those listed by any co-borrower)? _____

What ages are they? _____

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Relationship	Age	Relationship	Age
--------------	-----	--------------	-----

Annual Family or Household Income: \$ _____

Education (please circle one):

- | | |
|--|--|
| <ul style="list-style-type: none"> •Below High School Diploma •Two-Year College •Masters Degree | <ul style="list-style-type: none"> •High School Diploma or Equivalent •Bachelors Degree •Above Masters Degree |
|--|--|

Referred by: _____

BORROWER EMPLOYMENT —

Please Print Clearly

Primary Employer: _____

Title	Hire Date
-------	-----------

Street	City	State	Zip Code
--------	------	-------	----------

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

ADDITIONAL EMPLOYMENT INFORMATION (if current employment is less than 2 years)—

Previous Employer: _____

Title	Hire Date
-------	-----------

Street	City	State	Zip Code
--------	------	-------	----------

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

BORROWER EMPLOYMENT —

Please Print Clearly

Primary Employer: _____

Title	Hire Date
-------	-----------

Street	City	State	Zip Code
--------	------	-------	----------

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid hourly weekly every two weeks twice a month monthly?

ADDITIONAL EMPLOYMENT INFORMATION (if current employment is less than 2 years)—

Previous Employer: _____

_____ Title _____ Hire Date _____

_____ Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid hourly weekly every two weeks twice a month monthly?

INCOME *Please Print Clearly*

<i>Type of Income</i>	CUSTOMER <i>Monthly Amount</i>	CO-APPLICANT <i>Monthly Amount</i>	Other Household Member <i>Monthly Amount</i>
Salary			
Alimony/Child Support			
Rental Income			
Social Security			
Pension Income			
Public Assistance			
Self- Employment			
Dependent SSI Income			
Disability Income			
Other Employment			

AUTHORIZATION

I authorize the Housing Counseling Agency to pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit in foreclosure prevention services.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

_____ Customer

_____ Date

_____ Co-Applicant

_____ Date





8311 Liberty Road, Windsor Mill, MD 21244

Phone: (410)-496-1214 Fax: (410)-496-9352 Website: www.DiversifiedHousing.org

Delinquency and Default Data Sheet

Name: _____

Address: _____

Have you spoken with any other Counseling Agencies? _____

Have you received: Notice of Intent to Foreclosure? Yes No Date _____ Order to Docket? Yes No
Date _____

Do you currently have a Trial Modification? Yes No Date payment began _____ Schedules end
date _____

Monthly Payment \$ _____ Interest Rate _____%

Are you living in the property: Yes No If yes, how long? _____

If no, currently listed for Sale? Yes No

Names of anyone else on the title to the property:

Type of Home _____ Single Family _____ Condo _____ Townhome _____ Co-Op _____ 2-4 Unit

Cause of Delinquency?

Loss of Income ___ Reduction in Income ___ Medical Issue ___ Increase in Expense ___
Divorce/Separation ___ Death of Family Member ___ Increase in Mortgage Payment ___ Poor
Budget Management Skill ___ Business Venture Failure ___
Other _____

Is this a permanent or temporary situation? Yes No Funds Available Now \$ _____

Have you and/or Co-Owner filed bankruptcy in the last 8 years? Yes No Year filed ___ Discharged ___
Type ___

First Mortgage Loan Details

1st Mortgage Lender/ Service _____ Loan# _____

Date loan was obtained _____ Amount Borrowed\$ _____ Balance\$ _____ Rate _____ %

Type of Loan: _____ FHA _____ Conventional _____ VA _____ Fixed _____ ARM _____ Interest Only

Total monthly payment _____ Terms _____ 30yr _____ 15yr Other _____

Are Tax/Insurance Escrowed: _____ Yes _____ No

If no, what are the Taxes and Insurance Premiums per year Taxes \$ _____ Insurance \$ _____ HOA/Condo or Ground Rent: \$ _____

Current Past Due \$ _____

Current Property Value: _____

Have You Spoken with Mortgage/ Lender/Service? _____ Yes _____ No Date of last Contact _____

If yes, what was the outcome? _____

Second Mortgage Loan Details

2nd Mortgage Lender/ Service _____ Loan# _____

Date loan was obtained _____ Amount Borrowed\$ _____ Balance\$ _____ Rate _____ %

Type of Loan: _____ FHA _____ Conventional _____ VA _____ Fixed _____ ARM _____ Interest Only

Total monthly payment _____ Terms _____ 30yr _____ 15yr Other _____

Are Tax/Insurance Escrowed: _____ Yes _____ No

If no, what are the Taxes and Insurance Premiums per year Taxes \$ _____ Insurance \$ _____ HOA/Condo or Ground Rent: \$ _____

Current Past Due \$ _____

Current Property Value: _____

Have You Spoken with Mortgage/ Lender/Service? _____ Yes _____ No Date of last Contact _____

If yes, what was the outcome? _____



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Third Party Authorization and Agreement to Release

Borrower (s): _____

Loan Number: _____

Property Address: _____

I hereby authorize you, your investors, affiliates, agents, representatives and assigns to release and provide any and all information regarding my mortgage loan to Diversified Housing Development.

