

# **Demographics**

First			Middle	dle			Last (include Jr. Sr. etc)							
Street					City			State Zip		Zip Co	Zip Code			
Home Pho	one				L		Cell F	Phone						
Who Referred you to CCA?			ender:		City of:		Realtor:		or:	Wel		ebsite:		
-		Walk In	:	Other		Agend	Agency: HUD		HUD:	):		Word of Mouth:		uth:
What is American Indian/Alaskar your Native		nn/Alaskan	Asian	sian African Ame		Americ	can	Number in Household						
Race?  American Indian/Alaskan Native/Black & Hispanic			Asian	Asian/Black/Hispanic		nic	African American/Hispanic		anic	Do you in a rui area?		Yes	No	
		can India / Black	nn/Alaskan	Asian	Asian/White/Hispanic		nic	African White	American /		Gender		Male	Female
	American Indian/Alaskan Native/ White		Asian/Black			Ethnicity: Hispanic		Foreign Born		Yes	No			
American Indian/Alaskan Native/Hispanic		Asian/White			White		Head of Household		Yes	No				
Are you English proficient? Yes No /			mm/dd/ <sub>.</sub>	Maritai Status:				ther	Activ Milit		Yes	No		
Disabled?	•	No	Disabled De Yes	-	nt?		1st Time Homebuyer? Yes N			? No	Vete	ran	Yes	No
Househol	d GRO	SS Annı	ial Income:				Household GROSS Monthly Income (before deductions):					ions):		
In which county to you live?						Currently, do you: RENT			1	OWN OTHER		ER		
Education Level: Primary School Jr. High		High S	chool/	GED	Children in the home:			Boys (ages): Girls (ages):						
Jr. College College		ollege	Gradua	ate Sch	ool									



# <u>PLEASE PROVIDE THE FOLLOWING REQUIRED DOCUMENTS for FIRST APPOINTMENT:</u>

□ Truth in Lending Statement □ HUD 1 Settlement Statement □ Most recent correspondence from mortgage company □ Proof of Income – SSI, Disability, Retirement, Unemployment, etc. □ Most recent pay stubs (the last 30 days) □ Current Bank Statements for the past 60 days	□ Most recent W-2's, 1099, or other annual □ Earnings Statements □ All Utility Bills □ Physician's statement, if applicable. □ Termination of Unemployment Benefits □ Notice, if applicable □ Copy of Valid Driver's License □ Most recent year's Income Tax return
	DRIGINAL DOCUMENTS.  nts listed above at appointment.
PLEASE NOTE:  f you have received a Foreclosure Notice with a Sale Date the Mahama Legal Services for assistance at 1-866-456-4995.  f you have any questions or need information regarding forecles.	hat is less than thirty days of your appointment please contact
AUTHORIZATION  authorize Community Concepts Agency, Inc. to:  Pull my credit report(s) and obtain my credit score(s), connection with my pursuit of a loan modification, and	to review my credit file(s) for housing counseling in to review my credit file(s) for information inquiry purposes.
understand any intentional or negligent representation(s) of the iability and/or criminal liability under the provisions of Title 1	ne information contained on these forms may result in civil
Client Name (Please Print)	
Client Signature	DATE
Community Concepts Agency, Inc. Provides Foreclosure Se	ervices <u>free of charge</u> .



# **AUTHORIZATION TO RELEASE INFORMATION**

To:	Loss Mitigation Department
Re:	Loan Account #
Borrower Name:	S.S. #
Co-Borrower Name:	S.S. #
Property Address:	
Dear Sir or Madam:	
	Agency, Inc., is working with me to develop a plan to resolve my mortgage delinquency. You ase any and all information concerning my account to the above named agency (CCA), at their
	authorized to discuss my case with, any member of the staff at Community Concepts Agency, g to help me address my financial problems and propose a loss mitigation plan which is within
Information". Please	out the requested form for loan information, which accompanies this "Authorization to Release return it to Community Concepts Agency, Inc. by e-mail (cca.jc3@gmail.com), no later than the date of receipt of this letter.
You may release addi me. Call 205-422.26	tional information to the above named agency in the future without further authorization from <b>81.</b>
Thank you for taking	the time to deal with this request.
Sincerely,	
Borrower's Signature	e Date Co-Borrower's Signature Date

# Community Concepts Agency, Inc. Homes - Communities - Families - Empowerment

#### **Foreclosure Prevention Intake Form**

#### CONSENT TO RELEASE INFORMATION

I/we hereby give my/our consent to have Community Concepts Agency, Inc. (CCA), or any Credit Reporting Agency which CCA may designate, to obtain any and all information concerning my/our employment, checking and/or savings accounts, credit obligations, and all other credit matters which they may require in connection to CCA providing housing counseling services, down payment assistance and/or loss mitigation service for 3<sup>rd</sup> party entities to which I/we have applied to for financial assistance.

