

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 *Financial Analysis Form (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

- 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 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

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

www.nwwvt.org

FINANCIAL ANALYSIS FORM

Mortgage Account Number (s) _____

Name (Borrower):	Home Phone:	Work Phone:	Alternate/Cell Phone:	
Preferred Method of Contact	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Alternate/Cell	
Borrower Social Security Number				
Name (Co-borrower):	Home Phone:	Work Phone:	Alternate/Cell Phone:	
Preferred Method of Contact	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Alternate/Cell	
Co-Borrower Social Security Number				
Mailing Address:				
May we contact you via email:	Yes/No			
If yes, please provide your email address:				
Is the property occupied?	Yes/No			
If yes, is it owner occupied or tenant occupied?	Owner/Tenant			
Condition of the property?	Excellent	Good	Fair	Condemned
Have you received a notice of condemnation?	Yes/No			
Have you filed bankruptcy?	Yes/No			
Amount of funds available to contribute towards a workout?	\$			
Total number of individuals in your household:				
Do you want to keep the property?	Yes/No			
Is your home listed for sale?	Yes/No			
If yes, what is the list price?	\$			
What is your agent's (realtor) name and telephone number? If applicable	Realtor Name: Realtor Phone:			
Do you have a second mortgage?	Yes/No			
If yes, please provide contact information for your second mortgage company.	Name/phone number of second mortgage company:			

EMPLOYMENT HISTORY

	Borrower		Co-Borrower	
Currently employed?	Yes	No	Yes	No
How long?				
Present employer:				
If self-employed, name of company:				
Income *All income must have documented proof as outlined in the Fax Cover Sheet.				
Description *	Borrower	Co-Borrower	Total	
Gross Salary / Wages (monthly) **	\$	\$	\$	
Unemployment Income (monthly)	\$	\$	\$	
Child Support / Alimony (monthly)	\$	\$	\$	
Disability Income (monthly)	\$	\$	\$	
Rental Income (monthly)	\$	\$	\$	

**Gross salary/wages is your total monthly income before any tax withholding or employer deductions.

ASSETS/LIABILITIES

If you own real estate in addition to your personal residence, please attach a complete list of property addresses / name(s) of Lender / Lender's address and phone number / account numbers / monthly payment / amount owed / estimated value & rental income.

Assets

Description	Estimated Value	Amount Owed	Net Value (est. value less amount owed)
Personal Residence	\$	\$	\$
Personal Property	\$	\$	\$
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
IRA / 401(k) / Keogh Accounts	\$	\$	\$
Stocks / Bonds / CDs	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
Totals	\$	\$	\$

Liabilities (Expenses)

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$	\$	Yes No
Other Mortgages / Liens / Rents	\$	\$	Yes No
Alimony / Child Support	\$	\$	Yes No
Homeowners Assoc. Dues	\$	\$	Yes No
Property Taxes (if not escrowed and included in your current mortgage payment)	\$	\$	Yes No
Homeowner's (hazard) Insurance (if not escrowed and included in your current mortgage payment)	\$	\$	Yes No
Other insurance (i.e. wind, flood) (If not escrowed and included in your current mortgage payment.)	\$	\$	Yes No
Health Insurance	\$	\$	Yes No
Medical Expenses	\$	\$	Yes No
Child Care	\$	\$	Yes No
Credit Card / Installment Loans	\$	\$	Yes No
Student Loans / Personal Loans	\$	\$	Yes No
Auto Loan(s)	\$	\$	Yes No
Auto Expenses / Gasoline / Insurance	\$	\$	Yes No
Food / Household Supplies	\$	\$	Yes No
Water / Sewer / Utilities / Phone(s) / Cable	\$	\$	Yes No
Other	\$	\$	Yes No

If additional space is needed for Liabilities (Expenses), please include an additional page.

Note: Some of the items included are not applicable to the Making Home Affordable (MHA) program. However, this form is used for various modification programs, including the MHA.

Borrower Signature
Date

Co-borrower Signature
Date

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 for Government Monitoring Purposes, please check the box below.

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <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	Race: <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
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

Borrower/Co-Borrower Acknowledgement:

1. Under penalty of perjury, I/we certify, represent and agree that all of the documents and information I/we have provided in connection with the Financial Analysis Form and this Affidavit are true and correct and the event(s) identified in the Financial Analysis Form and this Affidavit has/have contributed to my/our financial hardship and the need to modify the terms of my/our mortgage loan.

2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.

3. I/we understand the Servicer will pull a current credit report on all borrowers/co-borrowers or a joint report for a married couple.

4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.

5. I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.

6. I/we certify that I/we are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.

7. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this Affidavit.

8. I/we authorize and consent to Servicer disclosing to the U.S. Department of Treasury or other government agency, Fannie Mae and/or Freddie Mac any information provided by me/us retained by Servicer in connection with the Making Home Affordable (MHA) program.

NOTICE TO BORROWERS

Be advised that you are signing these documents 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 may 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 may be referred to the appropriate law enforcement authority for investigation and prosecution.

Borrower Signature

Date

Co-Borrower Signature

Date

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 3rd 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

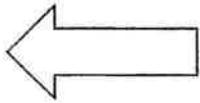
Printed Borrower Name

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
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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.

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

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		
Total	0	0

Monthly Expenses	Current	Proposed
Monthly Housing Expenses		
Mortgage		
Mortgage 2		
Lights		
Heat		
Property tax		
Home insurance		
Water/Sewer		
Groceries		
Garbage/Snow Removal		
Household items/personal		
Savings		
Total	0	0
Monthly Debt Expenses		
Alimony/Child Support		
credit cards		
installment loans		
Student Loans		
Total	0	0

Monthly Expenses (continued)		
Medical Expenses		
Medical/Dental Insurance		
Medical expenses		
Life ins		
Over counter meds		
Other		
Total	0	0
Monthly Auto Expenses		
Auto Insurance		
Gas/auto expenses		
Auto Maintenance		
Auto loan		
Lisence, Reg, Inspection		
Total	0	0
Discretionary Expenses		
Cable		
Gifts		
Donations		
Hair salons		
Pet Care		
Phone		
eating out		
Tobacco/Alcohol		
Entertainment		
Total	0	0

Total Current Expenses			0	
Total Revised Expenses			0	
Current Cash Flow			0	
Proposed Cash Flow			0	