



Dear Applicant,

Once your application is turned in, we will process it in the order that it was received unless there is an extenuating circumstance (i.e. sheriff's sale) that makes it a higher priority. Please keep in mind that it may take **several weeks before the lender processes the release form** and allows us to speak with them on your behalf.

Once the lender processes the release form you will be assigned to a HUD certified Housing Counselor who will work with you on a one-on-one basis to try to resolve your issue. Each situation is different and communication with your Housing Counselor may be sporadic. **Please keep in mind that this is a very long process and your patience is required.** There are some files in our office that have been here for nearly one year and others that were resolved in six weeks. Understand that our speed on your file is directly controlled by your lender. In addition, not bringing in the requested paperwork will further hinder the process and could possibly lead to the lender closing your file.

During this entire process, we insist that you make every effort to continue paying your mortgage. If for some reason the lender does not accept your payment, please save the money you would use for possible future agreements.

At any time during this process, should you have any questions, please give us a call and we will gladly help you out to the best of our ability. We thank you for your utmost patience in this matter and we look forward to helping you!

Sincerely,

The Fair Housing Resource Center Staff



Client Name

Date

In order to complete your application for assistance, we need the following items as checked below:

- Proof of Income –Two (2) **CURRENT** pay stubs, SSI determination letter, Unemployment Benefits Statement, Statement from Employer, etc.
 - Copy of **CURRENT** documents received from Mortgage Company or statement showing amount due.
 - Hardship letter outlining the reason for delinquency (example of hardship letter attached)
 - If a bankruptcy has been filed, a copy of your discharge letter (we cannot proceed without the letter)
 - Documentation of ownership (Probate or Estate transfer) if there has been a death of the original homeowner
 - Three (3) months of **CURRENT** bank statements
 - Completed financial worksheet
 - Completed Application and included documents
 - Photo I.D. from applicant and co-applicant
 - One (1) utility bill
 - Complete, _____ Taxes with all of the schedules included
 - Other _____
-

We appreciate your assistance in the above. The quicker we receive the above documentation, the quicker we can process your application. If you have any questions, please do not hesitate to contact the office.



CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct the *Fair Housing Resource Center* to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by the *Fair Housing Resource Center* and can be obtained up to two more times during the grant period, or up to three years. I understand and agree that the *Fair Housing Resource Center* intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in post-purchase counseling activities.

My signature below authorizes the release to credit reporting agencies of financial or other information that I have supplied to the *Fair Housing Resource Center* 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.

In addition, in connection with determining my ability to obtain a loan, I

- Authorize
 do not authorize

Fair Housing Resource Center to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including observed information noted as required by law or to fulfill other requirements and any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be 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 *Fair Housing Resource Center* in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Client's Social Security Number

Client's Social Security Number

Date

Date



Foreclosure Mitigation Client /Counselor Agreement

1. I/We understand that I/We must pay or continue to pay on our mortgage while we are receiving foreclosure assistance from Fair Housing Resource Center.
2. I/We understand that I/We must provide honest and complete information at all times to my/our counselor, whether verbally or in writing.
3. I/We will provide all necessary documentation and follow up information within the time frame requested by my counselor.
4. I/We agree to contact our counselor immediately if there are any changes in our situation.
5. I/We understand that we must schedule an appointment if I/we need to meet with our counselor.
6. I/We understand that breaking this agreement may cause Fair Housing Resource Center to sever its service assistance to me/us.
7. I/We understand a counselor may answer questions and provide information, but not give legal advice. If I/We want legal advice, I/We will be referred for appropriate assistance.
8. I/ We understand that we did receive a copy of the privacy policy agreement.
9. I/We understand that the foreclosure counseling that I/We receive from ***Fair Housing Resource Center*** in no way obligates me to choose any of the programs that my mortgage company offers me.
10. I/We understand that ***Fair Housing Resource Center*** receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
11. I/We give permission for NFMC program administrators and/or their agents to pull my/our 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/us between now and June 30, 2010 for the purposes of program evaluation.
12. I/We 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/We understand that I/We are not obligated to use any of the services offered to me/us.