I/we also authorize the release of the information listed above by the credit bureau, employer, financial institution, government agencies, and all other grantors of credit as listed on my/our application for housing counseling services, down payment assistance and/or mortgage underwriting service for 3<sup>rd</sup> party entities to which I or we have applied for financial assistance.

I/we understand CCA provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I/we give permission for partner agencies or program administrators and/or their agents to follow-up with me for the purposes of program evaluation.

I/we acknowledge I/we have received a copy of CCA's Privacy Policy.

Further, I/we understand I am not obligated to receive any other services offered by CCA or its exclusive partner.

I/we have the opportunity to "opt-out" of disclosures of our nonpublic personal information to third parties (such as our creditors), that is, should we be directed to not make those disclosures.

Please note if you select to "opt-out", we will not be able to response to questions from your creditors. If at any time, you wish to change your decision with regards to your "opt-out", you may call us at 205-422-2681 and do so. As long as you have not opted-out, we may disclose some or all of the information we collect, (information we received from you orally, name, address, social security number, assets, income, bank statements, payment history, Credit Report, etc.) to your creditors or third parties where we have determined it would be helpful to you, would aid us counseling you, or is a requirement of grant awards which make our services possible. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).



# CONSENT TO RELEASE INFORMATION (CON'T)

#### **RELEASE**

This may be reproduced or on the undersigned date.	photocopied and the copy shall be as effective	ective as the original letter which was executed
Borrower	Co-Borrower	
Date	Date	
I hereby certify this to be a	true and correct copy of the original.	
Community Concepts Age	ncy, Inc. (Signature)	
Title	 Date	



#### **DUAL AGENCY DISCLOSURE**

#### **DUAL AGENCY**

The following disclosure and acknowledgment apply to those transactions in which the seller of residential properties, and/or community lender and the home ownership readiness counselor consulting with you are employed by the same entity.

#### YOUR RIGHTS UNDER DUAL AGENCY

We wish to explain what dual agency means to you. Community Concepts Agency, Inc. (CCA) operates as an affordable housing developer and community lender. In this capacity, CCA's primary responsibility is to its self.

As a counselor, CCA counsels you in preparing for home ownership. In this capacity, CCA's primary responsibility is to you. You are not obligated to purchase residential real property owned by CCA as a condition of receiving counseling services from CCA or borrowing monies.

You may be provided with suggestions from your Counselor in the form of an Action Plan. You are not obligated to follow this plan or receive any other services offered by CCA and any of its industry partners; and have the option of accepting or rejecting the advice provided to you and you may handle your affairs/financial concerns in a manner you may deem more appropriate for you.

By making this disclosure, CCA wishes to obtain your informed consent to operate in a dual agency capacity. By consenting to dual agency, you are giving up your right to undivided loyalty. You should carefully consider the possible consequences of a dual agency relationship before agreeing to such representation.

You may retain the services of a real estate agent/broker, lender or other counselor who will represent only your interest in the transaction.

Since CCA is not a legal expert or an attorney, you may wish to consult an attorney before signing this form.

#### CONSENT TO DUAL AGENCY

as a property owner and co	ommunity lender, CCA	and read this disclosure notice. A may be acting in its own bes Finally, by signing below, I cor	t interest relative to the s	
Borrower (Print Name)		Co-Borrower (Print Name)		
Borrower's Signature	Date	Co-Borrower's Signature	Date	

# Community Concepts Agency, Inc. Homes - Communities - Families - Empowerment

#### **Foreclosure Prevention Intake Form**

#### COMPLAINT/GRIEVANCE PROCEDURE

All clients are entitled to be treated with respect and dignity, to ask questions, and to be actively involved in the assessment and modification of their financial situation. If at any time a client is dissatisfied with the services provided by CCA, s/he may issue a complaint or grievance as outlined below:

- 1. Attempt to resolve the issue with the Counselor or applicable employee by stating you are dissatisfied.
- 2. If the above action is not possible or the complaint is not resolved, the client may write the CEO, Joe Clark, at 5330 Stadium Trace Parkway, Ste 350, Hoover, AL 35244.
- 3. The CEO will provide a written response within fifteen (15) days of receipt of the complaint.
- 4. If the client feels the matter has not been resolved by the CEO, s/he, within fifteen (15) days of receiving the written response from the CEO, may write directly to CCA's Board President, at 5330 Stadium Trace Parkway, Ste 350, Hoover, AL 35244. The Board President, at the next regularly scheduled meeting of the Board of Directors, will appoint a Committee to address the grievance and bring a recommendation back to the full Board for consideration. The Committee, if it so desires, may meet with all parties concerned in order to gain more information. The Board of Directors has thirty (30) days in which to issue a written response to the grievance. The decision of the Board of Directors is the final stage of CCA's grievance procedure.

CCA will provide, at this stage in the grievance procedure, the local office of the US Department of Housing & Urban Development with a copy of the complaint and all responses.

5. The client may seek legal redress in the applicable Court of Law after the full grievance process has been

exhausted.	11		1
Borrower (Print Name)		Co-Borrower (Print Name)	
Borrower Signature		Co-Borrower Signature	
Date		Date	



# Foreclosure Prevention Intake Form STATEMENT OF HOUSING COUNSELING SERVICES

I understand the purpose of the housing counseling activities and Homebuyer Education and Financial and Consumer Literacy classes offered through CCA's Community Training Program, is to help me acquire the skills and resources needed to save for, purchase and maintain a home.

I understand all training is designed to help me understand the entire process associated with purchasing or maintaining a home.

I understand although CCA will not make a recommendation regarding lenders, realtors, attorneys, or other professionals in the process, the organization will equip me with tools to help me select the best one for me. At my request, CCA will provide me with a list of professionals in the local area.

I understand the services provided under CCA's Housing Counseling Program are <u>free</u> to all qualified persons. The organization does not engage in the practice of discrimination in the selection and participation of clients or services with respect to race, religion, color, gender, national origin, familial status, handicap, or disability. I may incur a fee for any indirect services provided through another company/agency based on cost to CCA. No gifts for services are to be given to CCA employees, and acceptance of gifts from clients, by any agency employee, is strictly forbidden. Failure to comply with this policy on the part of any client or employee could result in termination of services or employment.

I understand in the event I am dissatisfied, I may utilize the Complaint/Grievance Process outlined on the attached page.

I hold CCA, its employees, directors, agents and volunteers harmless from any claim, suit, action, or demand of my creditors, myself or any other person resulting from advice or counseling I may receive as a participant in the Housing Counseling Program.

I understand I will be provided with suggestions from my Counselor in the form of an Action Plan. I have the option of accepting or rejecting the advice provided to me and I may handle my affairs/financial concerns in a manner I deem more appropriate for me.

I understand my Counselor is not my attorney and cannot provide me with legal advice. If I want legal advice, I may be referred to an attorney. My Counselor may answer general questions about bankruptcy. However, he or she cannot give legal advice. While an attorney can make a recommendation to file bankruptcy, I understand it is a personal choice based on individual circumstances. I will inform CCA of any decision I make concerning bankruptcy, as it may affect the nature and outcome of my counseling.

I understand at sometime in the future, my information may be used for confidential research. No names will be used, only demographic information may be compiled. In addition, a neutral third party may contact me to request an evaluation of the services provided by CCA.

By signing below, I am verifying I understand the process of CCA'S Housing Counseling Services and will abide by their guidelines.

Borrower	Date
Co-Borrower	Date
Counselor	Date



# Foreclosure Prevention Intake Form PRIVACY POLICY AND PRACTICES

Community Concepts Agency, Inc. (CCA) values your trust and is committed to the responsible management, use, and protection of your personal information. This notice defines our policy about the collection and disclosure of personal information to a third party. Personal information means information which identifies an individual personally and is not otherwise publicly available information. It includes but is not limited to personal financial information such as credit history, income, employment history, financial assets, bank account information, financial debts and social security numbers. It may also include other information provided on any applications or forms completed in order to receive services.

