



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, and for more information on additional housing assistance please visit HUD.gov.

Sincerely,

DHD Staff



Document Checklist

<p>***We cannot accept original documents, please copy all documents prior to submission.</p> <p>All Copies must be legible. Do not send screen shots of documents.</p> <p>***Once a packet has been submitted it becomes the property of Diversified Housing Development</p> <p>***DHD and your Mortgage Servicers may ask for additional documents</p>
Intake packet (must be completed & signed)
Credit report fee \$19.99 (individual) \$36.48 (couple). You may obtain a free copy from (annualcreditreport.com) Please make Money Order payable to Diversified Housing Development
Hardship Letter, 2 forms ID -Social Security Card, Driver License or Maryland ID
Mortgage Statement
Home Owners Insurance Policy- Must be current
Home Association statement or coupon or letter stating you do not have one
Notice of Intent to Foreclose or Delinquent letter from Lender
BGE Bill, Water Bill
2 Months of Pay Stubs for all Borrowers. Profit and Loss if Self Employed
<p>Additional Documents Needed -only if they apply to you!</p> <p>Divorce Decree, Death Certificate, Quit Claim Deed</p> <p>2021 Benefits Award Letters- Social Security, Pension, Unemployment or Food Stamps</p> <p>Alimony / Child Support Statement if using income to help qualify for Loan Modification</p> <p>Proof of Rental Income</p>
<p>60 Days of Bank Statements for all names on the loan —</p> <p>Name, Address & Account Number must be on the statement.</p> <p>(Must include all pages even if blank)</p>
<p>2019 &2020 Federal Tax Returns and W2's or 1099 for all names on the loan.</p> <p>If taxes have not been filed, then you must provide proof of extension or non-filing letter of explanation.</p> <p><u>Must be signed and dated.</u></p> <p>You may contact IRS @ 1-800-829-1040 for a complete copy of your federal tax transcript</p>
<p>NOTES</p> <p>Please go to the HUD.gov for more foreclosure information.</p> <p>Do not send screen shots of documents; the lender will not accept the documents!</p>



THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE

Loan Number: _____ ServicerName: _____

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 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: _____

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 3rd 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 3rd 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

Printed Name

Signature Date

Co-BORROWER

Printed Name

Signature Date



Foreclosure Mitigation Counseling Agreement

- I understand that DHD provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
- 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 as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
- A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
- I understand that DHD provides information and education on numerous 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 particular 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



MORTGAGE DATA PLEASE ANSWER ALL QUESTIONS

Have you spoken with any other Counseling Agencies?

Yes / No
When (date) _____
Outcome:

Did you submit a loss mitigation packet with the agency or your mortgage servicer?

Yes / No
When (date) _____
Outcome:

Have you received: Notice of Intent to Foreclosure?

Yes No Date: _____ Order to Docket? Yes No
Date: _____

Sale Date:
Yes No Date: _____

Have you received/requested foreclosure Mediation? Yes / No Date: _____

Do you have any outstanding judgments and/or liens against the property (property taxes, water bill, etc.?)
Yes / No

Have you received forbearance or modification in the past 12 months Yes / No
When: _____

How many times have you received a workout agreement in the past _____

Do you currently have a Trial Modification?

Yes / No
Payment Amount \$ _____ Start date _____ End date _____

Mortgage:

Servicer: _____
Loan# _____
Balance:\$ _____
15yr 30yr other _____
Conv___ FHA___ VA___
Fixed___ ARM___ Interest-Only___
Date loan was obtained: _____

Are your escrows included in your monthly payment
Yes / No

Monthly Payment \$ _____
Interest Rate _____ %
Annual Property Tax \$ _____
Annual Homeowners Insurance \$ _____
Homeowners Association Dues \$ _____
Ground Rent \$ _____

How many months are you behind? _____

Past Due Amount \$ _____

Mortgage:

Servicer: _____
Loan# _____
Balance:\$ _____
15yr 30yr other _____
Conv___ FHA___ VA___
Fixed___ ARM___ Interest-Only___
Date loan was obtained: _____

Are your escrows included in your monthly payment
Yes / No

Monthly Payment \$ _____
Interest Rate _____ %
Annual Property Tax \$ _____
Annual Homeowners Insurance \$ _____
Homeowners Association Dues \$ _____
Ground Rent \$ _____

