



**Foreclosure Intervention  
Client Counseling Session Packet  
2009/2010**

**IMPORTANT CLIENT NOTICE**

All Clients must complete all pages in this packet and provide all requested documents before an appointment can be scheduled. Please return the completed packet and ONLY COPIES of required documentation to this agency either in person or by mail. Our mailing address is *AHA 59 Broad Street Eatontown, NJ 07724*. Should you have any further questions or concerns, please call (732) 389-2958 and ask to speak with someone in our foreclosure department.

**PLEASE THOROUGHLY READ THE INTERVENTION PACKET INSTRUCTIONS PRIOR TO  
COMPLETING**

Dear Homeowner,

I'm so glad you took that tough first step and contacted us about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation.

To assist us in providing you with the most effective and efficient service, please complete the attached worksheets as thoroughly as possible. You only need to complete the "current" column on the monthly spending plan. Please give the monthly spending plan careful attention. This information is the key element of resolving your financial situation. If there are questions or information you don't understand, that's okay. Do your best with it and we will go through the rest of it together.

Please know there is an emphasis on you being truthful with the information provided on the forms. We can't help with a resolution unless we have a complete and accurate understanding of your situation. Any loan workout or modification arrangements based on untruthful information is certain to fail.

Your first appointment will be a 30-minute phone interview, which is conducted by a counselor support staff person. Your second appointment will be a face-to-face meeting with a certified foreclosure counselor, which could last a half hour to an hour, so you must be on time. Many other families are in the same position as you and the demand for our services is high. We often have appointments back to back. If you arrive late, I will only be able to work with you for the remaining time of your appointment.

Clients seeking counseling for the Making Home Affordable Program, also referred to as the Home Affordable Modification Program (HAMP) and/or Obama Plan, a list of required documents can be found on page 4.

**YOU MUST PROVIDE THE FOLLOWING LIST OF DOCUMENTS PRIOR TO YOUR APPOINTMENTS; PLEASE SEE THE DOCUMENTATION AND THE DESCRIPTION OF EACH PROVIDED BELOW.**

- **All correspondence;** from mortgage company or its attorney, even if it's unopened
- **All Foreclosure Citations;** from the courts or the sheriff office
- **Proof of Income – ONE MONTH** pay stubs for all employment and income statements for all other household income, social security, pension unemployment, alimony, child support, or provide invoices, receipts, contract(s) if self-employed; (4 PAY STUBS IF PAID WEEKLY, 2 PAY STUBS IF PAID BI-WEEKLY)
- **Proof of Assets** - last 3 months from all accounts and/or additional asset information such as Pension Plan, 401K, Stock/Bonds, etc
- **Lender's Mortgage Statements-** the statement that the mortgage company sends to you monthly
- **Most recent expense statements for household-** credit card(s), car payment(s), monthly utility bills, childcare payments, etc. proof of all monthly expenses as indicated in the enclosed budget.
- **Tax Returns** - past recent 2-years with W-2s / 3-years if self-employed with Schedule C and Profit/Loss Statement
- **Credit Reports Fee(s)- \$22 single & \$33 for couples (Credit or Money Order payable to AHA only)**

- **Hardship Letter-** Explains the borrowers' circumstances, hardship and causes of how you fell behind in making your monthly mortgage payments. The letter should be addressed to the lender/servicer and include the type of workout plan you are seeking in order to get back on track with making your monthly mortgage payments. *(See sample hardship letter on page 4)*

**The following documents were provided to you at the time of your closing which should have taken place at an attorney's office or a title company's office, the following documents were provided as borrower's copies (usually unsigned):**

