



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

Dear Homeowner,

Thank you for contacting the Toledo Fair Housing Center regarding our Foreclosure Prevention programs. The Toledo Fair Housing Center is a non-profit organization that offers free and confidential services.

To assist us in providing you with the most effective and efficient service, please complete the enclosed documents as thoroughly as possible. These documents will need to be mailed, faxed or delivered to our office prior to being assigned a housing counselor. The housing counselor will contact you to schedule an appointment to assist you with your situation.

There are some specific documents you will need to bring to your appointment with your assigned housing counselor:

- **Last three months of all bank statements**
- **60 days of verifiable income entire household (pay stubs, vouchers)**
- **If you receive SSI/SSDI – The latest Award Letter indicating your benefit amount(s)**
- **If you receive unemployment – The statement of benefits indicating the expiration of benefits and the voucher indicating your weekly benefit (Please be prepared with your pin# for your Ohio Department of Job and Family Services account)**
- **Last 2 year's tax returns and W-2's**
- **Mortgage documents**
- **Current mortgage statement or payment coupons**
- **Any correspondence from the mortgage company or its attorney**
- **Any documentation from the courts or the sheriff regarding a foreclosure**

We look forward to working more closely with you. You may fax the completed documents to (419) 243-3536 or drop off the documentation at our office.

Thanks for your cooperation,

The Fair Housing Center

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“Restoring the Dream”
Lending Remediation Program for Homeowners
Authorization Form

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, 2012, and authorization to conduct follow-up with client related to program evaluation.

Borrower (printed) _____

Borrower (signed) _____ Date _____

Co-Borrower (printed) _____

Co-Borrower (signed) _____ Date _____

Social Security Number Borrower _____ Co-Borrower _____

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) _____



Expectations & Understandings

Below is a summary of what services the Fair Housing Center provides for mortgage assistance and our expectations for you as a client. Please read this form and sign below if you agree to the following statements:

Services:

1. While the Fair Housing Center has had a successful record of assisting clients with their mortgage issues, it is not a guarantee that a resolution will be made.
 - If you are applying for grant assistance programs to bring a delinquent mortgage current, it is not a guarantee that this assistance will be granted.
 - If you are seeking assistance with negotiations with your mortgage company to make your mortgage affordable, it is not a guarantee that these efforts will always be successful.
 - If you are seeking assistance with negotiations with your mortgage company and grant assistance is needed for this process, it is not a guarantee that both services will be prove successful.
2. The circumstances surrounding the issues that arise with a mortgage are at times complex and unique to every situation. The Fair Housing Center's goal is to intervene on the behalf of the client and their situation. However, there are certain circumstances that cannot be resolved by our efforts.

Expectations:

1. You are expected to be completely honest with all documents provided to or completed for The Fair Housing Center. This is with the understanding that if you are not, the Fair Housing Center reserves the right to close your file.
2. You are expected to provide requested information that the Fair Housing Center may need to process your case and determine the best course for seeking a resolution.
3. You are expected to maintain contact with the Fair Housing Center in regards to your case. It is expected that you put in as much effort as needed to resolve the issues you have with your mortgage.
4. You are expected to attend all required meetings and classes that the Fair Housing Center deems necessary for you to attend. Failure to do so results in the Fair Housing Center closing your file.
5. You are expected to contact the Fair Housing Center if any changes might occur during the time the Fair Housing Center is providing you assistance.

I UNDERSTAND AND AGREE WITH WHAT ASSISTANCE THE FAIR HOUSING CENTER WILL PROVIDE AND THE EXPECTATIONS I HAVE AS A CLIENT OF THE FAIR HOUSING CENTER.

Name (Print) _____ Date __/__/____

Signature: _____ Date __/__/____

Agency Witness: _____ Date __/__/____

**FAIR HOUSING OPPORTUNITIES OF NORTHWEST OHIO, INC.
FHC Budget Worksheet**



Investigator: _____

Complainant Name: _____

Date: _____

Housing Expenses	
Rent/Mortgage	
2nd Mortgage	
Property Taxes <i>(if not included in mort. payment)</i>	
Homeowners insurance	
Utilities <i>(see below)</i>	
Association Dues	
Other	
Other	
Other	
Other	
Subtotal (line 1)	\$ -

Monthly Installment Debt	
Car Loan	
2nd Car Loan	
Child Support/Alimony	
Credit Card Debt	
Credit Card Debt	
Credit Card Debt	
Other	
Other	
Other	
Other	
Other	
Other	
Other	
Other	
Other	
Subtotal (line 3)	\$ -

