

Putnam County Housing Corporation

11 Seminary Hill Road, Carmel, NY 10512

845-225-8493

845-225-8532 Fax

Foreclosure and Mortgage Default Counseling Application

NUMBERS
INCLUDE

Dear Homeowner:

We are glad you contacted us about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation. We offer **FREE FORECLOSURE COUNSELING** by HUD-Certified Foreclosure Intervention and Default Counselors to homeowners at-risk or in foreclosure.

To assist us in providing you with the most effective and efficient service, please complete the attached worksheets as thoroughly as possible. Please give the Financial Worksheet careful attention. In addition, please obtain a copy of your credit report to bring with you. AnnualCreditReport.com provides you with one free report from each of the three reporting agencies per year. As part of the budgeting process, this will assist us in identifying problem areas and/or corrections needed on the credit report.

We can't help 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 locate and bring to your appointment:

- Any correspondence from the servicer/bank or its attorneys
- Any correspondence from the courts
- Identification
- Copy of modification application submitted, if any; and
- Copy of Note(s) from the latest loan closing, first and second, if applicable and any Loan Modification Agreements

When all information is completed and returned to us, an appointment will be scheduled. Our appointment should take about a half an hour. Please arrive on time. Directions are located on our website.

As a HUD certified housing counseling agency, we look forward to working with you as your housing advocate. For comprehensive information regarding the foreclosure process, please see links listed on our website.



EQUAL HOUSING
OPPORTUNITY

Revised 6 /8/2020

Putnam County Housing Corporation Homeowner Information

HOPP# _____

Borrower _____ **Contact Phone** _____

Property Address _____

City, State, Zip _____

Date of Birth ____/____/____ Soc. Security # ____ - ____ - ____ Education _____ Married _____

Email _____ Work # _____ Cell # _____

Active Military _____ Veteran _____

Co-Borrower or Alternate name and address of a contact person:

Name _____ Address _____

Phone# _____ Cell# _____ Work# _____ Email _____

SS# ____ - ____ - ____ Date of Birth ____/____/____

Demographics

Household Information

- Two Adults, no children
- Two Parent Household, # of children ____
- Single Parent, Male, # of children ____
- Single Parent, Female, # of children ____
- Single Male
- Single Female
- Other _____

Race

- American Indian
- Asian
- Black/African American
- White
- Alaskan Native
- Hawaiian Native
- Multiple Race
- Other

Ethnicity

- Hispanic
- Non-Hispanic
- Do Not Wish to Disclose

Employment Information	Borrower	Co-Borrower
Employer 1		
Job Title		
Date of Hire		
Employer 2		
Job Title		
Date of Hire		
Employer 3		
Job Title		
Date of Hire		



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Authorization to Release Information

TO _____
(Servicer Name) _____ (Loan #)

Name(s) _____

Property Address _____

Mailing Address _____

Home Phone# _____

SS# (last 6 numbers) XXX-_____-_____

SS# (last 6 numbers) XXX-_____-_____

I/We are working with Putnam County Housing Corporation (PCHC), funded by both HUD, as a HUD certified housing counseling agency, and NYS Attorney General's Homeownership Protection Plan (HOPP) to address credit issues. I/We hereby authorize you to release any and all information concerning our account to the PCHC at their request.

I/We further authorize you to discuss our situation with Margherita Diaz and Suzanne Brought. They are working with us to help us address our financial problem.

This authorization shall remain in effect until revoked in writing. You may release additional information to PCHC in the future without further authorization.

I understand that my name and telephone number will not be shared with other parties, but that other information gathered may be used for research, program or policy development, or other legitimate purposes by the New York State Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), or other relevant funders of foreclosure prevention services.

