



1333 N. Main St • Wheaton, IL 60187
p: 630-260-2500 • f: 630-260-2505

APPOINTMENT INSTRUCTIONS

To: _____

Appointment Date: _____

Appointment Time: _____

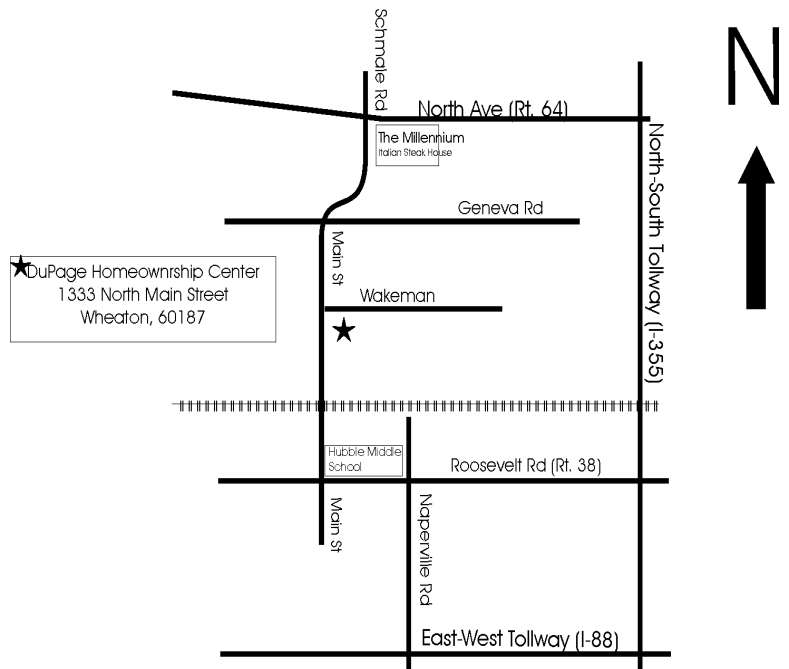
You are scheduled to attend a **Foreclosure Prevention Counseling Appointment** at the DuPage Homeownership Center at the above date and time. The session will take approximately one hour. In order to make as much progress as possible, it is essential that you bring all of the following items:

- Bring **ALL** of the items listed on the attached list
- Complete and sign the enclosed Foreclosure Prevention Intervention Authorization form and bring to your appointment
- Sign the enclosed Privacy Policy/Disclaimer Statement and bring to your appointment
- Sign the enclosed Credit Report/Third Party Authorization and bring to your appointment
- Complete the enclosed Intake Form and bring to your appointment
- Complete the enclosed Financial Worksheet and bring to your appointment. Use monthly averages when completing this form.

Your appointment will not be as productive if we do not have all of this information.

Please be on time for your session. If you cannot come at your scheduled time, or if you have any questions, please call us. Please do not bring children; our offices and meeting room are small, and we do not have accommodations for children.

At right is a map to our offices. Please note that this map is not to scale. If you are unfamiliar with the Wheaton area, please consult a larger, more detailed street map.



DuPage Homeownership Center Foreclosure Prevention Counseling

What To Bring To Your Appointment

Essential Documents: We need to review these items in order to serve you effectively!

- ____ Copies of the original mortgage and note for all outstanding liens against your home (this includes your first mortgage as well as any home equity loans or lines of credit)
- ____ The HUD-1 Settlement form for all mortgages
- ____ Copies of any letters or other communications you have received from your lender, the Courts, and/or HUD (including payment notices and summons')
- ____ A completed "Financial Worksheet" (included in this packet). When filling out this worksheet, remember to use the AVERAGE monthly cost for your expenses
- ____ Mortgage coupon books or payment notices for all loans
- ____ Most recent pay stubs for 30 days
- ____ Most recent tax returns and W-2's
- ____ For self-employed borrowers, year-to-date profit and loss statements
- ____ Most recent statements for all bank accounts and brokerage accounts
- ____ Bankruptcy Discharge of Debtor notice, if applicable
- ____ If property is for sale, bring these items:
 - ____ Copies of any listing agreements or a summary of marketing efforts on the property
 - ____ Broker's price opinion from listing agent, if available, or from real estate agent other than the listing agent
 - ____ Copy of sales contract (if you have received and accepted an offer on the property) with an estimate of your anticipated closing costs

NOTE: *If you are having trouble assembling this information, you should still come to your appointment; your counselor will provide additional guidance at the session.*

DuPage Homeownership Center Foreclosure Prevention Counseling Intake Form

Today's Date: _____

Primary Owner Information:

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City & Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Gender: _____ Female _____ Male US Veteran: Yes _____ No _____

Marital Status: _____ Single Head of Household _____ Divorced _____ Married _____ Widowed

Primary Language: English _____ Spanish _____ Other: Please Specify _____

Highest Level of Education Completed: High School Diploma: Yes _____ No _____ GED _____

College _____ Vocational Certificate _____ Some College: _____

College Degree: AA _____ BS _____ MS _____ PHD _____

Occupation: _____

Time Employed in Current Position: Years _____ Months _____

Spouse / Co-Owner Information:

Name: _____ Date of Birth: ____ / ____ / ____

Gender: _____ Female _____ Male US Veteran: _____ Yes _____ No

Primary Language: English _____ Spanish _____ Other: Please Specify _____

Highest Level of Education Completed: High School Diploma: Yes _____ No _____ GED _____

College _____ Vocational Certificate _____ Some College _____

College Degree: AA _____ BS _____ MS _____ PHD _____

Occupation: _____

Work Phone: _____

Time Employed in Current Position: Years: _____ Months: _____

(Continue on reverse side)

Number of children under age 18 in your household: _____

Number of adults in your household, including yourself and any children over age 18: _____

Race (Bi-racial individuals & couples, please check all that apply):

White Black/African American Asian American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander American Indian/Alaskan Native & Black/African American
 American Indian/Alaskan Native and White Asian & White Black/African American and White
 Other Multiple Races Information Not Provided

Are you of Hispanic or Latino ethnicity? Yes No

Citizenship: US Citizen Permanent Resident Non-Resident

Annual Household Income (Gross): \$ _____

How did you hear about the Center: _____

What is the primary cause of your default? Medical Crisis Job Loss Divorce
 Excessive Debts Increase in interest rate Increase in Real Estate Taxes

Other (please specify): _____

Did you have any type of home buyer education or counseling before you bought your home? Yes No

Have you used the Center's services before? Yes No

If yes, please specify: _____

What financial institution currently holds your mortgage loan: _____

Mortgage Type for Current Loan: Conventional FHA VA
 HECM Other Reverse Mortgage

Type of Financing for Current Loan: Fixed Rate Adjustable Rate (ARM)

Other – Please Specify _____

As a HUD certified counseling agency, we are required to use an automated client management system that interfaces with HUD. HUD will follow strict rules to protect your confidentiality. The personal data collected, such as name and address, are protected by the Privacy Act. You will never be named in any reports. Although your responses may be looked at individually by HUD, or contractors hired by HUD to collect and analyze the data, your name will not be associated with any analysis of the data. Only results from groups of people will be reported. Contractors to HUD are covered by the same requirements to protect privacy as HUD staff and must demonstrate that they have systems in place to protect against data disclosure.



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Foreclosure Prevention Intervention Authorization

1st Mortgage Servicer _____ Loan # _____

Phone _____ Fax _____

2nd Mortgage Servicer _____ Loan # _____

Phone _____ Fax _____

Property Address: _____

City: _____ State _____ Zip: _____

I authorize _____ or any housing counselor of the DuPage Homeownership Center to contact my mortgage lender regarding my mortgage. HUD ID #80523.

Primary Borrower Name: _____

SSN _____ Phone Number _____

Primary Borrower Signature: _____ Date _____

Co-Borrower Name: _____

SSN _____ Phone Number _____

Co-Borrower Signature: _____ Date _____

The DuPage Homeownership Center (DHOC) is a HUD-certified nonprofit housing counseling agency that has been serving DuPage County, Illinois since 1991.

We provide free services in buyer education classes, prepurchase counseling, foreclosure prevention counseling and reverse mortgage counseling. Approximately 1,000 households use these services each year.



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Privacy Policy/Disclaimer Statement

The DuPage Homeownership Center (the “Center”) is a HUD-certified, nonprofit agency offering pre-purchase and foreclosure prevention counseling services to those in need of the same (“clients”). The Center offers free seminars and counseling, and is a clearinghouse for information on mortgages and other assistance programs. Support for the Center comes from lenders, Realtors, social service agencies, private funders, government agencies and corporations.

The Center assists clients in making informed choices. We may provide information which includes (but is not limited to) programs and service providers, and suggested courses of action. The Center makes no promises, warranties, claims, guarantees, or endorsements regarding this information or any referrals made by the Center. All final decisions rest with the client.

The Center’s foreclosure prevention counseling service helps clients explore options for avoiding foreclosure. The Center cannot guarantee that a client will avoid foreclosure, nor does the Center provide financial assistance to cure a default situation. The Center has no legal authority to delay or prevent a foreclosure; all decisions rest with the involved mortgage lenders, investors and insurers, their legal counsel and/or the Courts.

The DuPage Homeownership Center 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 debt information, income, expenses and information concerning your financial situation, will be provided to your mortgagee, program monitors, and others only with your authorization and signature on this form.

Release of your information to third parties

1. We may disclose some or all of the information that we collect to your mortgagee 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 to anyone as permitted by law (e.g. if we are compelled by the legal process).
3. Within the Center, 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 the mandates of our federal regulator to guard your nonpublic personal information.

Federal and state laws protect the rights of persons to choose housing without regard to race, color, religion, national origin, sex, handicap, or familial status. If you feel you have been the victim of illegal discrimination, please notify us and we will refer you to fair housing organizations that can help.

I have read and accept the provisions of this statement as a condition of using the services of the Center.