- **Good Faith Estimate-** sets out all the costs associated with the mortgage, and most experts recommend against committing to a loan before seeing it. *(Provided to you when you submitted your loan application, if you cannot locate this document the loan representative who processed your loan application should be able to provide you with a copy)*
- **Truth-In-Lending-** is a statement containing information on the annual percentage rate, the finance charge, the amount financed, and the total payments required. *(Provided to you when you received your final commitment letter from your lender, if you cannot locate this document the attorney who conducted your closing should be able to provide you with a copy)*
- **HUD-1 Settlement Statement-** A document that provides an itemized listing of the funds that are payable at closing. Items that appear on that statement include real estate commission, loan fees, points, and initial escrow amounts. This was signed by you, the buyer and the seller at the time of your closing. **If you cannot find it, a copy you can obtain one from the attorney who conducted your closing.** *(HUD-1 Settlement statement is 2 pages long, PLEASE PROVIDE ALL PAGES)*
- **Mortgage- This is different from a monthly mortgage statement.** A mortgage is a lien on a property/house that secures a loan and is paid in installments over a set period of time. The mortgage secures your promise that you will repay the money you have borrowed to buy your home. **If you cannot find it, a copy can be found online with your respective county clerk's office.** *(The mortgage is usually 13-17 pages long, PLEASE PROVIDE ALL PAGES)*
- **Note-** you signed this document at your closing, it the agreement that offers a mortgage as proof of the debt and defines the terms under which the mortgage is to be repaid. It states the total debt owed, monthly payment due and the interest rates of the agreement. This document is *not* recorded at the county clerk's office. **If you cannot find it, a copy can be requested from the attorney who conducted your closing or directly from your lender/servicing company.** *(Mortgage Note is usually 3 pages long, PLEASE PROVIDE ALL PAGES)*
- **Deed-** which is recorded at the County Recorder's office in the county you purchased your property, conveys title to the property and identifies the owner of a particular parcel of real property. Once the deed is recorded, even if the original deed is lost or destroyed, title to the property is owned by the person or entity named on the deed.

\*If you have refinanced your home, you will not receive new Deed, it is the same as the one originally filed. *(If you cannot find it, it can be found online with your respective county clerk's office)*

**ATTENTION:  
MAKING HOME AFFORDABLE (MHA) MODIFICATION  
PROGRAM**

**Clients who have been granted the MHA Program, 2 counseling sessions are mandatory in order to complete the program. The initial session requires a face-to-face appointment with a HUD certified counselor.**

**Client needs to provide the following documentation prior to scheduling an appointment:**

- **Note**
- **Two most recent pay stubs, if applicable**
- **The most recent tax return on file**
- **Other income documentation (including child support, social security, renter income, government assistance)**
- **Most recent utility bills (including electric, trash, gas, water, cable, phone, internet, cell phone)**
- **Two most recent bank statements (checks, savings, CDs, MMA)**
- **Amount of cash on hand**
- **Post-modification mortgage statement**
- **Auto loan statement**
- **Student loan statement**
- **Two most recent credit card statements for each account**
- **Other installment loan statements**
- **Credit report fee - \$22 single & \$33 for couples (Credit card or Money Order payable to AHA only)**

**During the second session, updated documentation will also be required.**

## Sample Hardship Letter

*(Excerpts Provided by the National Consumer Law Center)*

The Following letter is a **GUIDELINE**. You **MUST** compose your own letter, but feel free to use the same or a similar format. We do advise that you seek help from a legal advocate first when writing this hardship letter, although if that is not possible because of time/inconvenience, it is sufficient to write your own letter as well.

### **REMEMBER TO ADDRESS YOUR HARDSHIP LETTER TO YOUR LENDER/SERVICER**

Dear Lender/Servicer,

#### **STATE WHAT TYPE OF WORKOUT PLAN YOU ARE SEEKING**

This letter is to support our application for a loan modification plan that will help us get our mortgage payments back on track with an affordable mortgage. We have lived in our home for over 20 years and we want to work hard to keep it.

#### **EXPLAIN ANY SPECIAL HARDSHIP CIRCUMSTANCES FULLY**

Our youngest child is learning disabled and attends a special program at school. If we lose our home we will probably have to move out of this school district. Our doctor have said that moving is likely to disrupt our boys' development.

#### **EXPLAIN WHAT CAUSED YOU TO FALL BEHIND ON PAYMENTS SUCH AS REDUCATION IN PAY, DEATH, ILLNESS, DIVORCE, DISABILITY, UNAVIODABLE INCREASE IN EXPENSES, ETC**

My husband has been employed in the construction business for more than 20 years as a plasterer and mason. He was laid off by his prior employer last September and his unemployment compensation was only 60% of his prior income. I was able to increase my hours as a school aid as of December 1 to make up part of the difference, but we were unable to make full mortgage payments for December through April.