- 1. We may compile data and aggregate (combine) information for use in evaluating and reporting on CCA activities. Such information will not be disclosed to persons not affiliated with CCA or in a form which would identify you personally, unless otherwise required by law.
- 2. We collect nonpublic personal information from the following sources:
  - Information you provide or we receive from you on our applications or required forms
  - Information about your transactions with us, your creditors, or others
  - Information we receive from a credit reporting agency
- 3. We do not disclose any nonpublic personal information about our clients or former clients to unaffiliated persons except as permitted by law or upon our client's signed consent authorization. The following kinds of nonpublic personal information may be disclosed with your signed consent:
  - Information obtained on applications or forms, such as name, address, social security number, assets and income.
  - Information about transactions with us, creditors, or others, such as account balances, payment history, parties to transactions, and credit card usage, etc.
  - Information we receive from a credit reporting agency, such as your credit history.
- 4. In order to assist you, you request and agree we may disclose some or all of the information you request or agree we collect from creditors and related financial institutions in order to help resolve any financial/mortgage delinquency or other housing issues.
- 5. We restrict access to nonpublic personal information to employees who need to know information to provide services. We maintain physical, electronic and procedural safeguards which comply with federal regulations to guard your nonpublic personal information.
- 6. In order to process your request or provide down payment or other financial assistance, we may disclose some or all of the information we collect to the funders of our down payment and financial assistance loan pools.



## PRIVACY POLICY AND PRACTICES CON'T

# **RELEASE:**

I have read this privacy notice and understand nonpublic personal information may be released without my written consent. I also understand in order for CCA to effectively assist me with financial/mortgage delinquency or other housing issues and/or needs, it may disclose some or all nonpublic personal information to unaffiliated persons.

I hereby authorize CCA to release all nonpublic information it obtains about me to my creditors and any third parties as a be necessary or useful to resolve the matter(s) discussed during my counseling session and to process or otherwise assist my application for down payment or other financial assistance and to evaluate services provided by CCA. I further releast and authorize all of my creditors and other to provide nonpublic personal information about me to CCA. I authorize CCA obtain a credit report on me.							
Borrower	Date						
Co-Borrower	Date						

PH: (205) 422-2681



# **DEFAULT AND DELINQUENCY**

understand the necessity for accurate and worksheet. We understand deliberately	worksheet is correct and factual. No infile description of the complete information and we will provide providing inaccurate information or an ural timely manner will result in closing of the control o	de any needed information to complete this nwillingness to provide the necessary
Homeowner [A] Signature	Date	
Homeowner [B] Signature	Date	
H	IOMEOWNER DEMOGRAPHIC INFORMA	TION
Information	HOMEOWNER A	HOMEOWNER B
Full Name		
Birth date		
Social Security Number		
Property Address		
Mailing Address		
Home		
Cell Work Number(s)		
()		
Email Address		
Marital Status		
Family Size		
Gender		
Race		
Ethnicity		
<b>Educational Level</b>		
	If so, when	If so, when
Have you filed Ch. 13 bankruptcy?	If so, when	If so, when
Have you filed Ch. 7 bankruptcy?	2 20, 11404	
Have you been the victim of a tornado within the last 5 years?	If so, when	If so, when