Thank you for your assistance in this matter.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____



**Putnam County Housing Corporation
Mortgage Information**

First Mortgage

Mortgagor (Owner of the loan) _____
Name of Servicer (if mortgage does not take monthly payments) _____
Loan # _____
Original Loan Date _____ Mortgageor phone# _____
Original Loan Amount _____ Names listed on Mortgage _____
Current principal balance \$ _____
Delinquent amount \$ _____
Month in arrears _____
Terms _____ years Names listed on Note _____
Type of Loan (VA, FHA, don't know) _____
Fixed/Adjustable _____ Interest Rate _____
Balloon payment due y/n _____ Amount _____
Have you ever received a modification? _____

Second Mortgage (if applicable)

Mortgagor _____
Name of Servicer (if mortgagor does not take monthly payments) _____
Loan # _____
Original Date Loan _____
Original loan Amount \$ _____
Current principle balance \$ _____
Delinquent Amount \$ _____
Month(s) in arrears _____
Terms _____ years Names listed on Note _____
Type of Loan (VA, FHA, don't know) _____
Fixed/Adjustable _____ Interest Rate _____
Balloon payment due y/n _____ Amount _____
Have you ever received a modification? _____

Describe legal action taken by lender (i.e. letters, complaint, sale?) _____

Have you filed for bankruptcy? _____ Chapter 7 _____ Chapter 13 _____
Filing Date _____ Has bankruptcy been discharged? _____

Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer? _____

Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making payments? _____

Putnam County Housing Corporation



Property Information

Date Purchased _____ Price Paid \$ _____
Homeowner occupies home? Yes _____ No _____
Rental income from property? Yes _____ No _____ If yes, amount paid/month _____

Annual property tax amounts:

Town/City \$ _____ School \$ _____ County \$ _____

Status of property taxes:

a. Escrowed? Yes _____ No _____ b. Current? Yes _____ No _____

Status of property insurance:

a. Escrowed? Yes _____ No _____ b. Current? Yes _____ No _____

Insurance Company Name _____

Type of Property

Single Family _____ Multi Family _____ Condo _____

Homeowner Association (HOA) Info

Name of (HOA) _____

Monthly Payment \$ _____

Paid Through Date _____ Amount Outstanding \$ _____

Do you want to sell or keep the property? _____

Is the property damaged? _____

Current market value of property \$ _____

Have you applied for STAR program for your taxes? _____

Are you eligible for VA _____ Disability _____ or Senior _____ (exemption for taxes)

Where did you hear about Putnam County Housing Corporation's free counseling services?

Website _____ Newspaper _____ Television _____ Bank _____ Town/Village _____ Court _____

Putnam County Finance Department _____ Faith-Based Organization _____ Other _____

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

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____



**Putnam County Housing Corporation
Financial Worksheet
Monthly Income**

Borrower		Co-Borrower	
	Amount		Amount
Gross Wages		Gross Wages	
Unemployment Compensation		Unemployment Compensation	
Child Support/Alimony		Child Support/Alimony	
Disability/SSI		Disability/SSI	
Rental Income		Rental Income	
Pension/Annuity Income		Pension/Annuity Income	
Other		Other	
Less: Federal and State Tax Withholdings		Less: Federal and State Tax Withholdings	
Less: Other Deductions (401K, etc.)		Less: Other Deductions (401K, etc.)	

Monthly Expenses

HOUSING		Amount	TRANSPORTATION		Amount
Mortgage 1 st			Auto Loans/Lease		
Other Mortgage			Fuel		
Other Mortgages			Auto Insurance		
Homeowners Insurance			Auto Registration		
Property Taxes			Other Transportation (tolls, bus, subway)		
HOA			LOAN REPAYMENTS		
UTILITIES			Credit Cards		
Electricity			Personal Loan		
Water and Sewer			LEGAL		
Gas			Child Support Expense		
Telephone			Alimony Expense		
Cell Phone			PERSONAL CARE		
Internet Service			Child Care		
Waste Removal			Health Insurance		
Cable/Satellite			Medical/Dental/Vision		
TOTAL EXPENSES			OTHER EXPENSES *Each line item must be listed in detail		
FOOD			Student Loans		
Groceries			Federal Taxes (Amount Owed)		
Dining Out			Other Debt		

Assets

SAVINGS OR INVESTMENTS			
401(K) or IRA		Savings/Emergency Fund	
Stocks/Bonds/Mutual Funds		Other	