I further give you permission to discuss my mortgage account with the Housing Counselors and to permit the Housing Counselors to speak on my behalf.

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This authority will remain in effect until I notify you to cancel such authorization.

Your prompt reply will help to expedite my request for assistance.

Signature

Date

Social Security Number

Signature

Date

Social Security Number

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CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct _____
(hereinafter “_____” to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by _____. I understand and agree that _____ intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in post-purchase counseling activities. My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to _____ in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report. In addition, in connection with determining my ability to obtain a loan, I ___ authorize ___ do not authorize _____ to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services. I understand that I may revoke my consent to these disclosures by notifying _____ in writing.

Client’s Name (1) (Print)

Client’s Name (2) (Print)

Client’s Signature

Client’s Signature

Social Security Number

Social Security Number

Date

Date

Complete Current Address (Client 1)

Complete Current Address (Client 2)

Phone #

Phone#



8311 Liberty Road, Windsor Mill, MD 21244

Phone: (410) 496-1214 Fax: (410) 496-9352 Website: www.diversifiedhousing.org

DHD Disclosure Statement

Diversified Housing Development is a non-profit organization with a mission to create and sustain homeownership in the Baltimore metro region. To assist residents and potential residents of Baltimore County, we offer the following services;

- Home Buyer Education
- Post Purchase Counseling
- Foreclosure Prevention Counseling
- Weatherization Assistance
- Lending Products
- Foreclosure Prevention Counseling
- Financial Fitness

These Services are available to any customer that requests it; however, we do not steer or expect any of our customers to utilize these products or services beyond their initial service. ***Clients are not obligated to receive any other services offered by the organization or its exclusive partners.*** You 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. A counsellor may answer questions and provide information, but not give legal advice. If you want legal advice, you will be referred for appropriate assistance.

Client Statement

I have read the above mentioned disclosure and understand that I am not obligated or steered toward using and of the above services beyond my initial service.

Client Signature

Date

Client Signature

Date

Counselor Signature



8311 Liberty Road Windsor Mill, Maryland 21244
Phone: (410) 496-1214 Fax (410) 496-9352 website: www.diversifiedhousing.org

Personal Information Privacy Protection Policy

Diversified Housing is Committed to assuring the privacy of individuals and or families who have contacted us for assistance. 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 counseling agreement. We may also use anonymous case aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Protecting the privacy and confidentiality of your personal information is important to Diversified Housing Development, Inc and to our employees. In order to offer you the services you seek to obtain, we collect, maintain, and use information about you on a routine basis. To help you better understand how your personal information is protected, we are providing you with the following statement describing our practices and policies with respect to the privacy of customer information. In the event you terminate your customer relationship with us, or become an inactive customer, we will continue to adhere to the policies and practices described in this notice.

What Information We Collect

We collect nonpublic personal information about you on applications or other forms during the application process, gathered from your transactions and experiences with us, and obtained from other authorized sources, such as consumer reporting agencies. All information collected and stored by Diversified Housing Development, Inc is used for specific business purposes, such as administering your loan and or application, providing housing counseling services, ensuring compliance with the federal and county programs we administer, and developing a better understanding of your financial situation, to provide you with improved services.

What Information We Disclose

We do not disclose any nonpublic personal information about our customers or former customers to anyone except as permitted by law. We are permitted under law to disclose such information about you to other third parties in certain circumstances. For example, we may disclose nonpublic personal information about you to third parties to assist us in servicing your loan or application, to government entities in response to subpoena's, federal and local reporting requirements, and SELP non-profit agencies you may contact.

Our Security Procedures

We understand that the protection of your nonpublic personal information is of the utmost importance. Guarding your privacy is our obligation. Diversified Housing Development, Inc maintains strict procedures and policies to safeguard your privacy. We restrict employee access to customer information to only those who have a business reason to know such information, and we educate our employees about the importance of confidentiality and customer privacy. We maintain physical, electronic and procedural safeguards that guard your nonpublic personal information.