# MORTGAGE INFORMATION

First Mort	tgage	Second Mortgage	Third Mortgage		
Loan Amt: \$		Loan Amt: \$	Loan Amt: \$		
Payment \$	<del></del>	Payment \$	Payment \$		
Taxes & insurance paid with	payment?□Yes □No	Taxes & insurance paid with payment? ☐Yes ☐No	Taxes & insurance paid with payment? ☐Yes ☐No		
Association fees with your pa	ayment? □Yes □No	Association fees with your payment? ☐Yes ☐No	Association fees with your payment? □Yes □No		
Mortgage Company:		Mortgage Company:	Mortgage Company:		
Loan #		Loan #	Loan #		
Interest Rate? [	]Fixed □ARM	Interest Rate? □Fixed □ARM	Interest Rate? □Fixed □ARM		
Delinquent □Yes □No		Delinquent □Yes □No	Delinquent □Yes □No		
Mo. Delinquent:		Mo. Delinquent:	Mo. Delinquent:		
Date Delinquency Began:		Date Delinquency Began:	Date Delinquency Began:		
Amount Delinquent: \$		Amount Delinquent: \$	Amount Delinquent: \$		
Has Lender contacted you?	□Yes □No	Has Lender contacted you? ☐Yes ☐No	Has Lender contacted you? ☐Yes ☐No		
Have you contacted Lender?	□Yes □No	Have you contacted Lender? □Yes □No	Have you contacted Lender? □Yes □No		
Have you made any agreeme late payments?	ents with Lender about s □No	Have you made any agreements with Lender about late payments? □Yes □No	Have you made any agreements with Lender about late payments? □Yes □No		
Foreclosure sale date?		Foreclosure sale date?	Foreclosure sale date?		
Delinquent on HOA Payment	s? □Yes □No Mont	hly Amt: \$ Amount Delinquent: \$	Date of Delinquency:		
Delinquent on Taxes?	□Yes □No Annu	al Taxes: \$ Amount Delinquent: \$	Date of Delinquency:		
HO Insurance Lapsed?	□Yes □No Annu	al Amt: \$ Amount Delinquent: \$	Date of Delinquency:		
Has home been refinanced?	□Yes □No	How many times? □1 □2 □3 □4 or more: Date	e of last refinance:		
Type of Property: □Single	Family □2-4 Units □	Townhouse □ Condo □ Cooperative □ Mobile Hom	e □ Other Do you occupy the Unit? □Yes □No		
7,9-5-1-1-p3:0;	,				
Property Condition	Estimated Value? \$	Source:			
□ Excellent Listed? □Yes □No List Price: \$					
☐ Good	Time on Market? □0-	3 months □3-6 months □6-12 months □12+ month	ns		
□ Fair Realtor:					
Poor Contact Information:					



# HARDSHIP STATEMENT

Loan 1st mortgage #
Please write a brief description of what has caused you to become delinquent in paying your mortgage:
Sincerely,
Date:



## BORROWER FINANCIAL PLAN

Financial Information Request for Loan #\_\_\_\_\_

Borrower Full Name	Address				Phone Numbers (best time to call)			
Co-Borrower Full Nar	Address				Phone Num	bers (best time to call)		
	Wages		Social	Security	Pensions	Pont/C	Other Income	
Borrower	vvages		Social	Security	rensions	Kent/C	ther income	
Dollowel								
Co-Borrower								
				Is the prop	erty for sale?			
Number of Dependents								
				Realtor Na	me			
How long have you been in the home?	n			Company N	Jama			
in the nome:				Company 1	vame			
How long on current jo	b?			Phone Num	iber			
Borrower								
How long on current jo	b?			Listing Dat	e & Price			
Co-Borrower								
				Total M	Ionthly Expense	es		
1st Mortgage		\$ Food			Food	ood \$		
2 <sup>nd</sup> Mortgage		\$			Gas		\$	
<b>Property Taxes</b>		\$			Electric		\$	
Homeowner's Insuran	ice	\$			Water		\$	
HAO/Condo Fees		\$			Trash		\$	
Credit Card Payments		\$			Home/Cell phones		\$	
Installment Loan Payr		\$			Cable/Satellite TV		\$	
Transportation Gas/R		\$			Internet		\$	
# of vehicles in househ	old	\$			Life/Health Insurance		\$	
Auto Payments Auto Insurance		<b>\$</b>			Child Support/Alimo Medical/Dental Expe		<b>\$</b>	
Day Care/Child Care		<b>\$</b>			Tuition	enses	\$	
Other		\$			Charitable Contribu	tions	\$	
Other		Ψ			Charitable Contribu	tions	Ψ	
				DTI:	LTI:	_		
•• · · · · · · · ·								
You must attach your 2 m	ost recent pa	<u>y stubs, proo</u>	t of any	other income	and the items listed on the	he front of this	package.	
We agree the financial information provided is an accurate statement of my/our financial status. I/We understand any action taken by the ender is in strict reliance on this information. My/our signature below grants the holder of my/our mortgage the authority to confirm the information I have disclosed in this financial statement, to verify it is accurate by ordering a credit report and to contact my/our realtor and/or credit counseling representative.								
Borrower's Signature		Date	Co-Bor	rower's Signature	Date			

This is an attempt to collect a debt and all information obtained will be used for that purpose.

The following applies to any recipient of this notice who is entitled to the protection afforded by the 11 U.S.C. 362 of the United States Bankruptcy Code. NOTE: This is in accordance with the mortgage agreement and is not a demand for payment. It is sent only for the purpose of notifying you of the availability of assistance.