



## Intake Form

GENERAL INFORMATION			
Applicant Full Name _____		Co-Applicant Full Name _____	
Address _____ _____ _____			
E-mail Address _____		Alt Phone _____	
Marital _____		Status _____	Marital
Status _____			
Birthdate _____		Birthdate _____	
Social Security Number _____		Social Security Number _____	
<i>(circle one)</i> male    female		<i>(circle one)</i> male    female	
Female Head of Household <i>(circle one)</i> ?		Yes    No	
Are you a Veteran <i>(circle one)</i> ?		Yes    No	
Secondary Contact Information <i>(for example, a permanent address or family member who you would like to be contacted in the case of an emergency).</i>			
_____			
_____			

**INCOME INFORMATION**

Source(s) Gross Monthly Income (employment, child support, alimony, disability, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Place of Employment  
\_\_\_\_\_ Place of Employment \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Gross income per month \_\_\_\_\_ Phone \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Gross income per month \_\_\_\_\_

**MORTGAGE INFORMATION**

How long have you owned your home? \_\_\_\_\_ Loan Type(*circle one*): FHA VA Conventional

Lender \_\_\_\_\_ Loan Number \_\_\_\_\_

Payment Amount \_\_\_\_\_ Interest Rate \_\_\_\_\_ Do you have an ARM or FIXED Rate?  
\_\_\_\_\_

Reason for \_\_\_\_\_ Delinquency # of payments missed  
\_\_\_\_\_

2nd Interest Rate \_\_\_\_\_ Mortgage Loan Number \_\_\_\_\_  
\_\_\_\_\_

Payment Amount \_\_\_\_\_ Do you have an ARM or FIXED Rate? \_\_\_\_\_

Reason for Delinquency # of payments missed

**HOUSEHOLD INFORMATION**

Number in household/family \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Please check the following: *(please note that this information is obtained for reporting purposes only and is voluntary; your response, or lack of response, to this question will not affect the process of your application).*

Race:

\_\_\_\_\_ Black                      \_\_\_\_\_ American Indian                      \_\_\_\_\_ White \_\_\_\_\_  
Eskimo or Aleut                      \_\_\_\_\_ Asian or Pacific Islander                      Other: \_\_\_\_\_

Ethnicity:

\_\_\_\_\_ Hispanic                      \_\_\_\_\_ Non-Hispanic                      Other: \_\_\_\_\_

**FORECLOSURE SCAM INFORMATION**

Did anyone contact you offering assistance to modify your mortgage, either directly by telephone, or by other means such as by mail or a flyer (*circle one*)?    Yes    No

Were you guarantee a loan modification or asked to do any of the following: pay a fee, sign a contract, redirected mortgage payments, sign over title to your property, or stop making loan payments (*circle one*)?  
Yes    No

**OTHER INFORMATION**

Please list any other housing problems you may be experiencing that you would like our assistance in solving. For example, you may be having difficulty paying your utilities, your property taxes, or may have issues regarding homeowners' insurance.

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## **Client Duties and Expectations**

### **(EXHIBIT A)**

The following are duties and expectations that you (“Client”) agree to in order to receive services from the Toledo Fair Housing Center (“TFHC”). This Client Duties and Expectations are in addition to the requirements as outlined in the Counseling Agreement and Combined Disclosures document.

1. As the Client, you agree to the following duties and expectations:
  - a. Monitor any nonpublic and personal information by understanding the policy and procedures concerning the privacy of those policies as provided by third parties.
  - b. Provide TFHC with all requested information needed to process your case so that TFHC may determine the correct course for seeking a resolution.
  - c. Be completely honest with all documents provided to TFHC. To the extent TFHC believes participant is not being honest, TFHC reserves the right to close your file.

