

Tell Us About Your Home

<input type="checkbox"/> Single Family detached <input type="checkbox"/> Condo / Townhouse <input type="checkbox"/> 2-4 Unit <input type="checkbox"/> Cooperative <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____		Condition of Home: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Property Address: _____			
City, State, Zip Code: _____			
Original Purchase Price \$ _____		Amount Owed (Total) \$ _____	
Number of Bedrooms _____		Year Purchased _____	
Number of Bathrooms _____		Year Last Refinanced _____	
Year Built / Age of Home _____		Market Value / List Price \$ _____	
Are you working with a Real Estate Agent? Y / N Name/Phone: _____		# Days/Months on Market _____	

Tell Us About Your Loans and Home Obligations

	Current Lender & Loan Number(s)	# Missed Payments	Rate / Term / Adjustment Date	Balance	Monthly Payment
1	Loan # _____	<input type="checkbox"/> Current <input type="checkbox"/> 1 -2 missed <input type="checkbox"/> 3 - 4 missed <input type="checkbox"/> 5 or more Date last Paid: _____	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> I/O <input type="checkbox"/> Hybrid <input type="checkbox"/> 3/27 <input type="checkbox"/> 2/28 <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Private Rate: _____ Date to Adjust: _____	\$ _____	\$ _____
				If ARM, has the interest rate already reset? Y / N Has lender provided previous workout? Y / N	
2	Loan # _____	<input type="checkbox"/> Current <input type="checkbox"/> 1 -2 missed <input type="checkbox"/> 3 - 4 missed <input type="checkbox"/> 5 or more Date last Paid: _____	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> I/O <input type="checkbox"/> Hybrid <input type="checkbox"/> 3/27 <input type="checkbox"/> 2/28 <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Private Rate: _____ Date to Adjust: _____	\$ _____	\$ _____
				If ARM, has the interest rate already reset? Y / N Has lender provided previous workout? Y / N	
3	Loan # _____	<input type="checkbox"/> Current <input type="checkbox"/> 1 -2 missed <input type="checkbox"/> 3 - 4 missed <input type="checkbox"/> 5 or more Date last Paid: _____	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> I/O <input type="checkbox"/> Hybrid <input type="checkbox"/> 3/27 <input type="checkbox"/> 2/28 <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Private Rate: _____ Date to Adjust: _____	\$ _____	\$ _____
				If ARM, has the interest rate already reset? Y / N Has lender provided previous workout? Y / N	
4	Property Taxes Escrowed? <input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Late Date Last Paid: _____		\$ _____	\$ _____
5	Home Insurance Escrowed? <input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Late Date Last Paid: _____		\$ _____	\$ _____
6	Homeowners Association (HOA)	<input type="checkbox"/> Current <input type="checkbox"/> Late Date Last Paid: _____		\$ _____	\$ _____
TOTALS				\$ _____	\$ _____

DEBT, CREDIT & LIABILITIES		Applicant		Co-Applicant	
<i>List all debt payments like credit cards, car payments, student loans. Do not include <u>regular household bills</u> in this section.</i> Lender Name _____		Minimum Monthly Payment	Balance Owed	Minimum Monthly Payment	Balance Owed
		Car Payment	\$ _____	\$ _____	\$ _____
Credit Card	\$ _____	\$ _____	\$ _____	\$ _____	
Credit Card	\$ _____	\$ _____	\$ _____	\$ _____	
Credit Card	\$ _____	\$ _____	\$ _____	\$ _____	
Credit Card	\$ _____	\$ _____	\$ _____	\$ _____	
Installment loan (e.g. furniture)	\$ _____	\$ _____	\$ _____	\$ _____	
Student Loan	\$ _____	\$ _____	\$ _____	\$ _____	
Alimony/Child Support	\$ _____	\$ _____	\$ _____	\$ _____	
Total Debt & Liabilities	\$ _____	\$ _____	\$ _____	\$ _____	
COMBINED MONTHLY DEBT PAYMENTS				\$ _____	\$ _____

What is the Primary reason for your Default or Mortgage Trouble? (Choose One)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Reduction in Income | <input type="checkbox"/> Medical issues | <input type="checkbox"/> Loss of Home Value | <input type="checkbox"/> Rate Adjustment / Increased payment |
| <input type="checkbox"/> Loss of Income | <input type="checkbox"/> Lack of Budget | <input type="checkbox"/> Divorce / Separation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Failed Business Venture | <input type="checkbox"/> Increase in Expense | <input type="checkbox"/> Death of Family member | |

What kind of documentation was required when obtaining your current loan?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Full Documentation | <input type="checkbox"/> No Documentation | <input type="checkbox"/> Stated Income | <input type="checkbox"/> Don't Recall / Don't Know |
| <input type="checkbox"/> Low Documentation | | | |

Tell us about any late payments or bankruptcy

	Applicant		Co-Applicant	
Are currently late on any other payments? <i>If yes, provide explanations on separate sheet.</i>	YES	NO	YES	NO
Are you currently in Chapter 13 bankruptcy? <i>If yes, when did it begin?</i> <i>If yes, when will it be paid out?</i> <i>If yes, how much is the payment?</i>	YES	NO	YES	NO
	_____		_____	
	_____		_____	
	_____		_____	
Have you filed for Chapter 7 Bankruptcy? <i>If yes, when was it discharged</i>	YES	NO	YES	NO
	_____ / _____ / _____		_____ / _____ / _____	

Tell Us About Your Assets / Cash on Hand

	Bank / Institution	Applicant	Co-Applicant
Checking Account(s)		\$	\$
Savings Account(s)		\$	\$
Mutual Funds, Stocks, Bonds		\$	\$
Retirement Funds		\$	\$
Cash Value of Life Insurance Policies		\$	\$
Other Assets		\$	\$
TOTAL CASH AND ASSETS		\$	\$
COMBINED HOUSEHOLD ASSETS (Applicant + Co-Applicant)		\$	\$
If you expect to receive additional funds (e.g., tax refund, settlement, property sales, etc.) indicate the amount here \$			