Client's signature_____

Date_____



Release of Information

I, _____, hereby authorize _____
(Print your name) (Print name of Mortgage Company)

to provide details and documentation regarding my account to: **Fair Housing Resource Center, Inc.**

Signed: _____ Date: _____

Co-signed: _____ Date: _____

Property Address: _____

Phone Number: _____

Account Number: _____

Social Security #: _____

Social Security #: _____
(Co-signer)



Release of Information

I, _____, hereby authorize Citi Mortgage,
(Print your name) (Print name of Mortgage Company)

to provide details and documentation regarding my account to: **Fair Housing Resource Center, Inc., which includes: Patricia Kidd, Paul Tate, Regina Barnes, Christine Henninger, Liberty Schindel, Nicolas Nelbeski, Yvette Giles, Karen Addison. Any of the listed individuals are authorized 3rd Parties.**

I/We hereby release Citi Mortgage, Inc., its affiliates, employees, officers, agents, and directors from any claim or claims that may arise in connection with this authorization. This authorization shall remain in effect until revoked in writing.

Signed: _____ Date: _____

Co-signed: _____ Date: _____

Property Address: _____

Phone Number: _____

Account Number: _____

Social Security #: _____

Social Security #: _____
(Co-signer)



EMERGENCY MORTGAGE ASSISTANCE PROGRAM APPLICATION



Fair Housing Resource Center, Inc.
70 West Erie Street, Suite 260 • Painesville, Ohio 44077
Phone: 440-392-0147 • Fax: 440.392.0148
Toll-free: 866.411.FHRC(3472)

APPLICANT PERSONAL DATA

Name:

Date of birth:

SSN:

Phone:

Current address:

of Bedrooms

City:

State:

ZIP Code:

Monthly mortgage payment:

Original Mortgage Amount:

How long have you lived here?

\$

\$

Previous address *:

City:

State:

ZIP Code:

Have you ever filed bankruptcy?

Was the bankruptcy discharged:

Was the bankruptcy reaffirmed:

Yes No Date Filed:

Date Discharged:

Date:

HOUSEHOLD MEMBERS: (ALL OTHER PERSONS LIVING IN YOUR HOME, INCLUDING THOSE NOT RELATED TO YOU.)

Name

Age



EMERGENCY MORTGAGE ASSISTANCE PROGRAM APPLICATION



APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly: \$_____ Salary: _____

Annual income:

Part-time_____ Full-time_____

\$

(Please list amount of hours)

Previous employer *:

Reason for leaving:

Address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly: \$_____ Salary: _____

Annual income:

Part-time_____ Full-time_____

\$

(Please list amount of hours)

Name of a relative not residing with you:

Relationship:

Address:

Phone:

City:

State:

ZIP Code:

CO-APPLICANT PERSONAL DATA (PERSON WHO PROVIDES ADDITIONAL INCOME IN THE HOME)

Name:

Date of birth:

SSN:

Phone:



EMERGENCY MORTGAGE ASSISTANCE PROGRAM APPLICATION



Current address:

City:

State:

ZIP Code:

Monthly mortgage payment:

\$

How long?

Previous address *:

City:

State:

ZIP Code:

CO-APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly: \$_____ Salary: \$_____

Annual income:

Part-time_____ Full-time_____
(Please list amount of hours)

\$

Previous employer *:

Reason for leaving:

Address:

Phone:

E-mail:

Fax:

CO-APPLICANT EMPLOYMENT INFORMATION – CONT.

City:

State:

ZIP Code:

Position:

Hourly: \$_____ Salary: \$_____

Annual income:

Part-time_____ Full-time_____
(Please list amount of hours)

\$

GROSS INCOME



EMERGENCY MORTGAGE ASSISTANCE PROGRAM APPLICATION



List below the **GROSS** income of **ALL PERSONS** living in your home. Please attach proof of income for past month and current month.