#### **EXPLAIN YOUR PLAN FOR GETTING PAYMENTS BACK ON TRACK. CONVINC THE LENDER THAT YOU HAVE A PLAN THAT WILL WORK**

We will be able to start making full payments again soon. My husband got a part time job as of April 15 which will expand to full time employment as of July 1. He will be paid less than his previous job, but with my increase in hours our income will be approximately 90% of what it was before the lay-off. My husband's new job is indoor work which will be steady and his new employer is a construction company that has been in business for 35 years.

#### **EXPLAIN WHAT MONEY YOU HAVE SET ASIDE FOR YOUR PAYMENTS (IF SO).**

#### **ATTACH EVIDENCE OF YOUR BUDGET (INCOME AND EXPENSES) TO SUPPORT YOUR PLAN. SPECIFY WHAT TYPE OF PAYMENT SCHEDULE YOU THINK YOU CAN KEEP.**

Our financial information is enclosed with this letter. If we can have a loan modification that involves payments of no more than \$800 a month, we know we can make it. You will see that we have minimized all our expenses and it is most important to us to keep this home. Please put yourself in our position and try to help. We thank you very much for any effort you can make.

#### **IF YOU EXPECT TO BE WORKING WITH AN ADVOCATE, INCLUDE HIS OR HER NAME AND CONTACT INFORMATION; ALSO INCLUDE YOUR OWN NAME AND CONTACT INFORMATION**

Sincerely,

\_\_\_\_\_  
SIGNATURE OF BORROWER(S)

# HOME OWNER INFORMATION WORKSHEET

Homeowner (A) \_\_\_\_\_

Homeowner (B) \_\_\_\_\_

Homeowner (A) Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Homeowner (B) Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (A) \_\_\_\_\_ Home Phone (B) \_\_\_\_\_