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____



**Putnam County Housing Corporation
Foreclosure and Mortgage Default Mitigation Counseling Agreement**

1. I understand that Putnam County Housing Corporation (PCHC) provides foreclosure mitigation counseling with funding from the U.S. Department of Housing and Urban Development (HUD) and other state and federal agencies. I will receive an action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand as part of funding requirements, some of my personal information will be shared with program administrators or their evaluators, such as: (a.) submitting client-level information to the data collection system for this grant, (b.) opening files to be reviewed for program monitoring and compliance purposes, and (c.) conducting follow-up with client related program evaluation.
3. I give permission for administrators including and/or their agents to pull my credit report up to two additional times and to give authorization for program administrators and/or their evaluators to follow-up with me for up to three (3) years from the date of this signed form for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Putnam County Housing Corporation's Privacy Policy. I have elected **NOT** to "opt-out" of disclosures of my nonpublic personal information to third parties.
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 by PCHC or its partners.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for assistance to Legal Services of the Hudson Valley (LSHV) for a free of charge consultation. LSHV receives funding from various federal and state agencies which may require "low income status."
7. I understand that PCHC provides information and education on numerous loan products and housing programs. I further understand that the housing counseling I receive from PCHC in no way obligates me to choose any of these particular loan products or housing programs.
8. Further, I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____



PUTNAM COUNTY HOUSING CORPORATION
Privacy Policy

Putnam County Housing Corporation 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 "non-public 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 aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we may gather about you:

1. Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets and income;
2. 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
3. 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.
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 contact us.

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.
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.

I understand that my name and telephone number will not be shared with other parties, but that other information gathered may be used for research, program or policy development, or other legitimate purposes by the New York State Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), the City of New York, or other relevant funders of foreclosure prevention services.

CLIENT'S NAME (Print) _____

CLIENT'S NAME (Print) _____

SIGNATURE _____

SIGNATURE _____

DATE _____

DATE _____



PUTNAM COUNTY HOUSING CORPORATION

OPT-OUT ELECTION FORM

Foreclosure Mitigation Counseling Privacy Disclosure

1. I understand that Putnam County Housing Corporation (PCHC) provides foreclosure mitigation counseling with funding from the U.S. Department of Housing and Urban Development (HUD) and other state and federal agencies.
2. I understand as a part of funding requirements, some of my personal information will be shared with program administrators or their evaluators.
3. I acknowledge that I have received a copy of Putnam County Housing Corporation's Privacy Policy. I have elected to OPT-OUT of disclosures of my nonpublic personal information to third parties.

Client Name _____ Client Name _____

Signature _____ Signature _____

Date _____ Date _____

*******Only sign this page if you are Opting Out*******



**Putnam County Housing Corporation
Comprehensive Housing Counseling Program Disclosure**

I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to assist me/us with our counseling needs. The counselor will analyze my/our financial situation, identify those barriers preventing me/us from resolving our current situation, and develop a plan to remove those barriers. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues.

Funders include U.S. Department of Housing and Urban Development, New York State Attorney General's Office, the New York State Division of Housing and Community Renewal and the State of New York Mortgage Agency.

Putnam County Housing Corporation offers the following services and has financial relationships with following industry partners:

- HUD Housing Choice Voucher Program (Section 8)
- HUD Comprehensive Housing Counseling Program
- NYS Attorney General's Home Ownership Protection Program (HOPP)
- SONYMA/NCC Restart Program
- Family Self-Sufficiency Program (FSS)
- Federal Home Loan Bank (FHLB) Homebuyer Dream Program with local partners: Tompkins Mahopac Bank; M & T Bank; PCSB Bank; and Hudson Valley Federal Credit Union.
- Lakeview Housing Development Fund
- Gleneida Housing Development Fund
- Gleneida Senior Apartments
- Senior Housing at Mahopac Hills

I/We understand that Putnam County Housing Corporation provides information and education on alternative services, programs and products. I/We further understand that we are not obligated to receive any other services offered by the organization or its exclusive partners.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____



Putnam County Housing Corporation
Homeowner Background

WHAT STEPS HAVE YOU TAKEN TO FIX YOUR FINANCIAL SITUATION

WHAT CAUSED YOU TO CALL OUR OFFICE

WHAT CAUSED YOUR SITUATION

Name _____ Signature _____ Date _____

