Verbal Authorization to Release Information

Before we proceed I need to get your authorization to share the information we talk about with organizations that fund our program. We are required to report information about each person we speak with for program management, compliance and evaluation purposes. We are committed to protecting your privacy. I assure you that the information you share will be protected according to all laws.

I understand that my name will not be shared with other parties, but that other information gathered may be used for research, program or policy development, or other legitimate purposes by relevant funders of foreclosure prevention services including but not limited to the Center for New York City Neighborhoods, the New York State Office of the Attorney General, and the City of New York.

Verbal Authorization:
If you agree to allow us to collect and share information with our funders, please indicate your approval by saying, I approve.

___________________________________
Counselor Signature

___________________________________
Date (Initial Contact)

The undersigned verifies that verbal authorization for release of information has been given and approved.

Foreclosure Clinic Date: ________________ Contract: CNYCN HOPP HPD

Last Revised: 6/16/2014
Foreclosure Counseling Assessment Form

Other Counseling Organization
Are you working with any other foreclosure counseling organization? □ Yes □ No
Name of organization: ____________________________________________________________

Is this your primary residence?  □ Yes  □ No

Referral Source:

□ Organization: ________________ □ Print Ad □ Lender/Servicer
□ Mailer/Flyer/Brochure □ Friend/Relative/Co-Worker □ Realtor
□ Website: ________________ □ Other: ____________________________

Demographic Information:

Borrower Name: __________________ Co-Borrower Name: __________________
Property Address: __________________________________________________________
City: ________________ State: ___________ Zip Code: ________________
Home Phone: ___________________________ Other Phone: ________________
E-mail: _________________________________________________________________
Birth Date: __________________ Senior: □ Yes □ No Age: __________
Primary Language: ______________________________________________________
Gender: □ Male □ Female Marital Status: □ Married □ Single □ Divorced
Ethnicity: □ Hispanic □ Non-Hispanic
Single Race: □ American Indian/Alaskan Native Multiple Race:
□ American Indian/Alaskan Native & White
□ Asian □ American Indian/Alaskan Native & Black
□ Black non-Hispanic □ Asian & White
□ Native Hawaiian or Pacific Islander □ Black or African American & White
□ White □ Native Hawaiian/Other Pacific Islander/Blk.
□ Undisclosed □ Other multiple race: ____________________________
Level of education: ___________ Active in the Military □ Yes □ No
Number of people living in household: _______ # of Children: ____ # of Adults: ____ # of Seniors
Number of people on the title: _______ Type of Home: Single __2 Fam __3Fam __4 Fam
Is there rental income? □ Yes □ No Annual Rental income: $____________

Employment History:
Currently employed:  □ Yes □ No
If yes, Employer Name: ______________________________________________________
Title ___________________________ How Long? _____ Starting Date __________________
If no, Collecting Unemployment □ Yes □ No
If yes, How much? ___________________________ How long? __________________
Household gross annual income: $ ___________
Reason for delinquency:
☐ Submission for Modification  ☐ Employment Transfer  ☐ Death of Borrower
☐ High Non-mortgage debt  ☐ Inability to Rent  ☐ Inability to Sell
☐ Medical Expenses  ☐ Military Service  ☐ Transfer of Ownership
☐ Non Payment of Rental  ☐ Payment Adjustment  ☐ Payment Dispute
☐ Property Problems  ☐ Reduced Wages  ☐ Servicing Problems
☐ Unemployment/Loss of Job  ☐ Incarceration  ☐ Marital/Relationship Problems
☐ Review Modification Application  ☐ Difficulty meeting Energy and Utility Payments
☐ Other ______________________________________________________

Mortgage Information:
Are you behind on your mortgage  ☐ Yes  ☐ No

Lender/Servicer: ________________________________________________

Purchased Date: Month____ Year_____ Number of years owned the home?________

How long is the loan term? 15___ 30_____ Other: __________

Monthly Payment: $___________ Delinquency: # Months _____ Arrears Owed $________

Principal Balance owed $____________

Interest rate at purchase: _______%  ☐ Fixed  ☐ ARM  ☐ Modified

Refinanced:  ☐ Yes  ☐ No  # of Times Refinanced: _______ Date(s): Month____ Year____

Is a Refinance or Purchase?: _____________________Original

Did you purchase or refinance your home before January 2009?  ☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>Lender/Servicer</th>
<th>Monthly Payment</th>
<th>(3) Months Delinquent</th>
<th>($ Amount Delinquent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Mortgage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Mortgage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeowners Association:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Escrowed</th>
<th>Annual Amount</th>
<th>(#) Months Behind</th>
<th>($ Amount Delinquent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Taxes:  ☐ Yes  ☐ No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Escrowed</th>
<th>Annual Amount</th>
<th>(#) Months Behind</th>
<th>($ Amount Delinquent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeowners Insurance:  ☐ Yes  ☐ No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has your servicer changed since the purchase of the home?  ☐ Yes  ☐ No

Legal:
Have you received a summons and complaint?  ☐ Yes  ☐ No

When: ________________________ Served in the mail ___ in person___

Have you filed an answer?  ☐ Yes  ☐ No

Have you spoken to a lawyer?  ☐ Yes  ☐ No

Sale Date: ________________________ Have you been to court?  ☐ Yes  ☐ No

Have you ever filed for Bankruptcy?  ☐ Yes  ☐ No  If yes: What Chapter? _____

Last Revised: 6/16/2014
Filing Date? ______ Case Number?__________ Does the property have any liens? □ Yes □ No

Commitment:

Wants to stay in home: □ Yes □ No

Has Reason for delinquency been resolved: □ Yes □ No

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Any Previous delinquencies: □ Yes □ No

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Talked to mortgage company: □ Yes □ No (If Yes, what was discussed)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you submitted a modification package? □ Yes □ No (If Yes, what is the status)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you received a modification package and/or trial payment plan or denial? □ Yes □ No

(If Yes, what is the status)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other steps taken to resolve the situation:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Amount available to put towards mortgage: $________________________

Counselor Notes/Next Steps:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Referral:

□ Legal □ Financial Counseling □ Unemployment Services □ Other Services______________

Last Revised: 6/16/2014