_____	_____	_____
Name (Print)	Signature	Date

_____	_____	_____
Name (Print)	Signature	Date



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Credit Report/Third Party Authorization

I authorize the DuPage Homeownership Center (the "Center") to obtain a consumer credit report through a credit reporting agency chosen by the Center. I understand and agree that the Center intends to use the consumer credit report to assist them in providing comprehensive Foreclosure Prevention Counseling services. My signature below authorizes the release to the credit reporting agency of financial information that I have supplied to the Center in connection with such services. Authorization is further granted to the credit reporting agency to use a photostatic reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

I understand that the Center provides foreclosure prevention counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.

I understand that the Center received 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.

I give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and June 30, 2011 and to give authorization for NFMC program administrators and/or their agents to follow up with me between now and June 30, 2011 **for the purposes of program evaluation.**

I acknowledge that I have received a copy of the Center's Privacy Policy/Disclaimer Statement.

I may be referred to other 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.

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.

I understand that I may revoke my consent to these disclosures by notifying the Center in writing.

Client's Name (please print)

Client's Name (please print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date

Date

FINANCIAL WORKSHEET

Mortgage Loan Number:			
Name	Social Security Number		
Name	Social Security Number		
Home Telephone Number	Work or Cell Phone Number		
Property Street Address	City	State	Zip Code

NET INCOME DATA (use average take home pay amounts)

DESCRIPTION	HOW OFTEN ARE YOU PAID? WEEKLY, BI- WEEKLY TWICE PER MONTH, MONTHLY	NET PAY EACH PAY PERIOD		MONTHLY AMOUNT (COUNSELOR USE)
		BORROWER	CO BORROWER	
NET SALARY/WAGES				
NET OVERTIME PAY				
COMMISSIONS/BONUSES				
OTHER				
TOTAL NET INCOME PER PAY PERIOD		\$	\$	\$

MONTHLY EXPENSES

CATEGORY	DESCRIPTION	MONTHLY PAYMENT	ACCOUNT BALANCE	#MONTHS LATE	COUNSELOR USE
HOUSING	Mortgage Payment				
	2 nd Mortgage				
	Association dues				
	Taxes (if not escrowed)				
	Homeowners Insurance				
UTILITIES	Electricity				
	Gas/Heating				
	Water/Sewer/Garbage				
	Telephone/Internet				
	Cell Phone				
	Cable TV				
	Bottled Water				
INSURANCE	Automobile				
	Health (if not payroll deducted)				
	Life (if not payroll deducted)				
	Dental (if not payroll deducted)				
LOANS	Automobile (Lease or Loan)				
	Automobile (Lease or Loan)				
	Other (student loans)				
	Other (bank, finance company)				
CREDIT CARDS	1.				
	2.				
	3.				
	4.				
	5.				
TRANSPORTATION	Gasoline				
	Repairs/Maintenance				
	License/Stickers				
	Parking/Tolls				
	Public Transportation				
FOOD	Groceries/Household Items				
	Work/School (lunches)				
	Family Meals Out				
	Special Diet				

CATEGORY	DESCRIPTION	MONTHLY PAYMENT	ACCOUNT BALANCE	#MONTHS LATE	COUNSELOR USE
MEDICAL	Prescriptions				
	Doctor				
	Dentist				
	Hospital				
	Eye Glasses/Contact Lenses				
FAMILY COST	Child Support/alimony				
	Child Care				
	Tuition/School Supplies				
	Sports/Clubs/Activities				
	Pet Care				
	Spending Money/Allowances				
PERSONAL CARE	Other				
	Clothing/Shoes				
	Dry Cleaning				
	Uniforms				
	Hair Cuts/Hair Care				
GIFTS	Cosmetics/Personal Items				
	Holidays/Birthdays/Special				
	Church/Charity				
MISCELLANEOUS	Travel/Vacations				
	Cigarettes/Tobacco/Beverages				
	Newspapers/Magazines				
TOTAL OF EXPENSES (PAGE ONE AND TWO)		\$	\$		

RECAP

TOTAL INCOME FROM PAGE ONE	\$
TOTAL EXPENSES FROM CHART ABOVE	\$
INCOME MINUS EXPENSES =	\$

ASSETS AND LIABILITIES

DESCRIPTION	EST. VALUE	AMOUNT OWED	NET VALUE
Home			
Other Real Estate			
Automobile			
Automobile			
Checking Accounts			
Savings/Money Mkt Accts			
IRA/Keogh Accounts			
Stocks, Bonds, CDs			
401k,403b,other retirement			
Boats			
Collections			
Other			
TOTAL	\$	\$	\$

I agree that the financial information provided is an accurate statement of my financial status. I understand and acknowledge that any action taken by the lender of my mortgage loan on my behalf will be made in strict reliance on the financial information provided.

Submitted this _____ day of _____, 20_____.

Signature of Borrower

Signature of Co-Borrower



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DuPage Homeownership Center NFMC Privacy Policy Statement

1. I understand that the DuPage Homeownership Center 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 the DuPage Homeownership Center 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 between now and June 30, 2011 for the purposes of program evaluation.
4. I acknowledge that I have received a copy of the DuPage Homeownership Center's Privacy Policy/Disclaimer Statement.

Client's Signature: _____

Date: _____

Client's Signature: _____

Date: _____