



COMMUNITY SERVICE PROGRAMS OF WEST ALABAMA, INC.

Foreclosure Counseling Checklist

Name _____

Appointment Date _____

It is important to be prepared and on time for the first appointment. For the first appointment, the following must be completed:

- Bring a copy of all documents listed below
- Complete and sign all documentation in this packet

Failure to do so will delay the completion of work that must be done at the first appointment. Another appointment will be scheduled. For any questions concerning this packet or to cancel and reschedule an appointment, please call the number on the attached business card. CSP looks forward to meeting and working with you.

- ☐ Copies of ALL monthly bills & expenses
- ☐ Mortgage Statement and any correspondence from your lender and/or attorney
- ☐ Copy of your original mortgage papers signed at closing
- ☐ Last two (2) pay stubs for employed household members AND any other forms of verification of income (child support, disability, etc)
- ☐ Last two (2) months bank statements (checking and savings),
- ☐ Copies of two (2) of your most Income Tax Returns
- ☐ Hardship letter with account number (two paragraphs detailing reason you are unable to pay mortgage).
- ☐ Other _____

Please check ALL documents to make certain your name is on them.

Pre-Foreclosure Program Participant Profile

FOR OFFICE USE ONLY:

CODE _____ Application From _____ Workshop _____ Mail-In Packet _____

Date _____ Location of Workshop _____

May we contact you by phone? ☐ Yes ☐ No Best time to call _____ Contact Number _____

First Name _____ Last Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

Street Address (No P.O. Boxes) _____

City _____ County _____ Zip Code _____

E-Mail Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Position _____ Self Employed ☐ Yes ☐ No

Gender	Marital Status			Veteran
<input type="checkbox"/> Female	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Yes
<input type="checkbox"/> Male	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Partner	<input type="checkbox"/> Widowed	<input type="checkbox"/> No

Race	Ethnicity
<input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian(India) <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Hispanic

Characteristics	Family Type	Education
<input type="checkbox"/> Head of Household (HOH)	<input type="checkbox"/> Foster parent (w/foster children)	<input type="checkbox"/> Master's degree
<input type="checkbox"/> HOH's Spouse	<input type="checkbox"/> Grandparents (raising grandchildren)	<input type="checkbox"/> College degree
<input type="checkbox"/> Agency Employee	<input type="checkbox"/> Married (w/children)	<input type="checkbox"/> Associate degree
<input type="checkbox"/> Applicant	<input type="checkbox"/> Married or 2 adults (no children)	<input type="checkbox"/> Some college
<input type="checkbox"/> Disabled	<input type="checkbox"/> Multiple (3+) Adults (no children)	<input type="checkbox"/> Training Certificate
<input type="checkbox"/> No health insurance	<input type="checkbox"/> Multiple Adults (w/children)	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> Non custodial parent	<input type="checkbox"/> Single parent	<input type="checkbox"/> GED
<input type="checkbox"/> Veteran	<input type="checkbox"/> Single person	<input type="checkbox"/> Grade _____
	<input type="checkbox"/> Single person (living w/partner)	<input type="checkbox"/> Preschool

Co-Applicant

First Name _____ Last Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

Street Address (No P.O. Boxes) _____

City _____ County _____ Zip Code _____

E-Mail Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Position _____ Self Employed ☐ Yes ☐ No

Gender	Marital Status			Veteran
<input type="checkbox"/> Female	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Yes
<input type="checkbox"/> Male	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Partner	<input type="checkbox"/> Widowed	<input type="checkbox"/> No

Race	Ethnicity
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Annual Household Income Range: (Check One)					
<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$21,000-\$25,000	<input type="checkbox"/> \$36,000-\$40,000	<input type="checkbox"/> \$51,000-\$55,000	<input type="checkbox"/> \$11,000-\$15,000	<input type="checkbox"/> \$26,000-\$30,000
<input type="checkbox"/> \$16,000-\$20,000	<input type="checkbox"/> \$30,000-\$35,000	<input type="checkbox"/> \$46,000-\$50,000	<input type="checkbox"/> Over \$60,000	<input type="checkbox"/> \$41,000-\$45,000	<input type="checkbox"/> \$56,000-\$60,000

Number in Household _____ Number of Dependents _____

List ALL names that appear on the title _____

Name of Lender: (1st Mortgage) _____ Account Number _____

Lender's Phone Number _____ Contact Person _____ Ext# _____

Monthly Mortgage Payment _____ Does this include real estate taxes and homeowners insurance? ☐ Yes ☐ No

Months Past Due: (Check One) ☐ < 30 days ☐ 30-60 days ☐ 61-120 days ☐ +120 days ☐ Unknown

Interest Rate: (Check One & List % Rate) ☐ Fixed % _____ ☐ Adjustable % _____ ☐ Unknown

Number in Household _____ Number of Dependents _____

List ALL names that appear on the title _____

Name of Lender: (2nd Mortgage) _____ Account Number _____

Lender's Phone Number _____ Contact Person _____ Ext# _____

Monthly Mortgage Payment _____ Does this include real estate taxes and homeowners insurance? ☐ Yes ☐ No

