



A HUD-approved housing non-profit agency

Dear Homeowner,

Thank you for contacting Kingdom Community Development Corporation for assistance with your mortgage difficulty. We provide comprehensive homeownership counseling for clients in default/delinquency of facing a foreclosure situation. Default counseling is a cooperative process where the counselor acts as a facilitator and educator rather than a lending expert. We are here to help; however, we can only provide assistance on your **PRIMARY RESIDENCE**.

We have scheduled your appointment for:

_____ at _____ a.m./p.m.

Please bring the following with you to your appointment:

Mortgage Statement

Any notices from the court or attorneys regarding foreclosure

Proof of income (paystubs, award letter, etc.)

Please be prepared to discuss the hardship which caused you to fall behind, your sources of income, and your household expenses.

Appointments take from 90 minutes – 2 hours. If you are going to be late, please call in advance to let us know. If you have any other questions, please call the office during normal business hours. Our office is open from 8:30 am – 5:30 pm Monday – Friday.

Please note: If you need assistance due to language barriers, mobility impairments, visual or hearing impairments, or any other disabilities, please let us know so that we can provide necessary accommodations.

Sincerely,
Kingdom CDC Staff



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Client ID # _____ Referral source: _____ Appointment Date: _____

HOMEOWNER INTAKE APPLICATION

Applicant Name: _____ Birthday: ____/____/____ SS: _____
 Co-Applicant Name: _____ Birthday: ____/____/____ SS: _____
 Property Address: _____ How long? _____ Months Delinquent? _____
 Mailing Address: _____
 Email address: _____ Phone (s): _____ or _____
 Highest Level of education completed: _____ Co-Applicant: _____

Ethnicity:

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Hispanic or Latino
- Other

Applicant:

-
-
-
-
-
-

Co-Applicant

-
-
-
-
-
-

Marital Status: Single Married Divorced Separated Widowed
 Total # of Dependents: _____ Age(s) of Dependents: _____
Veteran Status: Active Retired Disabled Veteran Dependent of Veteran Not a Veteran

Employment & Source of Income:

Employer: _____ Amount paid: _____ How often: _____
 Occupation: _____ How long at current employment: _____
 Co- Applicant Employer: _____ Amount paid: _____ How often: _____
 Occupation: _____ How long at current employment: _____
 Other Sources of Income: (Disability, Retirement, Food Stamps, Etc.) _____
 Have you ever filed Chapter 7 or Chapter 13 Bankruptcy? Yes No

Present Housing Situation: (Check One)

Mortgage Co: _____ Loan No. _____ Monthly payment: _____
 2nd Mortgage: _____ Loan No. _____ Monthly payment: _____
 HOA: Y__/N__ Monthly Amount: \$_____ Hearing/Sell date: _____ Permanent Structure? Y__/N__
 Loan Source: VA HUD CONVENTIONAL FHA USDA-RHS
 Hardship summary: _____

 Applicant Signature Date Co-Applicant Signature Date



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HCO # _____ Client Budget Analysis For _____

Mortgage:	\$ _____	Debt -	
2 nd Mortgage:	\$ _____	Credit Cards	\$ _____
Groceries:	\$ _____	Loans	\$ _____
Utilities -		Medical Expenses -	
Gas/Heat	\$ _____	Prescriptions	\$ _____
Electricity	\$ _____	Co-Pay	\$ _____
Water/Sewer		Medical Bills	\$ _____
Trash Pickup		Miscellaneous -	
Alarm Service	\$ _____	Clothing	\$ _____
Communication -		Tobacco	\$ _____
Telephone	\$ _____	Work Lunch	\$ _____
Cellphone	\$ _____	Eating Out	\$ _____
Internet	\$ _____	Professional Dues	\$ _____
Automobile -		Grooming	\$ _____
Car Payment	\$ _____	Contributions	\$ _____
Car Payment	\$ _____	Allowances	\$ _____
Car Insurance	\$ _____	Cleaning Supplies	\$ _____
Fuel/Parking	\$ _____	Hobbies	\$ _____
Maintenance	\$ _____	Lessons	\$ _____
Taxes -		Recreation	\$ _____
Real Property	\$ _____	Cable TV	\$ _____
Personal Property	\$ _____	Pet Care	\$ _____
Insurance -		Child Care	\$ _____
Health/Dental	\$ _____	Other -	
Life	\$ _____	_____	\$ _____
Homeowners	\$ _____	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____



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HCO# _____

Counseling Services and Disclosure Statement

I/We understand that it is my/our right and responsibility to decide whether to engage in any course of housing counseling with kingdom Community Development Corporation and to determine if counseling is suitable for my housing concerns.

I/We understand that I am not obligated to receive, purchase or utilize any other services offered by Kingdom Community Development Corporation, or its exclusive partners, in order to receive housing counseling.

I/We understand that Kingdom Community Development Corporation has the discretion to charge reasonable fees for counseling services, and that fees will be addressed prior to any counseling appointments. I further understand that no fee will be charged if it creates a financial hardship, nor will I be denied counseling if I cannot pay the fee.

I/We understand that Kingdom Community Development Corporation provides information on a broad range of housing programs and products and that the housing counseling received from Kingdom Community Development Corporation in no way obligates me to choose any particular loan product or housing program discussed in my counseling session.

I/We understand that Kingdom Community Development Corporation does not guarantee that I will receive mortgage financing from any lender and/or other mortgage financing entity.