- d. Maintain a level of contact with TFHC to update TFHC with any changes that may occur and to attend all required meetings and classes to allow issues to be resolved in a timely manner. Failure to comply in this manner could result in TFHC needing to close your file.
2. Upon completion of all the services provided in the Counseling Agreement and Combined Disclosures document, and receipt of a closure letter from TFHC, you shall not receive additional services from TFHC.
- a. If you arrive at TFHC with issues related to your closed file, you will be deemed a “Repeat Customer” and TFHC is not obligated to provide additional services but may suggest other options available to participant.
  - b. If, however, TFHC determines that a new matter exists for you and it is acceptable, TFHC will advise you of the new acceptable circumstances and open a new matter, at TFHC’s sole discretion.

Client Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

TFHC Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



<b>Subtotal (line 2)</b>	<b>\$ -</b>
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<b>Income Total (line 5)</b>	<b>\$ -</b>
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<b>Utilities Worksheet</b>	
Gas	
Electric	
Water	
Phone(s)	
Cable	
Internet	
Other	
Other	
<b>Total</b>	<b>\$ -</b>

<b>Cash Flow Difference</b>	
Income Total (line 5)	\$ -
Expense Total (line 4)	\$ -
<b>Cash Flow Total</b>	<b>\$ -</b>

**Signature:**

**Date:**

**Budget Form: Last Update 10/4/2011**



## Counseling Agreement & Combined Disclosures

I understand that the Toledo Fair Housing Center (TFHC) provides foreclosure mitigation counseling; I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I understand that the TFHC operates its Save the Dream Ohio (STDO) program in conjunction with the Northwest Ohio Development Agency (“NODA”) and I understand that my counselor may be employed by either TFHC or NODA. [For purposes of consistency within this document, TFHC is interchangeable with NODA].

I understand that TFHC receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators, including NeighborWorks America® and the Ohio Housing Finance Agency, or their agents for purposes of program monitoring, compliance and evaluation.

I give permission for TFHC NFMC program administrators, and/or their agents to pull my credit report up to two additional times and I give authorization for NFMC program administrators and/or their agents to follow-up with me within the next three years for purposes of program evaluation.

I may opt out of sharing my personal information with NFMC program administrators by checking the box below and initialing on the corresponding line.

I wish to opt out of providing information to Grant Administrators. I understand that this means that TFHC may not receive funding for their work to help me. \_\_\_\_\_ (*initial*)

I understand that *TFHC* may share my personal information with my creditor or other third parties if they determine that it would be helpful to me and/or would aid them in counseling me. For example, the agency may discuss my loan with the mortgage company to negotiate a loan modification, or may describe my situation with an attorney to assess my legal rights.

I may opt out of sharing my personal information third parties by checking the box below and initialing on the corresponding line.

I wish to opt out of providing information to all Non-Administrator Third Parties \_\_\_\_\_ (*initial*)

I wish to opt out of providing information only to certain parties listed below \_\_\_\_\_ (*initial*):

My mortgage company(s)

My creditors, except for my mortgage company(s)

Other: \_\_\_\_\_



I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.

I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

I understand that *TFHC* provides information and education on numerous loan products and housing programs. The services this agency provides are:

- Foreclosure Counseling & Education
- Homebuyer Counseling & Education
- Financial Counseling & Education
- Rental Counseling & Education
- Down Payment Assistance
- Mortgage Payment Assistance
- Other Services \_\_\_\_\_ (*add/remove services as appropriate*)

I further understand that the housing counseling I receive from *TFHC* in no way obligates me to choose any of these particular loan products or housing programs.

I understand that *TFHC* has funding or other business relationships with the following organizations: Ohio Housing Finance Agency, NeighborWorks America<sup>®</sup>, (*name of other partners*). These arrangements do not affect *TFHC*'s ability to provide impartial client services to me.

*TFHC* is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. *TFHC* realizes that the concerns you bring them are highly personal in nature. All information I share, both orally and in writing, will be managed within legal and ethical considerations. My "nonpublic personal information," such as total debt information, income, living expenses and personal information concerning my financial circumstances, will be provided to creditors, program monitors, and others only with my authorization and signature on this document and/or a separate Third Party Authorization. *TFHC* may also use anonymous aggregated case file information for the purpose of evaluating their services, gathering valuable research information and designing future programs.