Months Past Due: (Check One) ☐ < 30 days ☐ 30-60 days ☐ 61-120 days ☐ +120 days ☐ Unknown

Interest Rate: (Check One & List % Rate) ☐ Fixed % _____ ☐ Adjustable % _____ ☐ Unknown

Have you been contacted by an attorney? ☐ Yes ☐ No (if Yes, please complete below)

Name of Attorney _____ Phone Number _____

Fax Number _____ Contact Person _____ Ext# _____

Estimated Appraised Value of Home _____ What is the balance of your mortgage _____

How much do you have to contribute to bringing your mortgage current? _____

Primary Reason for Delinquency? (Check One)

- ☐ Reduction in income ☐ Poor budget management skills ☐ Loss of income ☐ Medical Issues
☐ Increase in expenses ☐ Divorce/Separation ☐ Death of family member ☐ Failed business venture
☐ Increase in loan payment ☐ Other (Explain) _____

Has this issue been resolved? ☐ Yes ☐ No; If No, please explain _____

Is there any additional information not asked above that you feel would be helpful? Please explain:

Signature

Date

Signature (co-applicant)

Date

Foreclosure Prevention Counseling Disclosure Statement

Thank you for considering Community Service Programs of West Alabama, Inc. (CSP), to assist you with resolving your mortgage needs. We look forward to working with you. CSP wants to provide you with certain information in order to allow you to make an informed decision about participating in foreclosure prevention counseling.

CSP is a HUD-certified housing counseling agency. Certification from HUD does not include recognition of any practice standards, nor necessarily imply the effectiveness of any counseling strategies. However, CSP provides assurance of professional conduct and contact information for making complaints to the Department of Housing and Urban Development (HUD).

The CSP Foreclosure Prevention services are strictly to assist you in resolving your issues with mortgage delinquency and achieve your housing goals. CSP does not represent itself as legal or tax authorities.

Training:

The CSP Housing Counselors who conduct foreclosure prevention services are certified by the National Association of Professional Housing Counselors. These counselors are required to attend continuing education opportunities annually to maintain certification. The CSP Housing Counselors also are certified to counsel in area of Homebuyer Education and Financial Literacy, Pre- and Post Purchase Homebuyer Counseling, Homeownership Maintenance (including foreclosure prevention), Maintaining Occupancy in Rental Units, and Services for Homeless.

Fees and Payment:

There are no fees associated with the CSP Foreclosure Prevention Counseling.

Applicant Rights:

- To choose a counselor that meets your needs.
- To know the method and course of counseling.
- To receive accurate information about the services.
- To be informed of confidentiality practices.
- To know the complaint process.
- To terminate services that are not satisfactory.

Signature

Date

Signature (co-applicant)

Date

Privacy Policy

PRIVACY POLICY: Our agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. The following are examples of how this data may be used:

ALL APPLICANTS

1. To assist us in our work with you, our staff may seek supervision/consultation with professional colleagues within the agency and, where appropriate and necessary, with other resources in the community.
2. For the purpose of evaluating our services, gathering valuable research information and designing future programs, we may use aggregated case file information. Your anonymity will be maintained through the use of your Applicant number or by using aggregate data in all circumstances.

COUNSELING ONLY

3. For counseling only Applicants, we will confirm with your creditors if asked:
 - a. Verification of appointment
 - b. Date of counseling
 - c. Disposition: i.e.,
 - i. Applicant will handle affairs on their own
 - ii. Pending action

MORTGAGE DEFAULT/DEBT MANAGEMENT

4. For Applicants needing our intervention on your behalf through Mortgage Default or Debt Management, we will disclose the following information to your lender/creditors:
 - Your address and home phone number, if published
 - Total debt information
 - Income, net and gross
 - Living expenses
 - A list of your creditors
 - Personal information concerning your financial circumstances, but not lifestyle or personal habits
 - Place of employment will be verified only
5. We collect nonpublic personal information about you from the following sources:
 - Information we received from you on our applications or other forms you provide;
 - Information about your transactions with us, your creditors, or others, and;
 - Information we receive from a credit reporting agency.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR SIGNATURE BELOW PERMITTING US TO DO SO, OR when our staff has been served by a valid subpoena.**

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

6. We may disclose some or all of the information that we collect, as described below, to creditors, or third parties who need this information in order for us to assist you after a counseling session. Information includes but is not limited to:
 - Information we receive from your applications or other forms, such as your name, address, social security number, assets, and income;

- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
 - Information we receive from a credit reporting agency, such as your credit history.
7. We may disclose all of the information that we collect, as described above, to creditors and related financial institutions who need this information in order to put you on a debt management plan (BMP) or mortgage workout.
 8. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information. However, several of our grantors require that we provide some nonpublic information about you in order to provide proof of counseling services provided and outcomes achieved.
 9. Unless earlier revoked by Applicant, this authorization will expire upon completion and closing of the Applicant's case.

