



Community Renewal Team
Changing lives... Creating opportunity!

330 Market Street
Hartford, CT 06120

Dear Homeowner,

The Community Renewal Team, Inc. is committed to assisting members of our community to resolve situations that affect their livelihood. Our mission is to prepare our community to meet life's challenges.

We would like to help you in resolving the issue with your mortgage company. We can assist and guide you through the process that will give you an opportunity to prevent foreclosure.

The enclosed **Foreclosure Prevention Intake package** is needed to begin the process.

Please complete the package as thoroughly as possible. In addition, please provide us with all applicable documents listed on pages 1 and 2. Please make copies of the requested documents. You must also provide a copy of your most recent credit report. Instructions are provided within the packet.

The completed intake package and supporting documents must be submitted prior to scheduling your appointment with a counselor. Unless other arrangements are made, all parties involved in this matter need to be present at the intake session and sign the required documents.

If you have any questions, please call (860)761-2381, email foreclosure@crtct.org, or fax (860)560-5780.

We are here to serve you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Herman Gibson', is written over a horizontal line.

Herman Gibson

Foreclosure Prevention Housing Counselor



Foreclosure Prevention Counseling

Required Intake Documentation List

Name: _____ Co-Applicant Name _____

Property Address _____

Mortgage Company _____ Loan # _____

Appointment Date _____ Location _____ Time _____

Step 1: Complete Intake Package as thoroughly as possible Sign and date all forms.

Step 2: Complete budget worksheet and provide the applicable documents listed below:

Mortgage documents:

- o Recent mortgage statement/verification (1st, 2nd, HELOC, Home Improvement loans, etc.)
- o Default letter threatening foreclosure or Foreclosure Summons
- o Contact Person (name, office phone & fax number) for all Mortgage company or tax office
- o Copies of all documents related to prior workout or modification programs (if applicable)

Income:

- o Last month of income paystubs- (4) weekly, (2)bi-weekly/semi-monthly , (1)monthly
- o Last 3 months of complete bank statements- checking, saving, personal/business accounts
- o Last 2 years of complete tax returns-Federal and State. Individual/Family/ business (if applicable)- Signed and dated
- o Other Income: Award letters (TANF, Social Security, Pensions, Workmen's Comp, Unemployment, child support, alimony, etc)
- o Rental lease/receipts, section 8/subsidy payment verifications
- o Self-Employed- most recent quarterly Profit/loss statement, Schedule C and last 6 months of bank statements

Expenses:

- o Most recent utilities bills/payment arrangements-Electricity, Gas, Heating (oil), Water/Sewer
- o Condo Association HOA Fee/ Bill
- o Credit card statement, Automobile loan statement, Personal loan/payday loan statement
- o Current balance of outstanding liens-tax, water/sewer, medical, judgments, etc.

Step 3: Create Hardship letter draft (see enclosed format guidelines)

Step 4: Provide copy of credit report for all parties on the mortgage (see enclosed instructions)



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These documents, along with the completed intake package, must be sent in to be reviewed prior to your appointment.

Send complete package to the following address or email:

Drop off only: CRT-Foreclosure Prevention Counseling
330 Market Street, 2nd Floor, Hartford CT 06120

By Email: foreclosure@crtct.org

By Fax: (860) 560-5322

Special Note:

Unless other arrangements are made, all parties involved in this matter need to be present at the initial intake session and sign the required documents.

If any items are missing from your package, it will slow down our ability to properly analyze your situation and advise you as to what actions required to be taken.

Thank you,



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Foreclosure Prevention Counseling-INTAKE

Intake Date _____

Property Address _____

City _____ State _____ Zip Code _____

Purchased Home Date _____

Demographic Information

Applicant Name: _____

SSN _____ DOB _____ Gender: Male Female

Ethnicity: Hispanic Non-Hispanic Race: _____ Marital Status _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email Address _____

Highest Level Of Education: Non-Grad HS Grad/ GED Some Post-Secondary
 2-4yr College Master Degree Doctorate Degree

Employer _____ Title _____ Start Date _____

Gross Monthly Income(s) \$ _____ Other Monthly Income \$ _____

Co-Applicant Name: _____

SSN _____ DOB _____ Gender: Male Female

Ethnicity: Hispanic Non-Hispanic Race: _____ Marital Status _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email Address _____

Highest Level Of Education: Non-Grad HS Grad/ GED Some Post-Secondary
 2-4yr College Master Degree Doctorate Degree

Employer _____ Title _____ Start Date _____

Gross Monthly Income(s) \$ _____ Other Monthly Income \$ _____

DEPENDENTS:

Number of Adults Over 18 _____ Number of Children _____

Name _____ DOB _____ SSN _____

Name _____ DOB _____ SSN _____



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I want to: Keep the Property Sell the Property Deed the Property back

