



Dear Homeowner,

Diversified Housing Development, Inc. (DHD) is a HUD-approved non-profit Housing Counseling Agency committed to assisting sustainable homeownership by providing loss mitigation services.

**Our Mission:**

The mission of Diversified Housing Development, Inc. is to promote affordable housing options for low and moderate-income families resulting in economic empowerment and strengthened communities.

While it is our goal to assist with maintaining homeownership; the primary objective of the program is to educate families and individuals in order to help them make educated decisions regarding improving their housing situations and meeting the responsibilities of tenancy and/or homeownership.

As you begin this process of home retention, open all mail from the lender, please carefully read all documents pertaining to your mortgage and pay close attention to dates and timelines. In order for DHD to assist you with possible workout solutions approved by the lender; you must complete the packet and return it to DHD ASAP. Keep in mind the longer you delay returning the packet; you may lose your home.

You can mail the packet to 8025 Liberty Road, Windsor Mill, MD 21244 or put the packet in the drop box outside our office door.

For additional information about foreclosures prevention and our services, please visit our website [www.diversifiedhousing.org](http://www.diversifiedhousing.org), and for more information on additional housing assistance please visit [HUD.gov](http://HUD.gov).

Sincerely,

DHD Staff



8025 Liberty Road Windsor Mill, Maryland 21244  
Phone: (410) 496-1214 Fax (410) 496-9352 website: www.diversifiedhousing.org

## Foreclosure Counseling Session Document Check List 052022

All documents must be submitted prior to your appointment.

Names: \_\_\_\_\_, Phone # \_\_\_\_\_

Property Address: \_\_\_\_\_, Email Address: \_\_\_\_\_

Please make copies of all documents; we will not accept original documents.

**\*\*\* All Documents must be legible\*\*\***

\_\_\_ Check List and Intake Form-Make sure you enclose the checklist.

\_\_\_ Budget Form, Hardship Letter, Mortgage Statement, Homeowners Insurance Policy, Notice of Intent to Foreclose or Delinquent Letter from Lender or Servicer.

\_\_\_ Proof of Income -60 days of Pay Stubs; Pay Stubs must be consecutive, Benefits Award Letters for Social Security, Pension, Unemployment, Food Stamps, Alimony and Child Support.

\_\_\_ 2 Proofs of ID for all borrowers- Driver's License, Passport or MD ID and Social Security Card.

\_\_\_ Additional Documentation- only if it applies to you; Quit Claim Deed, Divorce Decree, Death Certificate, HOA Statement.

\_\_\_ Current BGE and Water Bill, Last 2 months of Bank Statements-all pages, Name and Address must be on the Statements.

\_\_\_ Signed 2020 & 2021 Federal 1040 Tax Returns all pages and W2'S for both years, 3 Years of tax returns if Self Employed. You may contact IRS.gov for a complete copy of your tax returns.

**Do Not Send Maryland Tax Returns.**

\_\_\_ Credit Report; all pages- Credit Report cannot be over 60 days old, or a money order for \$20.40 for single or \$37.30 for married couples to pull your credit report. You can obtain a free copy from [annualcreditreport.com](http://annualcreditreport.com). Make money order payable to Diversified Housing Development.

**\*\*\*\*Please go to HUD.gov for more Foreclosure Information\*\*\*\***

The above documents must be submitted prior to your counseling session. If you have any questions; please contact Tina Vice at 410-496-1214 Ext.205 or email [tvice@diversifiedhousing.org](mailto:tvice@diversifiedhousing.org). All appointments must be scheduled and will be done over the phone.

All documents must be mailed or put into the drop box outside our office door.  
(Do not send documents by Certified Mail) We do not accept faxes or emailed documents.

Please mail documents to Tina Vice-Diversified Housing Development 8025 Liberty Road, Windsor Mill, MD 21244.

# Diversified Housing Development Foreclosure Intake Form 052022

**CUSTOMER**

*Please Print Clearly*

*Borrower:*

\_\_\_\_\_

First

MI

Last

Co-Borrower:

\_\_\_\_\_

First

MI

Last

*Property Address*

\_\_\_\_\_

City

State

Zip Code

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Social Security Number*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Birth Date*

**Race (please circle):**

- |                |                                     |
|----------------|-------------------------------------|
| 1. White       | 2. Black or African American        |
| 3. Asian       | 4. Black/African American and White |
| 5. Other _____ |                                     |

**Ethnicity** (please select "yes" or "no" for Hispanic Origin. Hispanic- Yes or No)

**Immigrant Status** (please select one):

1. You are U.S. born and 1 or both of your parents are foreign born
2. You are U.S. born but 1 or both grandparents foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

