INTAKE FORM

PERSONAL INFORMATION:

Participant Name: ______________________________ Age: ________ DOB: ____________ Gender____

Co-Applicant Name: ______________________________ Age: ________ DOB: ____________ Gender ____

❋❋ **Is the *co-applicant* here with *you* today attending the workshop?** ❑YES or ❑NO

❋ **Is the *Co-Applicant* your: Circle One**
Brother, Employer, Father, Friend, Girlfriend, Husband, Mother, Other Relative, Sister, Wife

Address: ____

City: ______________________ State: ____________ Zip: ____________

Home Phone: ( ) ______________________ Cell Phone: :( ) ______________________

Does co-applicant reside in the home with you? ❑YES or ❑NO **(If NO indicate address)**

Address: ____

City: ______________________ State: ____________ Zip: ____________

Home Phone:( ) ______________________ Cell Phone: :( ) ______________________

❋❋ **Martial Status**
❑Married ❑Single

❋❋ **Current Residence**
❑**Rent** ❑**Own Property**

How did you hear about this program?

❑ **Agency** ❑ **Lender** ❑ **Mailer** ❑ **Realtor** ❑ **Walk-in** ❑ **Word of Mouth**

Are you or your children receiving any TANF benefits? Circle one

Foodstamps Medicaid Cash Assistance

I need assistance with (Check all that applies)

Credit Counseling		Down Payment Assistance		Foreclosure Prevention	
Homebuyer Education		Managing Money		Mortgage default/Early delinquency	
Homeowner Services		Rental Assistance		Other:	

❋VETERANS

Are you a US Veteran? ❑YES or ❑NO

Are you a dependent of a US Veteran? ❑YES or ❑NO

❋-Have you served in Operation Iraqi Freedom or Operation Enduring Freedom? ❑YES or ❑NO

Please Indicate which ______________________________

• If you are a dependent of a Veteran, have any served in Operation Iraqi Freedom or Operation Enduring Freedom?

❑YES or ❑NO Please Indicate which.______________________________

EMPLOYMENT HISTORY/Information:

Applicant - Are you currently employed? ❑YES or ❑NO How long have you been on your job? ____________

Employer ______________________________ **Title:** ______________________

How Long: ______________________________ **Work #** __________________

Co-Applicant - Are you currently employed? ❑YES or ❑NO How long have you been on your job? __________

Employer ______________________________ **Title:** ______________________

How Long: ______________________________ **Work #** __________________

Answer the following Questions:

❋❋ ***Number of people in Household:***				❋❋ ***Number of Children:***			
Ethnicity (Place X in box below)							
Black/Non Hispanic		American Indian /Alaskan Black		Asian		Hispanic	
Black/African American & Hispanic		American Indian /Alaskan Hispanic		Asian & Hispanic		Hispanic & Black	
Black/African American & White		American Indian /Alaskan White		Asian & White		Hispanic Black & White	
Native Hawaiian /Pacific Islander		Native Hawaiian /Alaskan Native		White Non Hispanic		Other Specify:	
Other Multiple Race /Non Hispanic				Other Multiple Race /Hispanic			
Monthly Income:				**Yearly Household Income:**			

By signing this document: I authorize the Urban League of Broward County to review my file with community lending partners. I further agree to indemnify and hold harmless the Urban League of Broward County, its' agents and employees from all claims, actions and judgments. It is also understood that the Central County Community Development Corporation is a subsidiary of the Urban League of Broward County. Development of affordable housing is a project of the Urban League and its' subsidiary the Central County Community Development Corporatio Participation in Urban League of Broward County programs does not require purchase of housing or any product or services developed by the Urban League and or its' affiliates or partners.