The property is: Primary Residence Second Home Investment/Rental

Property Currently: Owner Occupied Renter Occupied Vacant

1ST MORTGAGE COMPANY

Name _____ Loan # _____

Monthly payment: \$ _____ Current Yes No: Amount outstanding: \$ _____

Last month a payment was sent and accepted: _____

Interest Rate: _____ % Previously Modified or Refinance Date: _____

TERMS/TYPE OF LOAN: (Please check all that apply)

FHA VA USDA Fannie Mae/ Freddie Mac

ASSUMED CONTRACT FOR DEED Estate or Probate Court

Insured CONVENTIONAL Uninsured CONVENTIONAL

MOBILE HOME (age of home: _____)

FIXED 30 YEAR MTG 15 YEAR MTG

ARM: Rate prior to reset _____ % Payment prior to reset \$ _____ Current Rate _____ %

Are Taxes and Insurance Included in your mortgage payment? YES NO

If NO, Taxes current: YES NO Homeowner Insurance current: YES NO

2ND MORTGAGE COMPANY

Name _____ Loan # _____

Normal monthly payment \$ _____ Total amount outstanding: \$ _____

Last month a payment was sent and accepted _____

Interest Rate _____ % Previously Modified or Refinance Date: _____

CONDO ASSOCIATION FEES OR 3RD MORTGAGE

Name _____ Loan # _____

Normal monthly payment \$ _____ Total amount outstanding: \$ _____

Last month a payment was sent and accepted: _____

Monthly Budget and Spending Plan

Living Expenses

Name: _____
Loan #: _____

HOUSING

Telephone/Cable/Internet	\$ -
Gas	\$ -
Oil	\$ -
Electric heat	\$ -
Electricity	\$ -
Water Bill	\$ -
Improvements	\$ -
Household help	\$ -
Cell phone	\$ -
Satelite	\$ -
Other	\$ -
Total home related expenses:	\$ -

FAMILY

Groceries	\$ -
Groceries Paid by Food Stamps	\$ -
Clothes	\$ -
Medical and Dental	\$ -
Child Care	\$ -
Hair/Nails	\$ -
Education Expenses	\$ -
Extracurriculars Events	\$ -
Miscellaneous (personal items)	\$ -
Alimony	\$ -
Child Support	\$ -
Other	\$ -
Total Family Expenses:	\$ -

TRANSPORTATION

Gas and Oil	\$ -
Bus or Taxi	\$ -
Maintenance and Repair	\$ -
Other (parking, tolls)	\$ -
Total:	\$ -

GIVING

Charitable(Tithes)	\$ -
Non-Charitable	\$ -
Total:	\$ -

LEISURE

Vacation	\$ -
Hobbies	\$ -
Entertainment, Concerts	\$ -
Restaurants, Movies	\$ -
Magazines/Dvds/Cds	\$ -
Cigarettes/Alcohol	\$ -
Gym Membership	\$ -
Total non-home-related expenses:	\$ -

A. Total Living Expenses (home and non-home)	\$ -
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Debt Payment

Mortgage (P&I)	\$ -
Credit Cards	\$ -
Student loans	\$ -
Car Payment 1	\$ -
Car Payment 2	\$ -
Other Debts	\$ -
B. Total Debt Payments	\$ -

INSURANCE PREMIUMS

Life Insurance	\$ -
Homeowners Ins.	\$ -
Auto Insurance	\$ -
Other Insurance	\$ -
C. Total Insurance Premiums:	\$ -

SAVINGS

Checking Account	\$ -
Other Savings	\$ -
Christmas/Other Savings Account	\$ -
D. Total Savings:	\$ -

TAXES

Income	\$ -
Car/Road	\$ -
Property	\$ -
E. Total taxes:	\$ -

INCOME

Employment Income	\$ -
Food Stamps/Other Assistance	\$ -
Cash Assistance TNF	\$ -
Rental or Other Income	\$ -
G. Total Income:	\$ -

SHORTFALL OR SURPLUS

A. Total Living Expenses	\$ -
B. Total Debt Payments	\$ -
C. Total Insurance Premiums	\$ -
D. Total Savings	\$ -
E. Total Taxes	\$ -
G. Total Income	\$ -
F. Total Expenses (A+B+C+D+E)	\$ -

If F is greater then G

Write shortfall here

If G is greater than F

Write surplus here

Signature: _____

Date: _____



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Counseling Initial Purpose (check all that apply):

Retention Options

- Mortgage Assistance- EFPP/EMAP
- Structure Repayment Plan
- Special Unemployment or Medical Forbearance
- Modification
- HECM/Reverse Mortgage

Disposition Options

- Short Sale/Pre-Foreclosure Sale
- Deed in Lieu of Foreclosure
- Real Estate Referral

Foreclosure

- Understanding the Foreclosure Process
- Understanding Mediation
- Mortgagor Rights/Options
- Legal Referral

Other

- Tenant/Rental Assistance
- Home/Energy Repair

Description of Borrower's Situation

Describe the situation that caused you to call

Reason for delinquency? Has it been resolved?

