

## Instruction Letter

Thank you for contacting Neighbor Works® of Western Vermont about your mortgage. Together we will work to improve and perhaps find a resolution to your financial situation. Please give the paperwork requested careful attention and complete it ACCURATELY. Your financial information and spending habits are key elements to improving your financial situation.

To assist us in providing you with the most effective services, we require the complete Client Intake Package to be submitted prior to receiving an appointment. Please mail or drop off the complete packet to:

NeighborWorks® of Western Vermont  
110 Marble Street  
West Rutland, VT 05777

During your appointment you will work with the counselor to create a plan to improve your financial situation. Due to the demand for these services we are unable to schedule appointments for those who have not provided complete Client Intake Packets.

Provided below is a checklist of forms in the Client Intake Packet to fill out and a checklist of documents we need from you. Please use the checklist as you gather your documents.

### CLIENT INTAKE PACKAGE CHECKLIST

Please verify that you have submitted the following items by checking the box:

- Part 1**
- Completed *Making Homes Affordable RMA (2 Pages)*
  - Completed *Financial Hardship Affidavit (3Pages)*
  - Completed *Third Party Authorization*
- Part 2**
- Completed *Financial Worksheet* with Current Family Expenses
- Part 3**
- 4506-T Form* Completed and signed by all filer
- Part 4**
- Dodd Frank Form*
- Part 5**
- Written Hardship letter explaining situation in more detail, try to keep letter to one page (signed and dated).*

Continued

### CLIENT INTAKE DOCUMENTS CHECKLIST

Please verify that you have submitted the following items by checking the box:

#### Section 1

Copies of mortgage coupons or monthly statements and mortgage documents for each loan or any other lien on the property be it personal or business.

Copies of all income verification (public assistance, wages, self-employment, SS, pension, etc.) – most recent for a period of 1 month

Copies of all monthly credit obligations such as utility bills including gas, fuel oil, electric, pellet fuel, land line phone, cell phone, cable, internet, credit card statements , car loan statements , student loan statements or other consumer loan statements. All statements should include the balance, minimum payment due and interest rate.

Credit report - We can pull it at the office for a fee of \$16.25 per individual or \$17.50 per couple. Check or Cash for Credit Bureau fee can be paid in advance or the day of class. We accept checks or cash; we do not accept credit cards.

OR

Bring a copy of your recent one already printed from home. If you do not have a recent copy, follow the instructions below to pull a free consumer credit report.\*\*

#### Section 2

Copies of any documentation from the courts and/or the sheriff regarding foreclosure (if applicable)

Copy of most recent correspondence from the servicer or attorney

Copy of last two year's Federal Income tax returns (SIGNED and DATED)

Copies of last two months bank statements

**\*\* Free Consumer Credit Report** [www.annualcreditreport.com](http://www.annualcreditreport.com) you are entitled to a free credit report each year. You do not need to purchase your credit score. If you do not want your credit score click "No thanks go to my free credit report". Select all three credit bureaus. It will show you reports from the bureaus individually. View and print the first one then go back to "annual credit report" to get the next one. Repeat the process for each bureau. If you have any problems accessing it feel free to give us a call for assistance. If you have received a consumer credit in the past twelve months you will not be eligible for that report until the next year.

Please arrive on time for the class and your appointments. If you can not be on time you will need to reschedule. Appointments are often scheduled back to back; the **sessions last at least two hours and a half, please plan accordingly.**

Please be advised that we do not have a waiting area and we are unable to provide childcare.

We look forward to working with you. You can reach me at (802) 438-2303 ext. 218 or

[ngilman@nwwvt.org](mailto:ngilman@nwwvt.org)

Neighbor Works® of Western Vermont, 110 Marble Street, West Rutland, VT 05777

[www.nwwvt.org](http://www.nwwvt.org)

**Making Home Affordable Program  
Request For Mortgage Assistance (RMA)**



REQUEST FOR MORTGAGE ASSISTANCE (RMA) page 1 COMPLETE ALL FOUR PAGES OF THIS FORM

▶ Loan I.D. Number \_\_\_\_\_ ▶ Servicer \_\_\_\_\_

BORROWER	CO-BORROWER
Borrower's name	Co-borrower's name
Social Security Number	Social Security Number
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 Property

*The property is:*       Owner Occupied       Renter Occupied for Less than 12 Months       Vacant for Less than 12 Months

Mailing address \_\_\_\_\_

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

<p><i>Is the property listed for sale?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Have you received an offer on the property?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Date of offer</i> _____ <i>Amount of offer \$</i> _____</p> <p><i>Agent's Name:</i> _____</p> <p><i>Agent's Phone Number:</i> _____</p> <p><i>For Sale by Owner?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Have you contacted a credit-counseling agency for help</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, please complete the following:</i></p> <p><i>Counselor's Name:</i> _____</p> <p><i>Agency Name:</i> _____</p> <p><i>Counselor's Phone Number:</i> _____</p> <p><i>Counselor's E-mail:</i> _____</p>
<p><i>Who pays the real estate tax bill on your property?</i></p> <p><input type="checkbox"/> I do    <input type="checkbox"/> Lender does    <input type="checkbox"/> Paid by condo or HOA</p> <p><i>Are the taxes current?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Condominium or HOA Fees</i> <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p><i>Paid to:</i> _____</p>	<p><i>Who pays the hazard insurance premium for your property?</i></p> <p><input type="checkbox"/> I do    <input type="checkbox"/> Lender does    <input type="checkbox"/> Paid by Condo or HOA</p> <p><i>Is the policy current?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Name of Insurance Co.:</i> _____</p> <p><i>Insurance Co. Tel #:</i> _____</p>

*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):

<input type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	<input type="checkbox"/> Other: _____

Explanation (continue on a separate sheet of paper if necessary): \_\_\_\_\_

## BUDGET WORKSHEET

Name: \_\_\_\_\_  
 Acct # \_\_\_\_\_  
 Estimated Balance \_\_\_\_\_  
 Current Interest and Term left \_\_\_\_\_  
 Proposed Interest and Term \_\_\_\_\_

Monthly Net Income Sources	Current	Proposed
Wage 1		
Wage 2		
Child Support		
Benefits (food, fuel,)		
Unemployment		
Rental Income		
SSI or SSDI		
Pension		
<b>Total</b>	<b>0</b>	<b>0</b>

Monthly Housing Expenses	Current	Proposed
Mortgage		
Mortgage 2		
Lights		
Heat		
Property tax		
Home insurance		
Water/Sewer		
Groceries		
Garbage/Snow Removal		
Household items/personal		
Savings		
<b>Total</b>	<b>0</b>	<b>0</b>

Monthly Debt Expenses	Current	Proposed
Alimony/Child Support		
credit cards		
installment loans		
Student Loans		
<b>Total</b>	<b>0</b>	<b>0</b>

Monthly Expenses (continued)	Current	Proposed
<b>Medical Expenses</b>		
Medical/Dental Insurance		
Medical expenses		
Life ins		
Over counter meds		
Other		
<b>Total</b>	<b>0</b>	<b>0</b>

Monthly Auto Expenses	Current	Proposed
Auto insurance		
Gas/auto expenses		
Auto Maintenance		
Auto loan		
License, Reg, Inspection		
<b>Total</b>	<b>0</b>	<b>0</b>

Discretionary Expenses	Current	Proposed
Cable		
Gifts		
Donations		
Hair salons		
Pet Care		
Phone		
eating out		
Tobacco/Alcohol		
Entertainment		
<b>Total</b>	<b>0</b>	<b>0</b>

<b>Total Current Expenses</b>	<b>0</b>	<b>0</b>
<b>Total Revised Expenses</b>	<b>0</b>	<b>0</b>
Current Cash Flow	<b>0</b>	<b>0</b>
Proposed Cash Flow	<b>0</b>	<b>0</b>