Tell Us About Your Job / Employment

	Applicant		Co-Applicant	
Current Employer (Name, Address, Phone Number)				
Title				
Hire Date / Years on Job	/ /	____ yrs	/ /	____ yrs
Other Current Employer OR Former Employer (If Current less than 2 years)				
Title				
Hire Date / Years on Job	/ /	____ yrs	/ /	____ yrs

Tell Us About Your Income <i>(All Sources)</i>	Applicant	Co-Applicant
Salary/Wages (Gross Monthly)	\$	\$
Overtime Pay	\$	\$
2nd Job/Part-Time/Seasonal	\$	\$

Commissions/Bonuses/Tips	\$	\$
<input type="checkbox"/> Pension <input type="checkbox"/> VA <input type="checkbox"/> SSI <input type="checkbox"/> SSA Benefits	\$	\$
Unemployment/Disability Compensation	\$	\$
<input type="checkbox"/> Public Assistance <input type="checkbox"/> Foster Care	\$	\$
Self – Employed (Net Income)	\$	\$
<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Separation Income	\$	\$
Other (explain)	\$	\$
TOTAL GROSS MONTHLY INCOME	\$	\$
TOTAL ANNUAL INCOME	\$	\$
COMBINED MONTHLY HOUSEHOLD INCOME		\$
Tell Us About Your Regular Living Expenses	Applicant	Co-Applicant
Cable/Satellite TV	\$	\$
Child Care / Child Support	\$	\$
Charity (Tithe, Gifts)	\$	\$
Education	\$	\$
Entertainment (Movies, DVDs, Music)	\$	\$
Food: Eating Out	\$	\$
Food: Groceries	\$	\$
Laundry and Dry Cleaning	\$	\$
Insurance(s)	\$	\$
Medical and Dental	\$	\$
Telephone, DSL	\$	\$
Transportation: Gas	\$	\$
Transportation: Tolls, Bus, BART	\$	\$
Utilities: Water	\$	\$
Utilities: Garbage	\$	\$
Utilities: Gas, Electric	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
TOTAL LIVING EXPENSES	\$	\$
COMBINED HOUSEHOLD EXPENSES		\$

<input type="checkbox"/> Friend / Family <input type="checkbox"/> NHS Board Member <input type="checkbox"/> NHS Client <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Newspaper		<input type="checkbox"/> HOPE line <input type="checkbox"/> Seminar <input type="checkbox"/> Internet <input type="checkbox"/> Lender / Bank <input type="checkbox"/> Realtor		<input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> Other: _____		<input type="checkbox"/> HUD / Fannie Mae <input type="checkbox"/> RHA	
				<i>For office use only</i>			
Client Intake# _____				Assigned to: _____			
Credit Score: TU [_____] Exp [_____] Eq [_____] <input type="checkbox"/> Tri-Merge							
Funded by: [] HPF [] NFMC [] HUD [] RHA [] NHS [] NHSA							



**Urban League of
Metropolitan Seattle**

**Empowering Communities.
Changing Lives.**

Authorization Agreement

I authorize The Urban League of Metropolitan Seattle and its counselors to:

- (a) Discuss and negotiate my loan application or mortgage status with my lender, attorney, trustee and/or title company;
- (b) Share statistical information about my transaction with NeighborWorks[®] America, HUD or other government funders in conformance with the privacy act; and,
- (c) Obtain my/our credit report to review my/our credit file for housing counseling in connection with my pursuit of a loan to purchase real property;
- (d) Obtain my/our report and review my/our credit file for informational inquiry purposes;
- (e) Obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) from the lender and/or the title company that closed the loan if I purchase or refinance.
- (f) Permit NeighborWorks[®] America or its authorize representatives, duly designated third-party contractors and/or agents (for program evaluations purposes) to retrieve and review client credit information and records, including credit reports, up to two (2) additional times between client intake date and date of original intake to conduct follow-up interviews/communications with clients for program evaluations purposes.

Authorization is further granted to the Counseling Agency to use a photocopy of my/our signatures below, to obtain information regarding any of these items.

Part of the mission of the Urban League of Metropolitan Seattle is to empower families and individuals to obtain and retain assets. By accepting The Urban League's homeownership counseling services, I acknowledge that I am in no way obligated to participate in any other program or service offered by The Urban League of Metropolitan Seattle, or to use the services of any of the Urban League Partners or associates.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Signature of Applicant	Date	Signature of Co-Applicant	Date
Name of Applicant (Please Print)		Name of Co-Applicant (Please Print)	
Social Security Number		Social Security Number	
Lender		Loan #	
Lender		Loan #	



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Suggested Contents of a Hardship Letter

An effective hardship letter should include, but is not limited to the following:

1. Your identifying information: This will include your name, address and mortgage/lien holder account number.
2. You should describe your hardship and the reason for your hardship in detail.
3. Give an overview of your income and expenses and explain any anticipated changes in income (or expenses) and when the change may occur. You should also state whether you have any money saved to offset any delinquency.

Other tips to assist you in writing you Hardship Letter:

- Make sure to limit your hardship letter to no more than 1 page
- If you hand write it, make sure it's legible
- Your letter should be clear and to the point
- Make sure that the letter is signed by all homeowners
- Be prepared to discuss what you would like the outcome to be with your counselor
- Make sure to have your counselor go over your Hardship Letter with you before you send it to your lender

Make sure to have your Hardship Letter completed when you met with your counselor. If you need additional assistance in preparing your letter, let your counselor know.

Hardship Letter:
