Beyond Housing
4156 Manchester Ave.
St. Louis, MO 63110
314-533-0600 ext. 22

Here is the list of documents needed in order to assist you:

1. Hardship letter stating your current situation
2. Last 30 days of pay stubs if employed
3. Proof of any other income: SSI, unemployment, pension etc.
4. Self employed: Year to Date Profit and Loss Statement
5. Last 2 months of bank statements (**all pages**)
6. 2010 **signed** federal tax returns
7. Most recent mortgage statement
8. Foreclosure sale/default letters
9. 1 recent utility bill
10. Valid driver's license

You may email, fax, or drop off the paperwork. Once we receive them, we will contact you for an appointment.

Note: While we will work hard on your behalf, Beyond Housing cannot guarantee that your situation will be resolved. The ultimate solution rests with you, the homeowner, and the lender/servicer of your loan.

Email: ebaker@beyondhousing.org
Fax: 314-533-0476
Location: 4156 Manchester Ave., St. Louis, MO 63110

Beyond Housing

HUD CERTIFIED COUNSELING AGENCY # 81120
EIN#510179471

4156 Manchester Ave., St. Louis, MO
314-533-0600 ext. 22

Date: Fax #

I hereby authorize the Foreclosure Intervention Department of Beyond Housing to discuss my mortgage and current situation with regard to delinquency, on my behalf, with the lender/servicer and/or foreclosing trustee of my mortgage loan. Members of the department include Linda Ingram, Lindy Tarrant, Becky McGill and Evette Baker.

In addition, I hereby authorize Beyond Housing to release/exchange information with other institutions, companies and agencies that may provide assistance in resolving a mortgage default.

I acknowledge that I may revoke this consent at any time. I also acknowledge that this consent expires one year from the date above.

Before signing this Third-Party Authorization, beware of foreclosure rescue scams

- It is expected that a HUD approved housing counselor, HFA representative or other authorized third party will work directly with your lender/mortgage servicer.
- Please visit http://makinghomeaffordable.gov/counselor.html to verify you are working with a HUD approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

Name: (Print) ______________________________

Property Address: ______________________________

City: ____________________ State: ________ Zip: __________

Home Phone # ____________________ Alternate Phone # ____________________

Lender: ______________________________

Loan Number: ______________________________

Signature: ______________________________

Last Four Digits of SS#: ____________

Date:__________________

Lender: ________________________ Investor: ________________________

Lender Phone Number: ____________________ Loan # ____________________

Last 4 #s of Social Security #:____________

Homeowner(s) listed on the mortgage:

	Homeowner #1	Homeowner #2
Full Name:		
Property Address:		
City, State:	Zip:	City/ County
Social Security #:		
Home Telephone:		
Cell phone/Alt. #:		
Best time to call:		
E-Mail address:		
Date of Birth:		
Race:		
Marital Status		
Educational Level		

Number in household ____________________ Ages: ____________________

Disabled______ Veteran _____ Foreign Born_____ Hispanic_____

Contact Person not living with you: ____________________ Phone Number: ____________________

Homeowner(s) employer information:

	Homeowner #1	Homeowner #2
Employer:		
Employer's Address:		
Employer's: City, State, Zip & County		
Employer's Phone:		

Mortgage information / history

When did you purchase your home?____________________

Original purchase price on your home?____________

What kind of loan, interest rate?__________________

What was your original mortgage payment when you first bought the house?__________

How much documentation i.e. (paystubs, tax returns, bank statements) was required when you last purchased and/or refinanced your home? (please circle one below)

Full   Low   Stated Income   No documentation

Have you ever refinanced? (Y/N)__________ How many times have you refinanced?________

When did you last refinance your home?____

Loan amount of the latest refinance?____

What is the term of the last loan (15 yrs, 30 yrs, 40 yrs, other)?__________________________

	Primary Mortgage	**2nd Mortgage (if applicable)**
Lender Name:	____________________	____________________
Loan #:	____________________	____________________
Current Payment:	____________________	____________________
Interest Rate:	______________% (fixed or ARM)	______________% (fixed or ARM)
Loan balance:	____________________	____________________
Loan Type: (FHA, VA, conventional)_	____________________	____________________
# of payments missed:	____________________	____________________
Date of last payment:	____________________	____________________
How much will it take to bring your mortgage current?	____________________	____________________