______________________________ ____________________

Signature Date

______________________________ ____________________

Co Applicant Signature (if applicable) Date

Making Home Affordable Program
Request For Modification and Affidavit (RMA)

MAKING HOME AFFORDABLE.gov

COMPLETE ALL THREE PAGES OF THIS FORM

Loan I.D. Number_______________ Servicer _______________

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth
Home phone number with area code		Home phone number with area code	
Cell or work number with area code		Cell or work number with area code	

I want to:	☐ Keep the Property	☐ Sell the Property	
The property is my:	☐ Primary Residence	☐ Second Home	☐ Investment
The property is:	☐ Owner Occupied	☐ Renter Occupied	☐ Vacant

Mailing address

Property address (if same as mailing address, just write same) — E-mail address

Is the property listed for sale? ☐ Yes ☐ No
Have you received an offer on the property? ☐ Yes ☐ No
Date of offer __________ *Amount of offer $* __________
Agent's Name: __________
Agent's Phone Number: __________
For Sale by Owner? ☐ Yes ☐ No

Have you contacted a credit-counseling agency for help ☐ Yes ☐ No
If yes, please complete the following:
Counselor's Name: __________
Agency Name: __________
Counselor's Phone Number: __________
Counselor's E-mail: __________

Who pays the real estate tax bill on your property?
☐ I do ☐ Lender does ☐ Paid by condo or HOA
Are the taxes current? ☐ Yes ☐ No
Condominium or HOA Fees ☐ Yes ☐ No $ __________
Paid to: __________

Who pays the hazard insurance premium for your property?
☐ I do ☐ Lender does ☐ Paid by Condo or HOA
Is the policy current? ☐ Yes ☐ No
Name of Insurance Co.: __________
Insurance Co. Tel #: __________

Have you filed for bankruptcy? ☐ Yes ☐ No If yes: ☐ Chapter 7 ☐ Chapter 13 *Filing Date:* __________
Has your bankruptcy been discharged? ☐ Yes ☐ No *Bankruptcy case number* __________

Additional Liens/Mortgages or Judgments on this property:

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

☐ My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.

☐ My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.

☐ My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.

☐ My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

☐ Other:

Explanation (continue on back of page 3 if necessary): __________

INCOME/EXPENSES FOR HOUSEHOLD[1]

Number of People in Household:

Monthly Household Income	
Monthly Gross Wages	$
Overtime	$
Child Support / Alimony / Separation[2]	$
Social Security/SSDI	$
Other monthly income from pensions, annuities or retirement plans	$
Tips, commissions, bonus and self-employed income	$
Rents Received	$
Unemployment Income	$
Food Stamps/Welfare	$
Other (investment income, royalties, interest, dividends etc.)	$
Total (Gross Income)	***$***

Monthly Household Expenses/Debt	
First Mortgage Payment	$
Second Mortgage Payment	$
Insurance	$
Property Taxes	$
Credit Cards / Installment Loan(s) (total minimum payment per month)	$
Alimony, child support payments	$
Net Rental Expenses	$
HOA/Condo Fees/Property Maintenance	$
Car Payments	$
Other ________________ ________________	$
Total Debt/Expenses	***$***

Household Assets	
Checking Account(s)	$
Checking Account(s)	$
Savings/ Money Market	$
CDs	$
Stocks / Bonds	$
Other Cash on Hand	$
Other Real Estate (estimated value)	$
Other ____________	$
Other ____________	$
Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total Assets	***$***

INCOME MUST BE DOCUMENTED

[1]Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

[2]You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER	☐ I do not wish to furnish this information	CO-BORROWER	☐ I do not wish to furnish this information
Ethnicity:	☐ Hispanic or Latino ☐ Not Hispanic or Latino	*Ethnicity:*	☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race:	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	*Race:*	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
Sex:	☐ Female ☐ Male	*Sex:*	☐ Female ☐ Male

To be completed by interviewer

This request was taken by:	*Interviewer's Name (print or type) & ID Number*	*Name/Address of Interviewer's Employer*
☐ Face-to-face interview ☐ Mail ☐ Telephone ☐ Internet	*Interviewer's Signature* *Date*	
	Interviewer's Phone Number (include area code)	

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

______________________________ ______________

Borrower Signature Date

______________________________ ______________

Co-Borrower Signature Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the modification process, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE™
Homeowner's HOPE™ Hotline

NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

Form **4506T-EZ**
(October 2009)
Department of the Treasury
Internal Revenue Service

Short Form Request for Individual Tax Return Transcript

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

OMB No. 1545-2154

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

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.*

Telephone number of taxpayer on line 1a or 2a

Sign Here

▶ Signature (see instructions) — Date

▶ 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, 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.

Urban League of
Broward County

Authorization for Release of Information

I (We) hereby authorize **Urban League of Broward County** to release/exchange information from my records in order to assist me in resolving a mortgage default.