What has been attempted to correct the problem?

Other barriers or imminent situations that may impact the problem?



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Steps for Obtaining Your Free Credit Report

A credit report is a document that helps creditors and lenders determine whether or not to give you a loan or credit card. Credit reports are also being used to determine if a person can rent an apartment, get auto insurance and even whether or not they can secure certain jobs. Good credit reports and credit scores mean that you are good at managing your money and paying your bills. It is important that you check your credit report at least once a year to be sure that all of the accounts belong to you and that no one has tried stealing your identity. The following is a list of steps you can use to access your credit report on line.

1. Go to www.annualcreditreport.com
2. Find your state and click on Go
3. Fill out your personal information, including security numbers at the bottom of screen.
4. Click "next" button.
5. Check off the box next to one of the credit bureaus you want.
6. Click "next" button.
7. Read instructions.
8. Click "next" button.
9. The credit bureau site will then ask you to answer a couple of questions to prove you are who you say you are. You need to be able to answer these questions correctly in order to access your report. If you cannot you will need to order through the mail instead.
10. If you've answered the questions correctly you will then be asked if you would like to purchase your credit score. A credit score is different than a credit report. Credit scores give a three-digit number that helps determine how good or not so good you are doing with your credit. The cost is generally between \$6 and \$8. Credit scores are the most accurate way to determine your creditworthiness. It is worth the cost but you will need to have either a debit card with the Master Card or Visa logo or an actual credit card in order to purchase this over the Internet. If you cannot purchase your score than simply do not click on any of the boxes and instead click the button that will take you to your credit report. You can then order your score over the phone or ask for the address and mail in a check or money order for your score instead.

Should you have any further questions regarding obtaining your credit report, please feel free to contact our housing counselor at (860) 761.2381, or by email at foreclosure@crtct.org.



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- **Hardship letter steps/info to include**
- **The first paragraph should include:**
 - Loan Number
 - Homeowner's name, address and phone number
 - Relevant details...number of months delinquent, property value
- **Second paragraph should include:**
 - A description of what caused the default in a matter of fact manner
 - Dates need to be included for each event that affected your situation.
 - All attempts of blaming others should be avoided
 - How the reason for default has been or will be resolved
- **Third paragraph should provide an overview of the homeowner's financial situation:**
 - Net Income and an overview of expenses and debt
 - Examples of actions taken to reduce expenses and increase income (Emergency Budget)
 - Any financial counseling or other steps taken to rectify the situation
 - Include the amount of money the homeowner has to pay toward the delinquency
- **The fourth paragraph should briefly outline your payment proposal:**
 - Synopsis of the facts of the plan
 - Reason why the homeowner believes this proposal will be successful
 - Demonstration of their commitment to see it through to the end

The last paragraph should thank the servicer for considering their request and indicate the best times and manners to reach the homeowner.

- **Documents to attach:**
 - Financial statement
 - Income and expense verification
 - Verification of hardship
 - Verification of anticipated changes to income and expenses
 - Other documents requested by the servicer



Community Renewal Team – Housing Counseling
330 Market Street
Hartford, CT 06120

U.S. Housing & Urban Development (HUD) Counseling CERTIFICATION - Disclosure Statement

Community Renewal Team (CRT) is the oldest, continuously operating community action agency in the United States. CRT operates more than sixty (60) programs that address emergency and basic human needs and customer life stability including: Early Care and Education, Senior Independent and Assisted Living, Eviction and Foreclosure Prevention, Behavioral Health Services; Emergency Shelters, Housing Counseling, Veterans Services, Energy Assistance and Weatherization; Elderly Nutrition, Supportive Housing, Employment and Training, Community Justice, and Financial Literacy/Asset Development.

In the instance of housing counseling services provided through CRT housing counseling staff, where CRT is the owner of property and rehabilitates it for sale, CRT certifies that any customer who receives services from CRT housing counseling staff, or any other CRT staff, shall be under no obligation to purchase said property from CRT. In addition, CRT owns rental properties and as such CRT certifies that any customer who receives housing counseling services related to a rental housing matter from CRT housing counseling staff, or any other CRT staff, shall be under no obligation to rent any of the properties owned or managed by CRT. Further, customers who receive information from guest speakers at housing counseling workshops are under no obligation to engage services of workshop presenters.

All CRT customers seeking housing counseling services will be given a copy of this certification and must sign below acknowledging that they have read this document and understand that they are under no obligation to either purchase or rent any site that is owned or managed by CRT. The customer's housing counselor may offer customers information about loan products, lenders, or available houses. Such disclosure is meant as information only, not as endorsement or recommendation. This document serves as CRT's expression noting that each customer is free to engage with the lender, secure the loan product, rent the unit or purchase the home of his/her own choosing.