Work Phone (A) \_\_\_\_\_ Work Phone (B) \_\_\_\_\_

Cell Phone (A) \_\_\_\_\_ Cell Phone (B) \_\_\_\_\_

Email Address (A) \_\_\_\_\_

Email Address (B) \_\_\_\_\_

Homeowner (A) SSN \_\_\_\_\_ Homeowner (B) SSN \_\_\_\_\_

Homeowner (A) DOB \_\_\_\_\_ Homeowner (B) DOB \_\_\_\_\_

Homeowner (A) Employer 1 \_\_\_\_\_

Title \_\_\_\_\_ How Long? \_\_\_\_\_

Homeowner (A) Employer 2 \_\_\_\_\_

Title \_\_\_\_\_ How Long? \_\_\_\_\_

Homeowner (B) Employer 1 \_\_\_\_\_

Title \_\_\_\_\_ How Long? \_\_\_\_\_

Homeowner (B) Employer 2 \_\_\_\_\_

Title \_\_\_\_\_ How Long? \_\_\_\_\_

## MORTGAGE INFORMATION

|   | First Mortgage | Second Mortgage | Third Mortgage |
|---|----------------|-----------------|----------------|
| <b>Loan Info</b>                        |                |                 |                |
| Mortgage Holder                         |                |                 |                |
| Monthly Payment                         |                |                 |                |
| Date of Loan                            |                |                 |                |
| Paid Through Date                       |                |                 |                |
| Delinquent Amount                       |                |                 |                |
| Outstanding Balance                     |                |                 |                |
| <b>Loan Type</b>                        |                |                 |                |
| Sub-prime                               |                |                 |                |
| FHA                                     |                |                 |                |
| VA                                      |                |                 |                |
| Insured Conventional<br>List MI Company |                |                 |                |
| Uninsured Conventional                  |                |                 |                |
| Rural Development                       |                |                 |                |
| Contract for Deed                       |                |                 |                |
| Other:                                  |                |                 |                |
| <b>Loan Terms</b>                       |                |                 |                |
| Adjustable Rate                         |                |                 |                |
| Hybrid ARM (2/28)                       |                |                 |                |
| Interest Only                           |                |                 |                |
| Option ARM                              |                |                 |                |
| 40/30 Balloon                           |                |                 |                |
| 80/20                                   |                |                 |                |
| Deferred                                |                |                 |                |
| Balloon                                 |                |                 |                |
| Other:                                  |                |                 |                |
| <b>Escrow Account Info</b>              |                |                 |                |
| Taxes Escrowed (Y/N)                    |                |                 |                |
| Delinquent tax amount                   |                |                 |                |
| Insurance Escrowed (Y/N)                |                |                 |                |
| Delinquent insurance amount             |                |                 |                |
| <b>Homeowner Association (HOA) Info</b> |                |                 |                |
| Name of HOA                             |                |                 |                |
| Monthly assessment                      |                |                 |                |
| Paid through date                       |                |                 |                |
| Amount outstanding                      |                |                 |                |
| <b>Previous Workouts</b>                |                |                 |                |
| Type of Workout                         |                |                 |                |
| Date of Workout                         |                |                 |                |
| Completed? (Y/N)                        |                |                 |                |

## PROPERTY INFORMATION

### Type of Property

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single Family detached | <input type="checkbox"/> 2-4 Unit    | <input type="checkbox"/> Townhouse   |
| <input type="checkbox"/> Condominium            | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Other                  |                                      |                                      |

### Condition of Home

- Excellent   
  Good   
  Fair   
  Poor

Age of Home \_\_\_\_\_

Date Purchased \_\_\_\_\_

Tax Assessed Value \$ \_\_\_\_\_

Currently for Sale?     Yes     No

List Price \$ \_\_\_\_\_

Real estate agent \_\_\_\_\_

Phone number \_\_\_\_\_

Length of time on market \_\_\_\_\_

## HOUSEHOLD INFORMATION

Number of Adults Over 18 \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

| Household Monthly Income                  | Gross     | Net       | Verification |
|---|-----------|-----------|--------------|
| Homeowner (A) Monthly Income Employer (1) | \$        | \$        |              |
| Homeowner (A) Monthly Income Employer (2) | \$        | \$        |              |
| Homeowner (B) Monthly Income Employer (1) | \$        | \$        |              |
| Homeowner (B) Monthly Income Employer (2) | \$        | \$        |              |
| Other Employment Income                   | \$        | \$        |              |
| Other Employment Income                   | \$        | \$        |              |
| Social Security /SSI / SSDI               | \$        | \$        |              |
| Child or Spousal Support                  | \$        | \$        |              |
| Unemployment Compensation                 | \$        | \$        |              |
| Workers Disability Compensation           | \$        | \$        |              |
| Veterans Benefits                         | \$        | \$        |              |
| Retirement Benefits                       | \$        | \$        |              |
| Monies From Rental properties             | \$        | \$        |              |
| Household Members Over Age 18 Wages       | \$        | \$        |              |
| Food Stamps                               | \$        | \$        |              |
| MFIP                                      | \$        | \$        |              |
| Child care assistance                     | \$        | \$        |              |
| Housing assistance                        | \$        | \$        |              |
| Other                                     | \$        | \$        |              |
| Other                                     | \$        | \$        |              |
| <b>TOTAL HOUSEHOLD INCOME</b>             | <b>\$</b> | <b>\$</b> |              |