Education High School Diploma \_\_\_\_ or College Degree \_\_\_\_

**Marital Status (please circle):** 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

**Gender (please circle):** Male Female Co-Borrower Male Female

**Handicapped?** Yes No

**Household Type (please select the most accurate)?**

- |  |  |                             |          |
|--|--|-----------------------------|----------|
| 1. Female headed single parent household | 2. Male headed single parent household | 3. Single adult             |          |
| 4. Two or more unrelated adults          | 5. Married with children               | 6. Married without children | 7. Other |

**Number of people in household:** \_\_\_\_\_

**Annual Household Income:** \$ \_\_\_\_\_

**Referred to by (please circle all that apply):**

Mortgage Company/Service HUD Internet Walk in Friend

If referred by another source not listed above, which one \_\_\_\_\_

**Please print clearly**

**Borrower**

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?

**CO-Borrower**

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?

Servicer or Mortgage Company: \_\_\_\_\_, Mortgage Payment: \_\_\_\_\_

Type of Loan: \_\_\_\_\_, Interest Rate: \_\_\_\_\_ Days Delinquent: \_\_\_\_\_

Reasons for delinquency or default- please circle one.

Reduction in income, medical, loss of income, divorce or separation, poor money management, death of a family member, or other \_\_\_\_\_

Are you living in the property? Yes or No

Are you working with another counseling agency? Yes or No

Did you receive housing counseling before buying a home? Yes or No

Do you have any savings? Yes or No

Have you spoken to your lender? Yes or No If yes; what was the outcome? \_\_\_\_\_

Have you received a workout option? Loan Modification or Forbearance Yes or No

If yes, when \_\_\_\_\_

Please enclose a hardship letter explaining why you are past due for your mortgage.

Have you received a Notice of Intent to Foreclose? Yes or NO

Have you received or requested foreclosure mediation? Yes or No If yes, when \_\_\_\_\_

**INCOME***Please Print Clearly*

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

**LIABILITIES/DEBT***Please list any debts you have, Mortgage, credit cards, auto loans, student loans, and child-care expenses, utilities.*

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>who's Debt? C=Customer, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*Please use additional sheets if necessary.*

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
<i>Have your payments been made on time?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you currently in Chapter 7 or 13 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, when did it begin?</i> _____				
<i>If yes, when will it be paid out?</i> _____				
<i>If yes, how much is the payment?</i> _____				

*Please Print Clearly*

Please list the approximate value of the following:

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (Circle) Yes      No  
 If yes, how much? \$ \_\_\_\_\_

**LIVING EXPENSES**

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

**ADDITIONAL INFORMATION**

Are you a Veteran? *CUSTOMER* *CO-APPLICANT*  
Yes No    Yes    No

Most convenient time for an individual appointment? \_\_\_\_ AM \_\_\_\_ PM (office hours 9-5PM)

**AUTHORIZATION**

I authorize Diversified Housing Development Counseling Agency to:

- (a) Pull my/our credit report to review my/our credit file for housing counseling and loss mitigation help.
- (b) Pull my/our credit report and review my/our credit file for informational inquiry purposes.
- (c) Please be advised that information may be provided to your lender or servicer if requested.

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, and Section 1001.

\_\_\_\_\_  
*Customer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicant*

\_\_\_\_\_  
*Date*



## Current Monthly Budget

Borrower(s) Name \_\_\_\_\_  
 Address \_\_\_\_\_

**A.**

<u>Fixed MONTHLY Expenses</u>	<u>Payment</u>
Rent	
Renters Insurance	
Gas & Electric	
Water & Sewer	
Tuition	
Fitness Club	
Lawn Service	
Cable TV	
Internet	
Car Payment 1	
Car Payment 2	
Auto Insurance	
Life Insurance	
Medical Insurance	
Alimony/ Child Support	
Alarm System	
Other	
<b>Sub-Total FIXED Expenses:</b>	

**Borrower's Occupation** \_\_\_\_\_

**Borrower's Monthly Income**

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

**Other Household Income Non-Borrower**

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

**Describe**

**B.**

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

**Total Borrower(s) GMI** \$ \_\_\_\_\_

**31% of GMI** \$ \_\_\_\_\_

**Total Household GMI** \$ \_\_\_\_\_

**31% of Household GMI** \$ \_\_\_\_\_

**Total A+B+C**

**C. Credit Cards and Other Debt**

<u>Creditor Name</u>	<u>Payment</u>	<u>Balance</u>
<b>Total</b>		

Date \_\_\_\_\_

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



THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE

Loan Number: \_\_\_\_\_

Servicer Name: \_\_\_\_\_

Servicer Name: \_\_\_\_\_

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 for the life of this loan:

Diversified Housing Development- Housing Counseling Agency (All agents, officers, counselors)