Primary Earner:	Employer:
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Secondary Earner:	Employer:
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Primary	Secondary	Source of Income	Last Month		This Month	
			Amount	How Often	Amount	How Often
<input type="checkbox"/>	<input type="checkbox"/>	Wages	\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Wages	\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security	\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security	\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	SSI	\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Pensions (Including Veterans Benefits)	\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Annuities	\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Rental Income	\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Interest Income	\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Workers Comp	\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment	\$		\$	
<input type="checkbox"/>	<input type="checkbox"/>	Self Employment	\$		\$	

Total Monthly Income: \$	Number of Occupants:
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MEDICAL EXPENSES			Amount
Have you paid medical expenses, including prescriptions, since last June 1 st ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Have you paid any medical insurance premiums since last June 1 st ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Do you receive reimbursement for any of these expenses from insurance or from the Veteran's Administration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$

HOMEOWNER INSURANCE

Agent:	Address:
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Policy Number:	Coverage Amount: \$
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Yearly Premium: \$	Is insurance included in house payment? Yes___ No___
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EMERGENCY MORTGAGE ASSISTANCE PROGRAM APPLICATION



CERTIFICATION OF APPLICANT

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK SOMEONE AT THE AGENCY TO HELP YOU. BOTH APPLICANTS MUST SIGN IN INK BELOW.

I certify that all the information in the application for the Emergency Mortgage Assistance Program is true and complete to the best of my knowledge. I understand this information is subject to verification.

The Applicant(s) further certify that he/she/they are the owner(s) of the property identified in this application and that any and all funds provided to the Applicant(s) will be used only for the sole purpose of assistance with mortgage payments.

I authorize Lake County, through its representatives (Fair Housing Resource Center), and designees of the Office of Housing and Community Partnerships (OHCP) and the US Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in the application is necessary for evaluation of my application for emergency assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I further understand that my name, address and total amount of emergency assistance will be subject to public disclosure since public funds are being utilized.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec 1001, provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United State knowingly and willfully falsifies... or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date

Authorization by Applicant I hereby authorize Fair Housing Resource Center, to obtain verification of employment and financial information, if necessary.

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date

* "Previous" Items to be used when "Present" information is less than two years.

HARDSHIP LETTER EXAMPLE

This letter is for **EXAMPLE PURPOSES ONLY to assist in drafting a letter of your own. **Do not use word for word, just use it as a guide.**

Things to include in the letter:

- When did the hardship begin (specific dates)?
- Has it been resolved? If not, when do you think it will be resolved (detailed resolution)?
- Have any actions been taken to resolve the situation? (Example: have you contacted a credit counselor or cut optional household expenses such as cable, etc?)

This letter is geared toward someone that has had some financial difficulties. It is **imperative** that you **explain how these difficulties have been resolved.**

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 __ 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, also explain how it has been resolved – if it hasn't been resolved, explain when you think it will be resolved and how).

We/I have sat down with my/our family and taken a very hard look at our financial situation and we all have agreed to make the following sacrifices in order to make certain that this situation never happens again.

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).

My family and I are truly grateful for the opportunity that you've given us to own our home and have every intention of keeping it for a long while, as well as making timely mortgage payments to you for it. Our children will grow up here and we hope that our grandchildren will also.

Thank you again and we wish you all the best!



MONTHLY EXPENSES

*Please fill out this form as accurately as possible. If you need additional space please use a separate sheet of paper.

<u>Housing</u>		
Mortgage:	1st :	2nd :
Homeowners Insurance:		
Home Owner Association Dues:		
Cable/Satellite:		
Phone:		
Cell Phone:		
Internet:		
Food/Groceries:		
Other:		
<u>Utilities</u>		
Electric:		
Gas:		
Water:		
Garbage:		
Other:		
<u>Transportation</u>		
Auto Loan(s):		
Gas:		
Insurance:		
Other:		
<u>Childcare</u>		
Daycare:		
Child support or Alimony:		
<u>Insurance (Medical or Dental)</u>		
Prescription(s):		
<u>Loans</u>		
Personal loan:	<u>Credit Card(s):</u>	
	Do not write below this line	
<u>Schooling</u>	Total Income(net):\$	Total Income(gross):\$
Tuition:	Total Expenses:	Deficit/Surplus:

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Short Form Request for Individual Tax Return Transcript

Department of the Treasury
Internal Revenue Service

▶ **Request may not be processed if the form is incomplete or illegible.**

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

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

4 Previous address shown on the last return filed if different from line 3

5 If the transcript 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.

Third party name	Telephone number
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Address (including apt., room, or suite no.), city, state, and ZIP code

6 **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

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

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	▶ Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	▶ Spouse's signature	Date	

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (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).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Where to mail . . .

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.