

Homeowner Application



Dear Homeowner,

I am so glad that you have taken that tough first step and contacted us about your mortgage! D&E, A Financial Education & Training Institute, Inc. is a HUD Approved Counseling Agency, and we understand how hard it was for you to contact us; therefore we promise to work with you to find a resolution to your situation.

To assist us in providing you with the most effective and efficient service, please complete the attached documents as thoroughly as possible. Particularly, please be accurate with the monthly spending plan, as this information is the key element of resolving your financial situation. If there are questions or information you don't understand, that's okay; just do your best with it and we will go through the rest of it together.

You will find there is a special emphasis on being truthful; as we cannot help you with a resolution unless we have a complete and accurate picture of your situation. A plan based on only part of your information is certain to fail.

There are some specific documents you will need to fax or email to our office prior to being assigned to a housing counselor:

- ✓ **Copy of your mortgage/deed of trust**
- ✓ **Copy of your note**
- ✓ **Any correspondence from the mortgage company or its attorney, even if it's unopened**
- ✓ **Any documentation from the courts or the sheriff regarding a foreclosure**
- ✓ **Two (2) months recent pay stubs for all employment**
- ✓ **Last two months of all bank statements for all expenses**
- ✓ **Last year's tax return**

You have taken the first step to resolving your situation and I look forward to working more closely with you. You may contact the office 770.961.6900 or fax the attached completed documentation to 770.961.8900 or email to depowerinfo@aol.com.

Thanks you for your cooperation,

The D&E Group

Customer Intake Form



Date _____ Customer # _____
 Please provide information about yourself for customer tracking purposes. Thank you.

1. First Name _____ MI _____ Last Name _____
(Primary Applicant)
2. First Name _____ MI _____ Last Name _____
(Co- Applicant)
3. Address _____ City _____
 State _____ Zip Code _____ County _____
- Length of time at current resident _____ Email: _____
4. Home Phone () _____ Work Phone () _____ Cell _____
5. S/S Number _____ Age _____ Date of Birth _____
 S/S Number _____ Age _____ Date of Birth _____

Please circle all that apply:

6. Race: African-American Hispanic Asian Native American White Other: _____
7. Marital Status: Single Married Divorced Separated Widowed
8. Gender: M F Head of Household: Y N Disabled: Y N Senior: Y N
9. Family Size _____ Highest Level of Education _____ Referred by _____
10. Annual Gross Income (before taxes)
 \$ _____ + \$ _____ = \$ _____
11. Current Mortgage Payment \$ _____ Interest Payment \$ _____ Interest Rate _____ %
 Taxes \$ _____ Insurance Payment \$ _____ Date of Last Payment _____

Lender _____ Phone _____
 Loan Number _____ How many months past due? _____
 Is this the purchase loan? Yes _____ If no, reason for refinance _____ (i.e. cash out, etc.)
 1st mortgage Yes _____ No _____ Do you have a 2nd mortgage? No _____ If yes, are you current Yes _____ No _____

Please check all that apply:

Type of Loan: FHA ___ CONV ___ VA ___ FIXED ___ Option Arm ___ Interest Only ___
 Hybrid Arm ___ Option Arm ___ Adjustable Rate ___ Has the loan reset? _____

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

 Signature

 Date

 Signature

 Date

HOUSEHOLD BUDGET WORKSHEET

Use this sheet to determine and capture your income, expenses and disposable income.
Please do not include monies deducted from your take home pay.



Monthly Take Home Income	
Salary/Wages/Business Draw	
Salary or Wages (Spouse)	
Social Security	
Pension/Retirement	
Interest on Accounts	
Alimony / Child Support	
Real Estate Rent (income)	
Investment Dividends	
Unemployment / Food Stamps	
Other	
Total Take Home Income	

Secured Debts (Monthly Payments)	
Rent	
1st Mortgage	
2 nd Mortgage	
Land Lease (Trailer Park, other)	
Student Loans	
Auto Loans/Leases	
Recreation (Boat, ATV, etc.)	
Past Due Taxes	
Other Debts	
Other Loans	
Total Secured Debt	

Monthly Living Expenses	
Alimony / Child Support (outgoing)	
Auto Gas and Repair	
Auto Insurance	
Cable TV/Satellite Fees	
Charitable Contributions	
Child Care	
Children's Activities	
Clothing Maintenance (Laundry/Dry Cleaning)	
Clothing Purchases	
Electric Bill	
Food (In-Home / Groceries)	
Food (Out of Home / Lunch, Dining)	
Gas and Oil Bill	
Health and Dental Insurance	
Homeowner/Condo Fees	
Homeowners/Renters Insurance	
Household Items	
Internet Access (AOL, MSN, DSL)	
Life and Disability Insurance	
Memberships (Health Clubs etc.)	
Personal Care (Grooming)	
Prescriptions	
Property Services (Gardner, Pool)	
Security Services (Alarm)	
Subscriptions	
Telephone (Home, Cell, Pager)	
Trash Disposal	
Tuition and School Supplies	
Water Bill	
Taxes	
PMI	
Total Monthly Living Expenses	

UNSECURED DEBT	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Credit Card 5	
Personal Loan 1	
Personal Loan 2	
Medical Bill Payment	
Other	
Total Unsecured Debt	

SUMMARY	
Total Take Home Income	
Total Living Expenses (-)	
Total Secured Debt Payments (-)	
Total Unsecured Debt Payments (-)	
Disposable Income **	
Disposable Income as Percent	

Description	Value
Cash On Hand	
Checking Account	
Saving Account	
Anticipated Tax refund	
IRA/Keogh Accounts	
Stocks/Bonds/CD's/Annuities, etc.	
Other	

Authorization for Release of Information

I hereby authorize **D&E, A Financial Education & Training Institute, Inc.** to obtain information from my records in order to assist me in resolving a mortgage default.

This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in resolving a mortgage default. Examples of such entities include mortgage Servicer's, mortgage investors, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

The doctrine of informed consent has been explained to me, and I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire 90 days from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

Borrower (printed) _____

Borrower (signed) _____ Date _____

Borrower Social Security Number _____

Co-Borrower (printed) _____

Co-Borrower (signed) _____ Date _____

Co-Borrower Social Security Number _____

Name of Mortgage Company/Servicer _____

Loan Number _____

Contact number for the Servicer/Lender _____

Fax number for the Servicer/ Lender _____

Property Address: _____

Privacy Policy

D&E, A Financial Education & Training Institute, Inc. 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 receive 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

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (phone number) and do so.

Release of your information to third parties

1. So long as you have not opted-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.
2. 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).
3. 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.

Foreclosure Mitigation Counseling Agreement

1. I understand that D&E, A Financial Education and Training Institute, Inc. (hereafter referred to as D&E) 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.
2. I understand that D&E receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and June 30, 2010 and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2010 for the purposes of program evaluation.
4. I acknowledge that I have received/reviewed D&E's Privacy Policy.
5. I 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. I understand that I am not obligated to use any of the services offered to me.
6. 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.
7. I understand that D&E provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from D&E in no way obligates me to choose any of these particular loan products or housing programs.

Client's signature_____

Date_____

Client's signature_____

Date_____