I, _____, have read and understand the Privacy Policy of Community Service Programs of West Alabama, Inc. and understand my non-public information may be released to appropriate individuals or agencies as necessary to assist me.

Signature

Date

Signature (co-applicant)

Date

Counselor

Date

General Information Worksheet

Complete as much information as possible. Please print neatly.

PERSONAL INFORMATION				
Last Name	First	Middle/Maiden	Date of Birth	Social Security Number
Spouse Last Name	First	Middle/Maiden	Date of Birth	Social Security Number
Address No. / Street		City, State, Zip Code		County
Referred by:			Race:	Residence Telephone
Email				Cell Phone

INCOME PER PAY PERIOD (ONE CHECK) – APPLICANT			
Gross Income			Employer
Payroll deductions			
Amount	Amount	Position/Rank	
		Telephone Ext	
		Total Net Income \$	

INCOME PER PAY PERIOD (ONE CHECK) – CO-APPLICANT			
Gross Income			Employer
Payroll deductions			
Amount	Amount	Position/Rank	
		Telephone Ext	
		Total Net Income \$	

Notes

OTHER INCOME	Total \$
Source	Amount

Garnishment/Judgments	Total \$
Source	Amount

Client Name _____

Instructions: Fill in your estimated monthly expenses in the column marked "estimate". For your expenses, use recent monthly bills to average your expenses

COMMENTS

Monthly Living Expenses		ESTIMATE					
Fixed Expenses						<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
Rent or Mortgage Payment	\$		\$	\$	\$	<input type="checkbox"/> Single	<input type="checkbox"/> Widow
Second Mortgage	\$		\$	\$	\$	<input type="checkbox"/> Renting	<input type="checkbox"/> Buying
Real Estate Taxes	\$		\$	\$	\$	<input type="checkbox"/> Own	<input type="checkbox"/> Other
Due Date:		\$	\$	\$	\$		
Renter/ Homeowner Insurance	\$		\$	\$	\$		
Car Payment #1	\$		\$	\$	\$		
Car Payment #2	\$		\$	\$	\$	Mortgage Paid to	
Childcare	\$		\$	\$	\$		
Tax Installments	\$		\$	\$	\$		
Child Support	\$		\$	\$	\$	2nd Mortgage Paid to	
Savings	\$		\$	\$	\$		
Total Fixed Expenses		\$	\$	\$	\$	Is Rent or Mortgage Delinquent?	
Flexible Expenses						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Groceries / Toiletries	\$		\$	\$	\$	VEHICLE INFORMATION	
Meals Out	\$		\$	\$	\$		
School Lunches	\$		\$	\$	\$	Vehicle #1	
Electricity / Oil / Gas	\$		\$	\$	\$	Make Year	
Water / Sewage / Garbage	\$		\$	\$	\$	Model	
Telephone / Mobile Phone / Beeper	\$		\$	\$	\$	Payment Due Date Balance	
Family Clothing	\$		\$	\$	\$	Condition: Good Fair Poor	
Occupational Expenses	\$		\$	\$	\$	Vehicle #2	
Dry Cleaning / Laundry	\$		\$	\$	\$	Make Year	
Gasoline	\$		\$	\$	\$	Model	
Bus Fare / Ride Shares / Parking	\$		\$	\$	\$	Payment Due Date Balance	
School - Tuition / Supplies	\$		\$	\$	\$	Condition: Good Fair Poor	
Barber /Beauty Shop	\$		\$	\$	\$	DEPENDENTS	
Books / Newspaper / Magazine	\$		\$	\$	\$		
Movies / Sporting Events / Entertainment	\$		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gifts / Parties / Holidays	\$		\$	\$	\$	#	
Cigarettes / Tobacco / Alcohol	\$		\$	\$	\$		
Baby Sitter	\$		\$	\$	\$		
Hobbies / Club Dues	\$		\$	\$	\$		
Medical /Dental/Optical/Medication	\$		\$	\$	\$		
Church / Charities	\$		\$	\$	\$		
Pet Care	\$		\$	\$	\$		
Home Maintenance	\$		\$	\$	\$		
Lawn / Pool Maintenance / Home Security	\$		\$	\$	\$		
Cable TV	\$		\$	\$	\$		
Vacations / Travel	\$		\$	\$	\$		
Total Flexible Expenses		\$	\$	\$	\$		
Periodic Expenses						No. of federal Tax Exemptions Claimed:	
Property Taxes	\$		\$	\$	\$		
Life Insurance	\$		\$	\$	\$		
Health & Accident Insurance	\$		\$	\$	\$		
Auto Insurance	\$		\$	\$	\$	Total Expenses	
Car Maintenance /Oil /Lube /Tires	\$		\$	\$	\$		
Total Periodic Expenses	\$		\$	\$	\$		

List current balances and account numbers for all debts. If you need additional space, please use a separate sheet.

[illegible][illegible][illegible]

Total All Creditors