Tina Vice- twice@diversifiedhousing.org, Shavaugn Jackson-sjackson@diversifiedhousing.org

Diversified Housing Development, Inc. 8025 Liberty Road, Windsor Mill, MD, 21244

Phone: (410) 496-1214 Fax: (410) 496-9352

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 identity 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, DHD 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: kevinpridgen2016@gmail.com

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 (Print) Last 4 of SS# \_\_\_\_\_

\_\_\_\_\_  
Co-BORROWER (Print) Last 4 SS# \_\_\_\_\_

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

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





**Privacy Policy**

DHD 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. 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. We understand that the protection of your nonpublic personal information is of the utmost importance. Guarding your privacy is our obligation. DHD 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.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Initial

**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 DHD to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. I understand that DHD is a non-profit corporation and will make no charge for its services. I agree that in connection with any activities undertaken or information given by or on behalf of DHD, whether not at my request, neither DHD 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 DHD 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.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Initial

**COMPLAINT PROCESS**

Clients of DHD from time to time may not be 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 3<sup>rd</sup> 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 3<sup>rd</sup> party providers, we are always striving to work with only those businesses that provide the highest quality of service to our clients. You must provide in writing a complete explanation outlining the nature of the complaint and DHD employees' involved, contact number and mailed to DHD C/O Executive Director 8025 Liberty Road, Windsor Mill, MD 21244; please allow 10 days for a response.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Initial

BORROWER

Co-BORROWER

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Foreclosure Mitigation Counseling Disclosure

I understand that DHD provides foreclosure mitigation counseling, and I may receive recommendations for managing my finances, including referrals to other housing resources as appropriate.

I understand that it my responsibility to save my home; not DHD. DHD objective is to assist homeowners with the process of obtaining a workout option from the lender. The workout option may not always be in favor of the homeowner. You may have to transition out of your home.

I understand that I must prioritize my spending habits and save money. Please review your finances and cut spending where you can. Look especially at variable expenses like entertainment, clothing, and memberships. Do you have assets you can sell? Efforts such as these are important to demonstrate to your lender that you are willing to make sacrifices to keep your home.

It is your responsibility to stay in touch with your lender. Lenders do not want to take your home! Contact your lender as soon as you realize you have a financial challenge that might delay your mortgage payment. Open and respond quickly to all mail from your lender or their agents. Delaying contacting your lender will reduce the options that may be available to you.

Meeting with a Housing Counselor will not delay or stop a foreclosure action; only your lender can stop a foreclosure action. It is your responsibility to keep your mortgage current.

Avoid foreclosure scams. Do not sign any legal documents without contacting your lender or seeking legal advice. If you feel you have been the victim of a fraud or a predatory practice, report this to the Maryland's Department of Labor, Licensing & Regulation, 1-888-784-0136.

If foreclosure is unavoidable there are other supportive services in your area, such as the United Way's First Call for Help, by calling 1-800-492-0618, or in most regions 211. Your lender may offer Cash for Keys or another form of funds to help you relocate. Please contact your lender for details.

Borrower: \_\_\_\_\_

Co-Borrower: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature:

Date:

Signature:

Date:



**Foreclosure Mitigation Counseling Agreement**

I understand that DHD provides foreclosure mitigation counseling; I will receive a written action plan consisting of recommendations for managing my finances, including referrals to other housing agencies as appropriate.

I give permission for DHD administrators and/or their agents to follow-up with me between this day and 24 months from now.

I acknowledge that I have received a copy of DHD Privacy policy.

I may be referred to another agency or agencies that may be able to assist you with concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

A counselor may answer questions and provide information, but not give legal advice. If you need legal advice, you will receive a list of referrals.

I understand that DHD provides information and education on loan products and housing programs, and I further understand that the housing counseling I receive from DHD in no way obligates me to choose any of these loan products or housing programs.

**BORROWER**

**Co-BORROWER**

\_\_\_\_\_

\_\_\_\_\_

Printed Name

Printed Name

\_\_\_\_\_

\_\_\_\_\_

Signature      Date

Signature      Date



**Credit Report Authorization and Privacy Disclosure Form**

I hereby authorize and instruct Diversified Housing Development, Inc. (hereinafter "DHD") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by DHD. I understand and agree that DHD intends to use the credit report for the purposes 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 DHD 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.

I, \_\_\_\_\_ Authorize \_\_\_\_\_ Do not authorize

DHD 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 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 DHD in writing.

**BORROWER**

**Co-BORROWER**

\_\_\_\_\_

\_\_\_\_\_

Printed Name

Printed Name

\_\_\_\_\_

\_\_\_\_\_

Social Security Number DOB

Social Security Number DOB

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Signature

Date