ACKNOWLEDGMENT OF MORTGAGE LOAN APPLICANTS(S)

I/We have read this disclosure form and understand its contents, as evidenced by my/our signature(s) below.

Applicant

Date

Applicant

Date



8311 Liberty Road Windsor Mill, Maryland 21244
Phone: (410) 496-1214 Fax (410) 496-9352 website: www.diversifiedhousing.org

Complaint Process

Clients of Diversified Housing Development, Inc., (DHD), from time to time, may not be completely satisfied with the level of service provided and may wish to file a formal complaint. If the nature of the complaint deals with the services provided by a third party, such as a lender or contractor, then the complaint should be submitted directly to the appropriate party with a copy to DHD. While we are not able to exert influence over third party providers, we are always striving to work with only those businesses that provide the highest quality of service to our clients. Lender complaints can be filed with the Commissioner of Consumer Credit while contractor complaints will be governed by the "Arbitration" clause of the Contract entered into between the contractor and the client.

If your complaint deals specifically with DHD, the following steps must be taken.

You must provide, in writing, a complete explanation outlining the nature of the complaint including any DHD employees involved. You must also provide a phone number where you may be reached during the day should additional questions be necessary.

The written complaint must be delivered, either via mail or in person, to the attention of the Board President of DHD at 8113 Liberty Road, Windsor Mill, MD 21244.

Upon receipt of your complaint, the Executive Director will investigate and respond in writing within ten (10) Days.

If your complaint is not resolved to your satisfaction, you may request a review by the Board President of DHD. The request for the Executive Director's review must also be made in writing and delivered to the address listed above.

Upon receipt of the request, the Executive Director will review the complaint and issue a written response within ten (10) days. The decision of the Executive Director shall be viewed as final.

Signature

Date

Signature

Date



8311 Liberty Road, Windsor Mill, MD 21244

Phone: (410) 496-1214 Fax: (410) 496-9352 Website: www.diversifiedhousing.org

AUTHORIZATION AND HOLD HARMLESS AGREEMENT

I hereby authorize Diversified Housing Development to verify my past and present employment, earning records, bank accounts, and any other asset balances to provide Housing Counseling assistance. I further authorize Diversified Housing Development to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references.

I understand that Diversified Housing Development is a non-profit corporation and will make no charge for its services.

I agree that in connection with any activities undertaken or advice given by or on behalf of Diversified Housing Development, whether not at my request, neither Diversified Housing Development nor any of its directors, officers, employees, or others associated with it, shall be held liable, and I assume all risks of such activities and advice and their results and consequences thereof. I further understand that assistance in discussion and/or negotiations with my lender does not guarantee a favorable outcome.

I further agree to indemnify and hold harmless Diversified Housing Development and its directors, officers, employees, and all others associated with it, in connection with any and all acts or omissions for any reason whatsoever, including, but not limited to, negligence, with respect to consultation, technical advice, financial consulting, discussions or negotiations, and any and all other activities and advice.

Print Name

Print Name

Signature

Signature

Address

Address

County State Zip Code

County State Zip Code

Current Monthly Budget

Borrower(s) Name _____
 Address _____

A.

<u>Fixed MONTHLY Expenses</u>	<u>Payment</u>
1st Mortgage	
Property Taxes (if not included in 1st mortgage payment)	
Homeowners Insurance (if not included in 1st mortgage payment)	
2nd Mortgage	
Condo/Homeowner Association Fees	
Gas & Electric	
Heating Oil	
Water & Sewer	
Telephone	
Car Payment 1	
Car Payment 2	
Auto Insurance	
Life Insurance	
Medical Insurance	
Alimony/ Child Support	
Alarm System	
Other/ Minimum Credit Card Payment from Section C	
Sub-Total FIXED Expenses:	

B.

<u>Other MONTHLY Expenses</u>	<u>Payment</u>
Groceries	
Eating Out	
Gas & Electric	
Bus/Taxi/Parking	
Car Repairs	
Toiletries/Hair Care	
Medical/Prescriptions	
Day Care	
Telephone	
Cable Tv/ Internet	
Clothing/Laundry	
Lottery	
Church/Charity	
Entertainment	
Cell Phone	
Other	
Sub-Total OTHER Expenses:	

Total A+B+C	
--------------------	--

Client Signature _____

Date _____

Co-Borrower Signature _____

Date _____

Borrower's Occupation _____

Borrower's Monthly Income

<u>Gross Monthly Income "GMI"</u>	<u>Net Income (after taxes and deductions)</u>
\$ _____	\$ _____

Co-borrower Yes No

Spouse or Partner's Occupation _____

Spouse or Partner's Income

<u>Gross Monthly Income "GMI"</u>	<u>Net Income (after taxes and deductions)</u>
\$ _____	\$ _____