## Monthly Spending Plan/Budget

| Monthly Expense   | Current | Delinquency | Adjusted | Crisis |
|---|---------|-------------|----------|--------|
| <b>Fixed Expenses</b>   |         |             |          |        |
| <b>Housing</b>  |         |             |          |        |
| Mortgage(s)   |         |             |          |        |
| HOA   |         |             |          |        |
| Gas   |         |             |          |        |
| Electricity   |         |             |          |        |
| Telephone: Land Line  |         |             |          |        |
| Telephone: Cell   |         |             |          |        |
| Other:  |         |             |          |        |
| <b>Transportation</b>   |         |             |          |        |
| Gas   |         |             |          |        |
| Car Payment   |         |             |          |        |
| Public Transportation or Taxi                                 |         |             |          |        |
| Parking and Tolls   |         |             |          |        |
| Other:  |         |             |          |        |
| <b>Insurance</b>  |         |             |          |        |
| Health ( <i>medical and dental, if not payroll deducted</i> ) |         |             |          |        |
| Life  |         |             |          |        |
| Disability  |         |             |          |        |
| Other:  |         |             |          |        |
| <b>Childcare</b>  |         |             |          |        |
| Childcare or Babysitters                                      |         |             |          |        |
| Child Support or Alimony                                      |         |             |          |        |
| <b>Fixed Expenses Sub-Total</b>                               |         |             |          |        |
| <b>Periodic Fixed Expenses (Divide annual payment by 12)</b>  |         |             |          |        |
| <b>Housing</b>  |         |             |          |        |
| Homeowners Insurance ( <i>if not in mortgage payment</i> )    |         |             |          |        |
| Taxes ( <i>if not in mortgage payment</i> )                   |         |             |          |        |
| Water or Sewage   |         |             |          |        |
| Trash Service   |         |             |          |        |
| Other:  |         |             |          |        |
| <b>Transportation</b>   |         |             |          |        |
| Car Insurance   |         |             |          |        |
| Car Inspection  |         |             |          |        |
| Car Repairs and Maintenance                                   |         |             |          |        |
| License Plates and Registration Fees                          |         |             |          |        |
| Other:  |         |             |          |        |
| <b>Periodic Fixed Expenses Sub-Total</b>                      |         |             |          |        |
| <b>Flexible Expenses</b>                                      |         |             |          |        |
| <b>Food</b>   |         |             |          |        |
| Groceries   |         |             |          |        |
| School Lunches  |         |             |          |        |
| Work-Related ( <i>lunches and snacks</i> )                    |         |             |          |        |
| Other:  |         |             |          |        |
| <b>Housing</b>  |         |             |          |        |
| Home Maintenance  |         |             |          |        |
| Furnishings   |         |             |          |        |
| Cleaning Supplies   |         |             |          |        |
| Lawn Care   |         |             |          |        |
| Other:  |         |             |          |        |
| <b>Medical</b>  |         |             |          |        |
| Doctor  |         |             |          |        |
| Dentist   |         |             |          |        |
| Prescriptions   |         |             |          |        |
| Other:  |         |             |          |        |
| <b>Savings</b>  |         |             |          |        |
| Savings Account   |         |             |          |        |
| College Funds   |         |             |          |        |
| Emergency Fund  |         |             |          |        |
| <b>Flexible Expenses (Continued)</b>                          |         |             |          |        |
| <b>Clothing</b>   |         |             |          |        |
| Clothing  |         |             |          |        |

| Monthly Expense                                  | Current | Delinquency | Adjusted | Crisis |
|--|---------|-------------|----------|--------|
| Laundry and Dry Cleaning                         |         |             |          |        |
| Other:   |         |             |          |        |
| <b>Education</b>                                 |         |             |          |        |
| Tuition  |         |             |          |        |
| Books, Papers and Supplies                       |         |             |          |        |
| Newspapers and Magazines                         |         |             |          |        |
| Lessons ( <i>sports, dance, music</i> )          |         |             |          |        |
| Other:   |         |             |          |        |
| <b>Donations</b>                                 |         |             |          |        |
| Religious or Charity                             |         |             |          |        |
| Other ( <i>if not payroll deducted</i> ):        |         |             |          |        |
| <b>Gifts</b>                                     |         |             |          |        |
| Birthdays  |         |             |          |        |
| Major Holidays                                   |         |             |          |        |
| Other:   |         |             |          |        |
| <b>Personal</b>                                  |         |             |          |        |
| Barber or Beauty Shop                            |         |             |          |        |
| Toiletries                                       |         |             |          |        |
| Children's Allowances                            |         |             |          |        |
| Tobacco Products                                 |         |             |          |        |
| Beer, Wine, Liquor                               |         |             |          |        |
| Other:   |         |             |          |        |
| <b>Entertainment</b>                             |         |             |          |        |
| Movies, Sporting Events, Concerts, Theater, Etc. |         |             |          |        |
| Video Rentals                                    |         |             |          |        |
| Internet Service                                 |         |             |          |        |
| Cable/Satellite TV                               |         |             |          |        |
| Restaurants and Take-Out Meals                   |         |             |          |        |
| Gambling or Lottery Tickets                      |         |             |          |        |
| Fitness or Social Clubs                          |         |             |          |        |
| Vacations/Trips                                  |         |             |          |        |
| Hobbies or Crafts                                |         |             |          |        |
| Other:   |         |             |          |        |
| <b>Miscellaneous</b>                             |         |             |          |        |
| Checking Account Fees, Money Order Fees, Etc.    |         |             |          |        |
| Pet Care or Supplies                             |         |             |          |        |
| Postage  |         |             |          |        |
| Pictures and Photo Processing                    |         |             |          |        |
| Other:   |         |             |          |        |
| <b>Flexible Expenses Sub-Total</b>               |         |             |          |        |