What is the estimated current value of property?: $____________________

What condition is the property in? : Excellent, Good, Fair or, Poor. (circle one)

Real Estate Taxes & Insurance Information

Who is your Homeowners Insurance carrier?______________________________

Insurance Carrier's Phone#:______________________

What is the deductible for your Homeowners Insurance? ______________________________

Is this Force Placed Insurance from the mortgage company (Y/N) **?**____________

Does the current mortgage payment include an escrow for taxes and/or insurance?___________

If not, what do you pay **monthly** for taxes: $______________ insurance: $________________

Have you filed bankruptcy since you owned your home?_____________ Chapter 7 or 13?
(circle one if applicable)

Have you previously had difficulty paying your mortgage?___________

Have you received any letters from a foreclosure attorney?____________

How much money have you been able to save to give to your mortgage lender?_____________

Do you have investment property or rental income?___________________________________

Briefly explain below what caused your financial hardship and when did it begin?

Has the hardship been resolved?

If the hardship has not been resolved, when do you think it will be resolved?

Have you taken any action to resolve your situation?
(Taken on another job, cut optional expenses, liquidated assets)

Crisis Budget Sheet

Homeowner Name(s): ______________________________

Monthly household expenses:

Home: $__________
(mortgage payment, property taxes)
PITI?
Second Mortgage $ __________
Property Taxes (if not in mortgage) $ ________
Homeowners Insurance: $ ________

Utilities:
Gas $ ____________________
Electric $ ____________________
Water $____________________
Sewer $____________________
Trash $____________________
Cell Phone $____________________
Home Phone $____________________
Cable $ ____________________
Internet $____________________

Necessities:

Groceries $____________________
Household Supplies $________________

Transportation:

Car Maintenance $ ____________
Car payment/lease $________________
Insurance $____________________
Fuel $____________________
Mass Transit/Parking $____________

Insurance:
Medical/Dental $________________
Life/Disability $________________

Monthly Debts:
Credit Cards $________________

Personal Loans $________________

Student Loans $________________

Monthly household income:

Homeowner:
Gross Monthly Income:______________

Net income: $________________
(monthly income after taxes and benefits are deducted)

Disability/SSI $______________
Rental Income $____________________
2nd Job/Part-time $ __________

Unemployment/Pension $___________

Child Support/Alimony $___________

Total Monthly Net Income $_________

Current Employment Status: (circle)

Full-time, part-time, unemployed, self-employed, retired, disabled

Additional Homeowner:
Gross Monthly Income:____________
Net Income $ ____________________

Disability/SSI $______________
Rental Income $______________
2ndJob/Part-ime $________________
Unemployment/Pension $__________
Child Support/Alimony $___________

Total Monthly Net Income $________
Current Employment Status: (circle)
Full-time, part-time, unemployed, Self-employed, retired, disabled

COMBINED MONTLY GROSS: ______

COMBINED MONTHLY NET: _______

<u>TOTAL YEARLY GROSS:</u>

Child Care/Education $______________________
(Lunch, tuition, child support, day care, books)

Medical Expenses $___________________________

Entertainment $_____________________________
(Dining out, hobbies, movies, shows)

Gifts: $_____________________________________
(Children's allowance, donations, holidays)

Miscellaneous $______________________________

Total Monthly Net Income $__________ Total Monthly Net Expenses $__________

Surplus $__________

Deficit $___________

If you have another mortgage, please complete the following:

Lender name__________________________ Other Monthly payment $___________________

Other Principal balance_________________ Number of Delinquent Payments_____________

Please sign on the following lines:

Homeowner #1 ________________________________ Date: ____________

Homeowner #2 ________________________________ Date: ____________

Form **4506-T**

(Rev. January 2011)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)

4 Previous address shown on the last return filed if different from line 3 (See instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution. *If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.*

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ ____________

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . ☐

c **Record of Account,** which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