How many months are you behind? _____

Past Due Amount \$ _____



REFERRED BY:			
BORROWER		CO-BORROWER	
NAME		NAME	
SOCIAL SECURITY#	DOB	SOCIAL SECURITY#	DOB
HOME PHONE #		HOME PHONE #	
CELL OR WORK #		CELL OR WORK #	
EMAIL:		EMAIL:	
GENDER: F ___ M ___		GENDER: F ___ M ___	
MARITAL STATUS: Single ___ Divorced ___ Married ___ Separated ___ Widowed ___		MARITAL STATUS: Single ___ Divorced ___ Married ___ Separated ___ Widowed ___	
ETHNICITY: Hispanic ___ Non-Hispanic ___		ETHNICITY: Hispanic ___ Non-Hispanic ___	
RACE: American Indian/Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian/Pacific Islander ___ White ___		RACE: American Indian/Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian/Pacific Islander ___ White ___	
CITIZENSHIP: US Citizen ___ Permanent Resident ___ Non-Resident ___		CITIZENSHIP: US Citizen ___ Permanent Resident ___ Non-Resident ___	
FAMILY / HOUSEHOLD SIZE: ___ AGES: ___, ___, ___, ___, ___, ___, ___			
HOUSEHOLD TYPE: ___ Single adult, non-elderly ___ 2 or more unrelated adults ___ Married with children ___ 2-parent unmarried household with children ___ Elderly (1 or 2-person household with a person at least 62 years of age) ___ Female-headed single parent household ___ Male-headed single parent household ___ Other (please explain) _____		HOUSEHOLD INCOME: \$ _____ (annual / monthly) US Veteran: Yes ___ No ___	
EDUCATION: ___ No Diploma ___ High School Diploma or equivalent ___ Two-year College ___ Bachelor's Degree ___ Master's Degree ___ Above Master's Degree		EDUCATION: ___ No Diploma ___ High School Diploma or equivalent ___ Two-year College ___ Bachelor's Degree ___ Master's Degree ___ Above Master's Degree	
ADDRESS:		ADDRESS:	
CITY /STATE / ZIP / COUNTY		CITY /STATE / ZIP / COUNTY	
LENGTH OF OCCUPANCY: ___ Yr. ___ Mo.		LENGTH OF OCCUPANCY: ___ Yr. ___ Mo.	
EMPLOYMENT		EMPLOYMENT	
Employer Name		Employer Name	
Address		Address	
City /State / Zip		City /State / Zip	
Phone#		Phone#	
Position		Position	
Full or Part Time		Full or Part Time	
Start Date: _____ End Date: _____		Start Date: _____ End Date: _____	
Grosse Income \$ _____ Hourly Weekly Bi-Weekly/Monthly		Grosse Income \$ _____ Hourly Weekly Bi-Weekly/Monthly	
Employer Name		Employer Name	
Address		Address	
City /State / Zip		City /State / Zip	
Phone#		Phone#	
Position		Position	
Full or Part Time		Full or Part Time	
Start Date: _____ End Date: _____		Start Date: _____ End Date: _____	
Grosse Income \$ _____ Hourly Weekly Bi-Weekly/Monthly		Grosse Income \$ _____ Hourly Weekly Bi-Weekly/Monthly	



INCOME			ASSETS		Liabilities	
	Gross	Net				Balance
Wages	\$	\$	Checking	\$	Auto	\$
Overtime / Bonus						
Commission	\$	\$	Savings	\$	Credit Cards	\$
SSA/SSI	\$	\$	Money Market	\$	Student Loans	\$
Pension / Annuity/Retirement	\$	\$	CDs	\$	Personal Loans	\$
Self-Employment	\$	\$	Stocks/Bonds	\$	Other	\$
Unemployment	\$	\$	Cash on Han	\$	Other	\$
Food Stamps/ Government Assistance	\$	\$	Other	\$	Other	\$
Rental(s)	\$	\$				
Other	\$	\$				
TOTAL Household Income	\$	\$		\$		\$



Monthly Expenses

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	
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

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>
\$ _____	\$ _____
<u>Describe</u>	

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	
Cable TV/ Internet	
Clothing/Laundry	
Lottery	
Church/Charity	
Entertainment	
Cell Phone	
Other	
Other	
Sub-Total OTHER Expenses:	

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 A+B+C

Borrower Signature _____

Date _____

Co-Borrower Signature _____

Date _____

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