Types of information that *TFHC* gathers about me:

- Information they receive from me orally, on applications or other forms, such as my name, address, social security number, assets, and income;
- Information about my transactions with them, my creditors, or others, such as my account balance, payment history, parties to transactions and credit card usage; and
- Information they receive from a credit reporting agency, such as my credit history.

I may opt-out of certain disclosures:

1. Grant Administrators: I am receiving services under the NFMC program. This program requires *TFHC* to share some of my personal information with NFMC program administrators. To opt out of this sharing arrangement, I understand I must check the box on page one and initial it.
2. All Other Third Parties: I have the opportunity to “opt-out” of disclosures of my nonpublic personal information to any third parties (such as your creditors) by refusing to sign the third party authorization on page one. To opt out of this sharing, I must check the box(s) on page one and initial it.
3. If at any time, I wish to change my decision with regard to your “opt-out”, I may call *TFHC* at (*phone number*) and they will arrange to provide that authorization in writing.

I understand *TFHC* may disclose any nonpublic personal information about me or their former customers to anyone as permitted/required by law (e.g., if we are compelled by legal process).

Within their organization, *TFHC* restricts access to nonpublic personal information about me to those employees who need to know that information to provide services to you. They maintain physical, electronic and procedural safeguards that comply with federal regulations to guard my nonpublic personal information.

Lastly, I agree to abide by the Client Duties and Expectations. The terms of that document are incorporated into this Agreement and are referenced as Exhibit A.

I read the above information and that the agency provided me a copy for my own records.

Client’s signature \_\_\_\_\_

Date \_\_\_\_\_

Client’s signature \_\_\_\_\_

Date \_\_\_\_\_



**Toledo Fair Housing Center**  
432 N Superior  
Toledo, OH 43604  
(419)243-6163  
(419) 243-2135 TDD  
(800) 248-2840 (419 area only)  
[www.toledofhc.org](http://www.toledofhc.org)

**“Restoring the Dream”**  
Lending Remediation Program for Homeowners

I/we \_\_\_\_\_, hereby authorize the Fair Housing Center (FHC) of Toledo, Ohio, and any of its program representatives and/or partners to obtain and share documents and information regarding my credit and home loan for the purpose of FHC’s program eligibility and participation.

Furthermore, this release shall act as a waiver of my privacy rights regarding any information and documents provided to FHC for the above stated purposes. FHC will allow all clients access to its privacy policy statement.

I hereby waive and release FHC and its representatives from any restrictions imposed by law in disclosing or revealing any such documents. By signing this form, I consent to the disclosure of documents described above and I consent to such re-disclosure of that information by FHC as may be incidental to their use of that information for program qualification and re-determination purposes.

I intend that a copy of this authorization shall be as effective as an original. I also understand that, without this waiver, I will not be eligible for entry into any program due to the inability of FHC to verify necessary information.

I understand that my information will be entered into a database used by FHC for reporting and tracking progress purposes.

I understand that my files will be reviewed for program monitoring, auditing, and compliance purposes.

I understand my credit report will be pulled for credit evaluation. My credit report may be pulled subsequent to my participation in the program two more times between intake and June 30, 2015, and authorization to conduct follow-up with client related to program evaluation.

Borrower (printed) \_\_\_\_\_

Borrower (signed) \_\_\_\_\_ Date \_\_\_\_\_

Borrower Social Security Number \_\_\_\_\_

Co-Borrower (printed) \_\_\_\_\_

Co-Borrower (signed) \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower Social Security Number \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Mortgage Company/Servicer \_\_\_\_\_

Loan Number \_\_\_\_\_

Contact number for the Servicer/Lender \_\_\_\_\_

Fax number for the Servicer/ Lender \_\_\_\_\_

FHC Staff (Printed) \_\_\_\_\_

FHC Staff (Signed) \_\_\_\_\_