Other Household Income Non-Borrower

<u>Gross Monthly Income "GMI"</u>	<u>Net Income (after taxes and deductions)</u>
\$ _____	\$ _____

Describe

--

Monthly Mortgage Payment including Principal/Interest/Taxes/Homeowner's Insurance/Condo or Homeowner's Dues

\$ _____

Total Borrower(s) GMI \$ _____

31% of GMI \$ _____

Total Household GMI \$ _____

31% of Household GMI \$ _____

C. Credit Cards and Other Debt

<u>Creditor Name</u>	<u>Payment</u>	<u>Balance</u>
Total	\$ _____	\$ _____

Total <u>NET</u> Monthly Household Income	\$ _____
Subtract Total Monthly Expenses (A+B+C)	\$ _____
Monthly Surplus or Deficit	\$ _____

After Counseling Session Budget

Borrower(s) Name _____
 Address _____

A.

<u>Fixed MONTHLY Expenses</u>	<u>Payment</u>
1st Mortgage	
Property Taxes (if not included in 1st mortgage payment)	
Homeowners Insurance (if not included in 1st mortgage payment)	
2nd Mortgage	
Condo/Homeowner Association Fees	
Gas & Electric	
Heating Oil	
Water & Sewer	
Telephone	
Car Payment 1	
Car Payment 2	
Auto Insurance	
Life Insurance	
Medical Insurance	
Alimony/ Child Support	
Alarm System	
Other/ Minimum Credit Card Payment from Section C	
Sub-Total FIXED Expenses:	

Borrower's Occupation _____

Borrower's Monthly Income

<u>Gross Monthly Income "GMI"</u>	<u>Net Income (after taxes and deductions)</u>
\$ _____	\$ _____

Co-borrower Yes No

Spouse or Partner's Occupation _____

Spouse or Partner's Income

<u>Gross Monthly Income "GMI"</u>	<u>Net Income (after taxes and deductions)</u>
\$ _____	\$ _____

Other Household Income Non-Borrower

<u>Gross Monthly Income "GMI"</u>	<u>Net Income (after taxes and deductions)</u>
\$ _____	\$ _____

Describe

Monthly Mortgage Payment including Principal/Interest/Taxes/Homeowner's Insurance/Condo or Homeowner's Dues

\$ _____

Total Borrower(s) GMI \$ _____

31% of GMI \$ _____

Total Household GMI \$ _____

31% of Household GMI \$ _____

B.

<u>Other MONTHLY Expenses</u>	<u>Payment</u>
Groceries	
Eating Out	
Gas & Electric	
Bus/Taxi/Parking	
Car Repairs	
Toiletries/Hair Care	
Medical/Prescriptions	
Day Care	
Telephone	
Cable Tv/ Internet	
Clothing/Laundry	
Lottery	
Church/Charity	
Entertainment	
Cell Phone	
Other	
Sub-Total OTHER Expenses:	

Total A+B+C

C. Credit Cards and Other Debt

<u>Creditor Name</u>	<u>Payment</u>	<u>Balance</u>
Total	\$ _____	\$ _____

Client Signature _____

Date _____

Client Signature _____

Date _____

Total NET Monthly Household Income	\$ _____
Subtract Total Monthly Expenses (A+B+C)	\$ _____
Monthly Surplus or Deficit	\$ _____



SAMPLE HARDSHIP LETTER

Date:

To: [Name of Lender]

From: [Name of Borrower(s)]

Loan Number:

I would like to remain in my house, but I fell behind / will fall behind on my mortgage payments as of [date]:

The reason I fell behind / will fall behind is:

Some Examples:

- *my daughter was hospitalized and I missed work to assist her*
- *my employer reduced my hours by 10 hours per week, which means I make \$300.00 less each week*
- *my interest rate is due to increase on June 1, 2008*

PLEASE FILL IN A BRIEF DESCRIPTION OF YOUR PERSONAL CIRCUMSTANCES, SUCH AS THOSE SAMPLES LISTED ABOVE.

I will be able to overcome these difficulties and make my mortgage payments because ./ if:

Some Examples:

- *because I have a new job*
- *because I have a second job*
- *because I have additional income from (family member)*
- *because I have reduced my expenses*
- *if you freeze my interest rate, I can make the payments at my original interest rate*

PLEASE FILL IN A BRIEF DESCRIPTION OF YOUR PERSONAL CIRCUMSTANCES, SUCH AS THOSE SAMPLES LISTED ABOVE.

Thank you,

This is just an example, do not sign here

Borrower(s) Signature