This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in resolving a mortgage default. Examples of such entities include mortgage servicers, mortgage investors, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

The doctrine of informed consent has been explained to me, and I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I (We) hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire 90 days from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

Borrower (***print***) ______________________________

Borrower (***sign***) ______________________ Date __________

Borrower (***print***) ______________________________

Borrower (***sign***) ______________________ Date __________

Counselor (sign) ______________________ Date __________

Loan #

Urban League of Broward County

CREDIT REPORT AUTHORIZATION

Name: ____
First Middle Last

Spouse Name: ______________________________________
First Middle Last

Address: ____

____

Social Security # ____/____/____ **Date of Birth** ____/____/____

Spouse social Security # ____/____/____ **Spouse Date of Birth** ____/____/____

I (We) herby 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 **Urban League of Broward County**.

All information will be kept confidential between my counselor and me. I further understand that **Urban League of Broward County** will be held harmless for information received in this credit report.

Both Signatures are required if joint report is requested.

______________________________ ______________
Signature Date

______________________________ ______________
Signature Date

☐ ***I do not consent to have my credit report pulled.***

Urban League of
Broward County

DISCLOSURE FORM RELEASE OF INFORMATION

The Provisions of the Privacy Act, The Privacy Act states in part: No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains.

I have applied to obtain services from Urban League of Broward County. I have been advised and am fully aware that verification of information is required to document my eligibility for participation in programs operated by the ULBC.

I hereby authorize and direct Urban League of Broward County to release information. I further authorize to share information with the services listed below to facilitate my participation in education, job search or any support services. The purpose of exchanging information is to maximize community resources and reduce duplication of services. The following groups or individuals that may be asked to release the below information include:

- **Lender (s)**
- **Municipalities**
- **Realtor (s)**
- **Closing Agent (s)**
- **Other** ____

The Urban League of Broward only solicits information necessary and relevant to Housing program operations and will treat such information as confidential information and will not release to any unauthorized person, organization, or agency.

By signing and dating this release of information, I allow the Urban League of Broward County to share specific information, as listed above, about my case. I understand that this is a cooperative effort by agencies involved to share information that will lead to better utilization of community resources and better cooperation amongst our agencies to best meet my needs.

______________________________________ ____________________
Print **Date**

______________________________________ ____________________
Signature **Date**

Urban League of Broward County

Empowering Communities
Developing Children
Changing Lives

Economic Services Department

Home Ownership Counseling Program

CONFLICT OF INTEREST DISCLOSURE FORM

By signing this document I authorize the Urban League of Broward County to review my file with community lending partners. I further agree to indemnify and hold harmless the Urban League of Broward County, its' agents and employees from all claims, actions and judgments.

It is also understood that the Central County Community Development Corporation is a subsidiary of the Urban League of Broward County. Development of affordable housing is a project of the Urban League and its' subsidiary the Central County Community Development Corporation.

Participation in Urban League of Broward County programs does not require purchase of housing or any product or services developed by the Urban League and or its' affiliates or partners.

Every client served by the Urban League of Broward County is free to choose lenders, loan products and homes regardless of the recommendations made by counselors, facilitators or any professional providing educational information to participants.

______________________________ XXX / XX / XXXX

Participant Name **Social Security Number**

____

Street Address

______________ ______________ ______________

City **State** **Zip**

______________________________ ______________

Signature **Date**

Urban League of
Broward County

MEDIA/PHOTO FORM

The Urban League of Broward County would like your permission to use a photograph of you for publication and/or publicity purposes.

My signature below *gives* the Urban League of Broward County full authorization to use a photograph of me for promotional purposes at any time and/or following my participation in an Urban League of Broward County program.

