

FUNDERS  
INCLUDE



HOMEOWNER  
PROTECTION PROGRAM  
New York State Attorney General  
1-855-HOME-456



## Putnam County Housing Corporation (PCHC)

11 Seminary Hill Road, Carmel, NY 10512  
845-225-8493  
845-225-8532 Fax

### Foreclosure and Mortgage Default Counseling Application

Dear Homeowner:

We are glad you contacted us about your mortgage situation. We understand how hard that was to do and will work with you to find a resolution. We offer **FREE FORECLOSURE PREVENTION COUNSELING** by our HUD-Certified Counselor, who assists homeowners that are at risk of default or foreclosure. Our counseling also includes an affordability analysis along with assisting homeowners with developing a sustainable spending plan.

To assist us in providing you with the most effective and efficient service, please complete the attached intake application as thoroughly as possible. **Along with the application, please provide the following:**

1. A copy of your credit report (you can obtain a free copy from [www.annualcreditreport.com](http://www.annualcreditreport.com) , just choose from one of the three bureaus.
2. Any correspondence from the servicer/bank or its attorneys.
3. Any correspondence from the courts..
4. Copy of drivers license or State issued photo ID.
5. Employment info for homeowner (all that apply):
  - Copies of most recent pay stubs (thirty consecutive days worth).
  - Copies of the most recent award letter for: Social Security, SSI, and Pension.
  - If self-employed: copies of the past 3 years signed and dated income tax returns and copies of the most recent Quarterly Profit and Loss statement signed and dated.
6. Copies of your most recent checking, savings and investment statements – 1 month all pages.

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.

When the Intake application is complete and all other necessary documentation has been collected, please return to PCHC either by mail: 11 Seminary Hill Rd., Carmel NY, 10512, or by fax: 845-225-8532. You may also scan & email to [kagreeneputhousing@aol.com](mailto:kagreeneputhousing@aol.com) or drop off at the office.

Once all documentation is received, the counselor will call to set up an appointment. Your counseling session should take about an hour and we ask that you please be on time.

As a HUD Certified Housing Counseling Agency, we look forward to working with you as your housing advocate.



# Putnam County Housing Corporation Homeowner Information

HOPP# \_\_\_\_\_

**Borrower** \_\_\_\_\_ Contact Phone \_\_\_\_\_

Property Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Security (last four #'s) \_\_\_\_\_ Education \_\_\_\_\_ Married \_\_\_\_\_

Email \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Active Military \_\_\_\_\_ Veteran \_\_\_\_\_ Disabled \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Other/nonconforming \_\_\_\_\_

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

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Email \_\_\_\_\_

Soc. Security (last four #'s) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Active Military \_\_\_\_\_ Veteran \_\_\_\_\_ Disabled \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Other/nonconforming \_\_\_\_\_

**\*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
- Age of children \_\_\_\_\_
- 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
<b>Employer 1</b>		
Job Title		
Date of Hire		
<b>Employer 2</b>		
Job Title		
Date of Hire		
<b>Employer 3</b>		
Job Title		
Date of Hire		

Please be advised this is NOT an application to apply for financing or grant assistance. This is used for registration and demographics purposes only. \*The following questions are being asked for statistical purposes. Your answer will not affect, in any way, your enrollment for our programs.



**Putnam County Housing Corporation**  
11 Seminary Hill Road, Carmel, NY 10512  
845-225-8493  
845-225-8532 Fax

**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, Stephanie Finney 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 \_\_\_\_\_



# Mortgage Information

## First Mortgage

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

Mortgagor phone# \_\_\_\_\_  
Names listed on Mortgage \_\_\_\_\_  
Names listed on Note \_\_\_\_\_

## 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  
Type of Loan (VA, FHA, don't know) \_\_\_\_\_  
Fixed/Adjustable \_\_\_\_\_ Interest Rate \_\_\_\_\_  
Balloon payment due y/n \_\_\_\_\_ Amount \_\_\_\_\_  
Have you ever received a modification? \_\_\_\_\_

Names listed on Note \_\_\_\_\_

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?  
\_\_\_\_\_



# 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 \_\_\_\_\_



## 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/Soc. Sec.		Disability/SSI/Soc. Sec.	
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 <sup>st</sup>		Auto Loans/Lease	
Other Mortgage		Fuel	
Other Mortgages		Auto Insurance	
Homeowners Insurance		Auto Registration	
Property Taxes		Other Transportation (tolls, bus, subway)	
HOA		<b>LOAN REPAYMENTS</b>	
<b>UTILITIES</b>		Credit Cards	
Electricity		Personal Loan	
Water and Sewer		<b>LEGAL</b>	
Gas		Child Support Expense	
Telephone		Alimony Expense	
Cell Phone		<b>PERSONAL CARE</b>	
Internet Service		Child Care	
Waste Removal		Health Insurance	
Cable/Satellite		Medical/Dental/Vision	
<b>TOTAL EXPENSES</b>		<b>OTHER EXPENSES</b> *Each line item must be listed in detail	
<b>FOOD</b>		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 \_\_\_\_\_



## 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 \_\_\_\_\_



# Privacy Policy

Putnam County Housing Corporation (PCHC) 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:

- 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.

## What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and /or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others such as your account balance, monthly payment history, and method of payment.
- Information we receive from a consumer credit reporting agency such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information, but this information **may not** be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

## How is your personal information secured?

We restrict access to your nonpublic personal information to PCHC employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

## Opting Out of Certain Disclosures

You may direct PCHC to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit PCHC's ability to provide services such as foreclosure prevention counseling. If you choose to opt out, please sign below under the "Opt Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

**RELEASE:** I hereby authorize PCHC to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

\_\_\_\_\_  
Name 1 (Printed)                      Signature                      Date                      Name 2 (Printed)                      Signature                      Date

**OPT OUT:** I request that PCHC make do disclosures of my nonpublic personal information to third parties other than Project partners and those permitted by law. By choosing this option, I understand that PCHC will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting PCHC.

\_\_\_\_\_  
Name 1 (Printed)                      Signature                      Date                      Name 2 (Printed)                      Signature                      Date





# 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. Type of services we provide are:

- Mortgage Delinquency and Default Resolution Counseling
  - Provides counseling to homeowners at risk or in foreclosure
- Pre-purchase Counseling
  - Preparing clients to become first-time homebuyers
- Reverse Mortgage Counseling
  - Provides statutory-required counseling to clients age 62 or older who are interested in obtaining an FHA-insured HECM.
- Pre-purchase Homebuyer Education
  - Partners with eHomeAmerica to provide online homebuyer education for a fee of \$99.00

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 \_\_\_\_\_



# Homeowner Background

**WHAT STEPS HAVE YOU TAKEN TO FIX YOUR FINANCIAL SITUATION:**


**WHAT CAUSED YOU TO CONTACT OUR OFFICE:**


**WHAT CAUSED YOUR SITUATION:**


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

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