Caution. *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

____________ ____________ ____________ ____________

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of signature date.*

Telephone number of taxpayer on line 1a or 2a

Sign Here

▶ **Signature** (see instructions) Date

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** Date

Print Form

Making Home Affordable Program
Request For Modification and Affidavit (RMA)

MAKING HOME AFFORDABLE.gov

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1 | **COMPLETE ALL THREE PAGES OF THIS FORM**

Loan I.D. Number________________ Servicer ________________

BORROWER	CO-BORROWER
Borrower's name	Co-borrower's name
Social Security number / Date of birth	Social Security number / Date of birth
Home phone number with area code	Home phone number with area code
Cell or work number with area code	Cell or work number with area code

I want to:	Keep the Property	Sell the Property	
The property is my:	Primary Residence	Second Home	Investment
The property is:	Owner Occupied	Renter Occupied	Vacant

Mailing address

Property address (if same as mailing address, just write same) E-mail address

Is the property listed for sale? Yes No
Have you received an offer on the property? Yes No
Date of offer ________ *Amount of offer $*________
Agent's Name: ________
Agent's Phone Number: ________
For Sale by Owner? Yes No

Have you contacted a credit-counseling agency for help Yes No
If yes, please complete the following:
Counselor's Name: ________
Agency Name: ________
Counselor's Phone Number: ________
Counselor's E-mail: ________

Who pays the real estate tax bill on your property?
I do Lender does Paid by condo or HOA
Are the taxes current? Yes No
Condominium or HOA Fees Yes No $ ________
Paid to: ________

Who pays the hazard insurance premium for your property?
I do Lender does Paid by Condo or HOA
Is the policy current? Yes No
Name of Insurance Co.: ________
Insurance Co. Tel #: ________

Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 13 *Filing Date:*________
Has your bankruptcy been discharged? Yes No *Bankruptcy case number* ________

Additional Liens/Mortgages or Judgments on this property:

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

- My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.
- My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
- My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.
- My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
- Other:

Explanation (continue on back of page 3 if necessary): ________________

INCOME/EXPENSES FOR HOUSEHOLD[1]

Number of People in Household:

Monthly Household Income	
Monthly Gross Wages	$
Overtime	$
Child Support / Alimony / Separation[2]	$
Social Security/SSDI	$
Other monthly income from pensions, annuities or retirement plans	$
Tips, commissions, bonus and self-employed income	$
Rents Received	$
Unemployment Income	$
Food Stamps/Welfare	$
Other (investment income, royalties, interest, dividends etc.)	$
Total (Gross Income)	**$**

Monthly Household Expenses/Debt	
First Mortgage Payment	$
Second Mortgage Payment	$
Insurance	$
Property Taxes	$
Credit Cards / Installment Loan(s) (total minimum payment per month)	$
Alimony, child support payments	$
Net Rental Expenses	$
HOA/Condo Fees/Property Maintenance	$
Car Payments	$
Other ________________ ________________	$
Total Debt/Expenses	**$**

Household Assets	
Checking Account(s)	$
Checking Account(s)	$
Savings/ Money Market	$
CDs	$
Stocks / Bonds	$
Other Cash on Hand	$
Other Real Estate (estimated value)	$
Other ______________	$
Other ______________	$
Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total Assets	**$**

INCOME MUST BE DOCUMENTED

[1]Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

[2]You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER	☐ I do not wish to furnish this information	CO-BORROWER	☐ I do not wish to furnish this information
Ethnicity:	☐ Hispanic or Latino ☐ Not Hispanic or Latino	*Ethnicity:*	☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race:	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	*Race:*	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
Sex:	☐ Female ☐ Male	*Sex:*	☐ Female ☐ Male

To be completed by interviewer

This request was taken by: ☐ Face-to-face interview ☐ Mail ☐ Telephone ☐ Internet	*Interviewer's Name (print or type) & ID Number* *Interviewer's Signature* *Date* *Interviewer's Phone Number (include area code)*	*Name/Address of Interviewer's Employer*

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

______________________________ ______________

Borrower Signature Date

______________________________ ______________

Co-Borrower Signature Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the modification process, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE™
Homeowner's HOPE™ Hotline

NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

THE DEPARTMENT OF THE TREASURY 1789

Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

(a) felony larceny, theft, fraud, or forgery,
(b) money laundering or
(c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

_______________________________ _______________
Borrower Signature Date

_______________________________ _______________
Co-Borrower Signature Date

Beyond Housing

Resolution Disclosure

I acknowledge and understand that the services provided by Beyond Housing are free services. The goal of my counselor is to assist me to avoid foreclosure if possible. In most cases funds are not available.