**INCOME/EXPENSES FOR HOUSEHOLD<sup>1</sup>**

▶ **Number of People in Household:** \_\_\_\_\_

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$ _____	First Mortgage Payment	\$ _____	Checking Account(s)	\$ _____
Overtime	\$ _____	Second Mortgage Payment	\$ _____	Checking Account(s)	\$ _____
Child Support/Alimony/ Separation <sup>2</sup>	\$ _____	Insurance	\$ _____	Savings/Money Market	\$ _____
Social Security/SSDI	\$ _____	Property Taxes	\$ _____	CDs	\$ _____
Other monthly income from pensions, annuities or retirement plans	\$ _____	Credit Cards/Installment Loan(s) (total minimum payment per month)	\$ _____	Stocks/Bonds	\$ _____
Tips, commissions, bonus and self-employed income	\$ _____	Alimony, child support payments	\$ _____	Other Cash on Hand	\$ _____
Rents Received	\$ _____	Net Rental Expenses	\$ _____	Other Real Estate (estimated value)	\$ _____
Unemployment Income	\$ _____	HOA/Condo Fees/Property Maintenance	\$ _____	Other _____	\$ _____
Food Stamps/Welfare	\$ _____	Car Payments	\$ _____	Other _____	\$ _____
Other (investment income, royalties, interest, dividends etc.)	\$ _____	Other _____	\$ _____	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
<b>Total (Gross Income)</b>	<b>\$ _____</b>	<b>Total Debt/Expenses</b>	<b>\$ _____</b>	<b>Total Assets</b>	<b>\$ _____</b>

**INCOME MUST BE DOCUMENTED**

<sup>1</sup>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.

<sup>2</sup>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.**

<b>BORROWER</b>	<input type="checkbox"/> I do not wish to furnish this information	<b>CO-BORROWER</b>	<input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>Race:</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

**To be completed by interviewer**

<b>This request was taken by:</b> <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	<b>Interviewer's Name (print or type) &amp; ID Number</b>	<b>Name/Address of Interviewer's Employer</b>
	<b>Interviewer's Signature</b> <b>Date</b>	
	<b>Interviewer's Phone Number (include area code)</b>	

**DODD-FRANK CERTIFICATION**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This certification is effective on the earlier of the date listed below or the date received by your servicer.

**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 or forbearance 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 I have not received a condemnation notice, there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify, and:
  - (a) for consideration for the Home Affordable Modification Program (HAMP) or unemployment assistance, my property is owner-occupied and I intend to reside in this property for the next twelve months, or
  - (b) for consideration for the Home Affordable Foreclosure Alternatives Program (HAFA), my property has been owner-occupied within the last twelve months.
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 forbearance 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.

The undersigned certifies/y under penalty of perjury that all statements in this document are true and correct.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-borrower Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

**HOMEOWNER'S HOTLINE**

*If you have questions about this document or the Making Home Affordable Program, 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.*

**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.sig tarp.gov](http://www.sig tarp.gov) and provide them with your name, our name as your servicer, your property address, loan number and reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





**THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE**

(Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.)

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to

\_\_\_\_\_ of \_\_\_\_\_ in his/her capacity as

Name \_\_\_\_\_ Company (if applicable)

\_\_\_\_\_

Relationship (if applicable) \_\_\_\_\_ Phone Number \_\_\_\_\_

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3<sup>rd</sup> party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above names requestor or person identifying themselves to be that requestor.

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form.

NOTE: No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

\_\_\_\_\_  
Printed Borrower Name

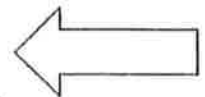
\_\_\_\_\_  
Printed Borrower Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date



**Short Form Request for Individual Tax Return Transcript**

Department of the Treasury  
Internal Revenue Service

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

**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.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	