☐ **I Do consent for use of photographs**

Participant's Name: ______________________________

***Authorized Signature:**______________________________

Date: ______________________________

**** If under 18, consent and authorized signature must be given by a parent or guardian.***

☐ **I Do *Not* consent for use of photographs**

Participant's Name: ______________________________

Authorized Signature: ______________________________

Date: ______________________________

3521 West Broward Blvd. Suite 201
Fort Lauderdale, Florida 33312

Client/Counselor Contract

Urban League of Broward County homeowner helpers and its counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

(Homeowners), I/We____
agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will be on time for appointments
- I/We will call within **3-*hours*** of a scheduled appointment if ***I/we*** will be unable to attend an appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- **NO Show Policy:** If you miss more than 2-appointments you acknowledge that counselor will not setup another appointment with you.
- **Late Policy:** I/We understand that if I/we are late for an appointment, the appointment will still end at the scheduled time.
- **If for any reason you become violent the counselor has right to terminate your file.**
- I/We understand that the counselor "**Will Not Guarantee Saving Your Home**".

I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to *me/us*.

______________________________ __________________
Homeowner signature Date

______________________________ __________________
Homeowner signature Date

______________________________ __________________
Counselor signature Date

Urban League of
Broward County

PROGRAM AGREEMENT/PARTICIPANT RULES

I AGREE:

- To arrive on time for employability skills sessions and other scheduled activities.
- To comply with directives and requests made by the program staff or volunteers.
- To respect fellow participants.
- To abide by the following Participant Rules.

PARTICIPANT RULES:

- Respect staff, volunteers and peers.
- No abusive language permitted.
- All persons are expected to conduct themselves in a respectable manner.
- Unity and togetherness is to be displayed at all times by program participants.
- There is "zero" tolerance for the possession of firearms.
- The sale, possession or use of drugs, including alcohol, is prohibited while in the facility or at Urban League sponsored events.
- Each participant is responsible for keeping the facility and all the materials neat and in order.
- No one is permitted to use the telephone without permission, including personal cellular phones and pagers during workshop activities.

All violators of the agreement and rules are subject to suspension or expulsion from the facility and/or termination from the program.

I________________________, read the agreement and the rules and understand what is expected from me during my participation in the Urban League of Broward County's program.

______________________________ ____________________
Participants Signature: Date:

______________________________ ____________________
Staff Signature Date:

Monthly Spending Plan

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Housing				
Mortgage(s)				
HOA				
Gas				
Electricity				
Telephone: Land Line				
Telephone: Cell				
Other:				
Transportation				
Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Other:				
Insurance				
Health *(medical and dental, if not payroll deducted)*				
Life				
Disability				
Other:				
Childcare				
Childcare or Babysitters				
Child Support or Alimony				
Fixed Expenses Sub-Total				

Periodic Fixed Expenses (Divide				
Housing				
Homeowners Insurance (*if not in mortgage payment*)				
Taxes (*if not in mortgage payment*)				
Water or Sewage				
Trash Service				
Other:				
Transportation				
Car Insurance				
Car Inspection				
Car Repairs and Maintenance				
License Plates and Registration Fees				
Other:				
Periodic Fixed Expenses Sub-Total				

Flexible Expenses

	Current	Delinquency	Adjusted	Crisis
Food				
Groceries				
School Lunches				
Work-Related (*lunches and snacks*)				
Other:				
Housing				
Home Maintenance				
Furnishings				
Cleaning Supplies				
Lawn Care				
Other:				
Medical				
Doctor				
Dentist				
Prescriptions				
Other:				
Savings				
Savings Account				
College Funds				
Emergency Fund				
Clothing				
Clothing				
Laundry and Dry Cleaning				
Other:				
Education				
Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons (*sports, dance, music*)				
Other:				
Donations				
Religious or Charity				
Other (*if not payroll deducted*):				
Gifts				
Birthdays				
Major Holidays				
Other:				
Personal				
Barber or Beauty Shop				
Toiletries				
Children's Allowances				
Tobacco Products				
Beer, Wine, Liquor				
Other:				

Entertainment	Current	Delinquency	Adjusted	Crisis
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:				
Miscellaneous				
Checking Account Fees, Money Order Fees, Etc.				
Pet Care or Supplies				
Postage				
Pictures and Photo Processing				
Other:				
Flexible Expenses Sub-Total				

Monthly Debts				
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:				
Monthly Debts Sub-Total				

Grand Total of Expenses		
Total Net Income:		
MINUS -		
Total Expenses		
PLUS or MINUS		

Household Assets		
Description	**Value / Amount**	**Amount Owed**
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.

Please sign below:

____________________________ ____________________

Signature *Date*

____________________________ ____________________

Signature *Date*