I/We understand that the counselor may answer questions and provide information but must refrain from giving legal advice.

I/We have read and understood the Kingdom Community Development Corporation counseling disclosure statement.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Telephone Counseling: Disclosure read to client? Yes No



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Foreclosure Counseling Services and Partnership Disclosure Form

Foreclosure Mitigation Counseling may make you aware of products and/or services that we believe offer value to our clients. These products and/or services might be available directly from Housing Counselors, lenders, developers, or other agencies with which Credit Counseling has a working relationship. You are under no obligation to us, the products and/or services identified by Housing Counseling, whether by us or from industry partners.

Services provided by Agency:

- FLC: Financial Literacy
- HBE: Homebuyer Education
- BKC: Bankruptcy Counseling
- FMC: Foreclosure Mitigation Counseling

Client's Printed Name: _____

Signature: _____ Date: _____

Client's Printed Name: _____

Signature: _____ Date: _____

Counselor's Signature: _____



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Privacy Notice

Kingdom Community Development is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your personal financial information, such as your total debt information, income, living expenses, and personal information concerning your financial circumstances will be provided to creditors and possible others with your specific authorization.

We may also use aggregated case file information for the purpose of evaluating services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregated data in all circumstances.

In all other situations, your information may be released to appropriate individuals or agencies ONLY UPON WRITTEN REQUEST or when our staff has been serviced by a valid subpoena.

The following PRIVACY PRACTICES details circumstances under which we will release your information to a third party:

1. We do not disclose any nonpublic personal information about the client or former clients to anyone, except permitted by law.
2. We may compile data and aggregate information that you give us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors, or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
4. We may disclose all of the information that we collect as described below to creditors and related financial institutions who need this information in order to put you on a debt solver program (DSP).
5. 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, electronics, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
6. We collect nonpublic personal information about you from the following source:
 - a. Information we received from you, our application, or other forms that may be provided
 - b. Information about your transactions with us, your creditors, or others, and
 - c. Information we receive from a credit reporting agency.
7. We may disclose the following kinds of nonpublic information about you:
 - a. Information we receive from you on applications or other forms, such as your name, address, social security number, assets and income
 - b. Information about your transactions with us, your creditors, and others such as your account balance, payment history, parties to transactions and credit card usage; and
 - c. Information we receive from your credit reporting agency, such as your credit history.

RELEASE: I hereby authorize Kingdom Community Development Corporation to release all nonpublic information it obtains about me to (1) my creditors and (2) any third parties necessary to resolve the matter(s) discussed during my counseling session.

I further RELEASE and authorize all of my creditors to provide nonpublic information about me to this Housing Counseling Agency.

Consumer: _____ Date: _____

Consumer: _____ Date: _____



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Authorization to Release Information

I/We, _____, authorize the release of any personal and financial information requested by Kingdom Community Development Corporation employees **Amy Kemp, Hillary Champaign, Tiffany Johnson, Krystal Eans or other delegated staffer including:** _____

- Employment and Income Records
- Checking, Savings, and/or Other Deposit Account Records Social Services, VA, and Other Benefit Payment Verifications
- Courthouse and Other Public Records (titles, liens, taxes, fixed assets verifications, etc.)
- Creditor and/or Collection Account Information
- Mortgage Account Information AND/OR documents, Foreclosure Information, and/or Rental history

This authorization should be extended to any employee of Kingdom CDC identifying themselves with the company information listed below AND with the required personal information to identify me.

Upon receipt, you are authorized to speak with Kingdom CDC employees by phone and to provide information both verbally and in writing as requested. This authorization should be considered ongoing and enforced indefinitely from the date of signature.

Signature

Social Security Number

Date

Signature

Social Security Number

Date

Property Address

City, State, Zip

Primary Contact Phone Numbers

Loan Number

Date Signed



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CREDIT REPORT REQUEST

Type of Report: Equifax Tri-Merge
 Individual Joint Counselors Initials _____

Last Name: _____
 Please Print

First Name: _____ Middle Initial: _____
 Please Print

Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

DOB: _____

Spouse Name: _____
 Please Print

Spouse SSN: _____ DOB: _____

Client Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

I/We give permission to Kingdom Community Development Corporation to access my/our credit report(s).

SAMPLE HARDSHIP LETTER

DATE:

RE: Loan Number

Property Address (123 Main St., Fayetteville, NC 28301)

Dear Lender,

This letter will serve as a hardship letter outlining our current financial situation. We hope that we can determine a solution together that will resolve the delinquency and enable us to keep our home.

Two years ago, I changed careers due to the lack of opportunity in my old field of work, retail sales. I decided to go into the construction business. I used a lot of our savings while I tried to get established in this new line of work. Unfortunately, the housing market has slowed down dramatically, so my hours have been cut back since the beginning of 2010. My company had to lay me off because they did not have enough profit to cover my salary. I was unemployed for 3 months.

I began working for my current employer two months ago as a site manager. The company is very stable, and my hours have been consistent. I am making every effort to increase my income by working overtime when I can. My wife is looking for work as well. It has been difficult to pay my mortgage because of my recent unemployment and reduction in income. I have contacted a HUD-Approved housing counseling agency, Kingdom Community Development, to ask for their assistance in evaluating my financial problems. I want to keep my home.

I am hoping you will consider a loan modification for my home. Thank you for your time and attention to this matter.

Respectfully,

Joe and Sandy Needhome

(Provide a method of contact) daytime or nighttime number

This is just a sample for you to go by