| <b>Monthly Debts</b>           |  |  |  |  |
|--------------------------------|--|--|--|--|
| Student Loan                   |  |  |  |  |
| Credit Card (monthly minimum*) |  |  |  |  |
| Credit Card (monthly minimum*) |  |  |  |  |
| Credit Card (monthly minimum*) |  |  |  |  |
| Credit Card (monthly minimum*) |  |  |  |  |
| Credit Card (monthly minimum*) |  |  |  |  |
| Credit Card (monthly minimum*) |  |  |  |  |
| Medical Bills                  |  |  |  |  |
| Personal Loan                  |  |  |  |  |
| Payday Loan(s)                 |  |  |  |  |
| Rent to Own Contract           |  |  |  |  |
| Income Tax Payment Plan        |  |  |  |  |
| Other:                         |  |  |  |  |
| Other:                         |  |  |  |  |
| <b>Monthly Debts Sub-Total</b> |  |  |  |  |

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

| <b>Household Assets</b>         |                       |                    |
|---------------------------------|-----------------------|--------------------|
| <b>Description</b>              | <b>Value / Amount</b> | <b>Amount Owed</b> |
| Automobile #1                   |                       |                    |
| Automobile #2                   |                       |                    |
| Automobile #3                   |                       |                    |
| Cash on Hand Over \$100         |                       |                    |
| Checking Account                |                       |                    |
| Savings Account                 |                       |                    |
| Anticipated Tax Refunds         |                       |                    |
| Money Market Funds              |                       |                    |
| Stocks/Bonds/CDs/Annuities, etc |                       |                    |
| IRA / Keogh Accounts            |                       |                    |
| Computer/TV/Electronics         |                       |                    |
| Furniture                       |                       |                    |
| Boats / Jet Skis                |                       |                    |
| RV/ Recreational Homes          |                       |                    |
| Motorcycles / Snowmobile        |                       |                    |
| Farm Equipment                  |                       |                    |
| Trailers                        |                       |                    |
| Other Property                  |                       |                    |
| Other:                          |                       |                    |

**HOUSEHOLD ASSETS:**

*Please read below carefully: As head of Household I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_

CREDIT REPORT AUTHORIZATION

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

SPOUSE: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY, STATE, ZIP

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I (WE) hereby give permission to pull my (our) credit report for the purposes of my (our) application for assistance in regards to my home or my loan through the Affordable Housing Alliance.

All information will be kept confidential between my Counselor and me. I further understand that Affordable Housing Alliance will be held harmless for information received in this credit report.

Both Signatures are required if joint report is requested.

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

\_\_\_\_\_  
Spouse Signature Date

**IMPORTANT INFORMATION IF YOU WANT TO PAY BY CREDIT CARD**

If you are planning on paying for the credit report fee by credit card (\$22 if there is one person on the mortgage, \$33 if there are two) you must sign below and make a legible copy of the credit card you want to pay with on a separate sheet of paper (Visa or Master Card only). If we do not have a signature below and a copy of the credit card, we will not be able to pull the report. We will not accept credit card information over the phone.

\_\_\_\_\_  
Signature Signature

**ONLY COPIES OF REQUESTED DOCUMENTS, ORIGINALS WILL NOT BE ACCEPTED**