I, Herman Gibson, HUD Counselor for CRT, hereby certify that I have reviewed the above conditions with the customer below and have explained the provisions of this document in its entirety.

Staff Signature

Herman Gibson
Staff Name (printed)

Foreclosure Prevention Counselor
Staff Title

I have read the above statement and understand that I am under no obligation to buy or rent property owned, rented, or developed by CRT.

Customer Signature

Customer Name (printed)

Please note: Community Renewal Team programs and initiatives are funded by local, state, and federal grant awards and agency fundraising events. CRT housing counseling services are funded through the U.S. Department of Housing & Urban Development and/or the Connecticut Housing Finance Authority. Additional information about funding related to other CRT programs and initiatives is available upon request.



Community Renewal Team (CRT) – Financial Literacy Workshop
330 Market Street
Hartford, CT 06114

AUTHORIZATION FOR THE RELEASE OF INFORMATION/PRIVACY STATEMENT

Name of Customer: (Last, First, Middle Initial)	Social Security Number:	Date of Birth:
Street Address:	City:	State: Zip Code:

CUSTOMER RELEASE: I hereby authorize the following agency/individual to release information to and exchange the indicated information with the person/agency listed below (Please place a check and initial to the right of the boxes indicating your authorization). I understand that such information will remain confidential as required by law and such information will only be used for my benefit or to benefit other members of my family. Only authorized personnel will share customer information needed for delivery of services, to track demographic trends, service patterns and customer outcomes achieved. I release CRT and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form.

Name of Person/Agency to Receive Information from: Street Address: City: State: Zip Code: To Release and Exchange the Following Information: <input checked="" type="checkbox"/> Any and all information related to my delinquent mortgage. <input type="checkbox"/> Any and all information related to my rental arrearage. <input type="checkbox"/> Any and all information to assist me with the purchase of a home. <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Name of Person/Agency to Release Information to: <input checked="" type="checkbox"/> Connecticut Housing Finance Authority (CHFA) <input checked="" type="checkbox"/> U.S. Department of Housing & Urban Development (HUD) <input checked="" type="checkbox"/> National Foreclosure Mitigation Counseling Program (NFMC) <input checked="" type="checkbox"/> Community Renewal Team, Inc. (CRT_) <input type="checkbox"/> Other _____
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The Information Identified Above will be Used For:

Pre-Purchase Counseling
 Post Purchase Counseling
 Rental Counseling
 Financial Literacy
 Foreclosure Prevention Counseling
 Other: CHFA/HUD grant monitoring & HUD housing counseling compliance.

This Authorization to Release Information Remains in Effect Until: (Date not to exceed 12 months) _____ OR: (Specific Event Terminating Operation of the Release) _____

I have explained to _____ the purpose of this release and the disclosure that might reasonably be anticipated

Signature of CRT staff member: _____

PRIVACY STATEMENT: CRT is committed to assuring the privacy of individuals and/or families who contact us for assistance. All information shared by you orally, in writing or on an application regarding your personal finances, including your name, address, social security number, assets, income, credit score and credit history will be managed within legal and ethical considerations. By signing below, you authorize CRT to disclose information collected from you to your creditors or third parties where we have determined that such disclosure would be helpful to you, would aid us on counseling you, or is a requirement of grant awards which make our services possible. You have the opportunity to "opt-out" of this Release of Information agreement by contacting your housing counselor. Should you choose to "opt-out," you acknowledge that CRT will not be able to assist you with addressing your housing security need(s), or with the purchase of a home.

CUSTOMER CONSENT AND SIGNATURE: I understand that refusal to sign this authorization form will in no way affect my right to obtain present and future treatment, except where disclosure of such communication and records is necessary for treatment. I also understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance on it. I further understand that my psychiatric, alcohol and/or drug and HIV records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts. 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by regulations. Federal law provides that once a release is signed for a Probation or Parole it may not be revoked. The information disclosed by this agency may be subject to re-disclosure by the recipient, and no longer protected by Federal law. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.

Signature of Customer:	Printed Name of Customer:	Date:
Printed Name and Signature of Parent/Guardian or Legal Representative: (If Needed, Relationship)		Date:
Printed Name and Signature of Interpreter/Translator: (if Needed)		Date:



**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex,
Handicap, Familial Status, or National Origin**

- In the sale or rental of housing or residential lots
- In the provision of real estate brokerage services
- In advertising the sale or rental of housing
- In the appraisal of housing
- In the financing of housing
- Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

www.hud.gov/fairhousing

U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing and
Equal Opportunity
Washington, D.C. 20410