I understand that it is my responsibility to follow through with the mortgage lender/servicer and that any solution is determined by the agreement made between the lender and me.

There are no guarantees of a resolution.

Homeowner 1:________________________________ Date:__________

Homeowner 2:________________________________ Date:__________

Beyond Housing

Client/Counselor Contract

Beyond Housing and its counselors agree to be advocates for our clients and to provide the following services:

Analysis of the mortgage default, including the amount and cause of default
Presentation and explanation of reasonable options available to the homeowner
Assistance communicating with the mortgage servicer
Explanation of "collection" and "foreclosure" process
Development of spending plan
Identification of assistance resources
Referrals to needed resources
Confidentiality, honesty, respect and professionalism in all services

I/We, ______________________________agree to the following terms of service:

I/We will always provide **honest** and **complete** information to my/our counselor, whether verbally or in writing.
I/We will provide all necessary documentation and follow-up information within the timeframe requested.
I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
I/We will call within 24 hours of a scheduled appointment if I/we will be unable to attend an appointment.
I/We will contact the counselor about any changes in our situation immediately.
I/We understand that breaking this agreement may cause the counseling organization to sever its service, assistance, to me/us. I also understand that there are no guarantees that my situation can be resolved and that the ultimate solution rests with my decisions and those of the lender/servicer of my loan.

____
Homeowner Date

____
Homeowner Date

____
Counselor Date

____
Counselor Date

Beyond Housing

CREDIT REPORT AUTHORIZATION

Name ____
First Middle Last

Spouse____
First Middle Last

Address____

____
City State Zip

Social Security # ____

Date of Birth____

Spouses Social Security #____

Date of Birth____

I/We hereby give permission Beyond Housing to pull my/our credit report to assist the counselor in evaluating my/our situation in regards to my/our home or mortgage loan.

All information will be kept confidential. I further understand that Beyond Housing will be held harmless for information received in this credit report.

(Both Signatures are required if joint report is requested)

____
Signature Date

____
Spouses Signature Date

Beyond Housing

Foreclosure Mitigation Counseling Agreement

1. I understand that Beyond Housing 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 Beyond Housing 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 follow-up with me within the next three years for the purposes of program evaluation.

4. I acknowledge that I have received a copy of Beyond Housing'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 Beyond Housing provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Beyond Housing in no way obligates me to choose any of these particular loan products or housing programs.

Client's signature____________________________ Date______________________

Client's signature____________________________ Date______________________

Privacy Policy

Beyond Housing 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 (314-533-0600) 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.

Signature: ______________________________ Date: ____________

Signature: ______________________________ Date: ____________

How to Write a Hardship Letter

The Hardship Letter should be an honest, heartfelt statement outlining the circumstances that have created the problem. While it is important for the home owner to provide a complete picture of their hardship, it is also important to avoid a letter that is excessively long. Limit the letter to a manageable length.

Example

DATE

LENDER NAME
ADDRESS
LOAN NUMBER

Dear Sirs,

Our names are/my name is [NAME] and I've/we've been paying the mortgage on our home at [ADDRESS] for [# OF YEARS] now. I'm/we're writing to you to explain why I/we have unfortunately fallen behind on our monthly payments.

Explain your Hardship (Include dates and specific incidents that caused you to get behind).

Explain what steps you have taken to correct your Financial Position (cut back on spending, canceled some things... cable, eliminated activities, met with Credit Counseling services, used credit cards, borrowed from family, borrowed from retirement accounts, etc).

My family and I love our home and want to live in it for a long time. We would appreciate any help you are able to provide.

Best Regards,

Sign and date