Living Expenses	
Food / Groceries	
Clothing <i>(purchase, laundry, dry cleaning)</i>	
Transportation <i>(gas, maintenance, bus)</i>	
Auto Insurance	
Life Insurance <i>(not deducted from pay)</i>	
Medical Insurance <i>(not deducted from pay)</i>	
Daycare	
Medical <i>(prescriptions, other)</i>	
Other	
Other	
Other	
Other	
Other	
Other	
Subtotal (line 2)	\$ -

Monthly Expenses	
<i>(add lines 1,2,3)</i>	
Expense Total (line 4)	\$ -

Monthly Income (Last 30 Days Only)	
Dates/Type	Amount
Income	
Income	
Income	
Income	
Income	
Income	
Income	
Income	
Income	
Income	
Income	
Income	
Income Total (line 5)	\$ -

Utilities Worksheet	
Gas	
Electric	
Water	
Phone(s)	
Cable	
Internet	
Other	
Other	
Total	\$ -

Cash Flow Difference	
Income Total (line 5)	\$ -
Expense Total (line 4)	\$ -
Cash Flow Total	\$ -

Signature: _____

Date: _____

TOLEDO FAIR HOUSING CENTER - INTAKE FORM



Today's Date: _____

How did you hear about us? _____

HOMEOWNER	Name _____ Sex _____ Race _____ Hispanic Y/N _____ Veteran Y/N _____ Marital Status _____
	Address _____ City _____ Z.C. _____ D.O.B _____
	Phone _____ Alt. Phone _____ Disabled Y/N _____
	SSN# _____ E-mail _____ Time at current address _____
	Highest level of education completed _____ First time home buyer Y/N _____ Name on Note? Y/N _____ Name on Title? Y/N _____ # in Family _____

OTHER ADULT	Name _____ Sex _____ Race _____ Hispanic Y/N _____ Veteran Y/N _____
	SSN# _____ Alt. Phone _____ Disabled Y/N _____ D.O.B _____ Name on Note? Y/N _____ Name on Title? Y/N _____ Relationship _____

DEPENDENTS	Name _____ Race _____ Hispanic Y/N _____ D.O.B _____ Relationship _____
	Name _____ Race _____ Hispanic Y/N _____ D.O.B _____ Relationship _____
	Name _____ Race _____ Hispanic Y/N _____ D.O.B _____ Relationship _____
	Name _____ Race _____ Hispanic Y/N _____ D.O.B _____ Relationship _____
	Name _____ Race _____ Hispanic Y/N _____ D.O.B _____ Relationship _____

INCOME	EMPLOYMENT (COMPLAINANT)	EMPLOYMENT (SPOUSE/FRIEND)	OTHER INCOME:
	Company _____	Company _____	Source _____
	Monthly Gross _____	Monthly Gross _____	Monthly Gross _____
	Position _____	Position _____	Source _____
	Length _____	Length _____	Monthly Amt _____

Check all that apply:

Rate your cause(s) of delinquency on a scale of 1-3:

<input type="checkbox"/> WIC Card	<input type="checkbox"/> Loss of Income	<input type="checkbox"/> Medical Issues	<input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Reduced Income	<input type="checkbox"/> Poor Money Mgmt.	_____
<input type="checkbox"/> Foodstamps	<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Increased Expenses	_____
<input type="checkbox"/> OWF	<input type="checkbox"/> Payment Increase	<input type="checkbox"/> Death of Family Member	_____

1st NOTE	Lender _____ DATE CLOSED: _____ MONTHLY PYMT: _____
	Loan # _____ Telephone: _____
	Interest % _____ How many years _____ Fixed Y/N _____ Adjustable Y/N _____ Don't know _____
	Does your payment include property taxes Y/N _____ If no, are your property taxes current Y/N _____
	Does your payment include insurance Y/N _____ If no, is your homeowner's insurance current Y/N _____
	Have you received a loan modification on this mortgage Y/N _____ If yes, provide date of modification _____
	How many months are you behind on this mortgage? _____ Is this an FHA Mortgage Y/N _____ Is this a Home Equity Line of Credit Y/N _____

2nd NOTE	Lender _____ DATE CLOSED: _____ MONTHLY PYMT: _____
	Loan # _____ Telephone: _____
	Interest % _____ How many years _____ Fixed Y/N _____ Adjustable Y/N _____ Don't know _____
	Does your payment include property taxes Y/N _____ If no, are your property taxes current Y/N _____
	Does your payment include insurance Y/N _____ If no, is your homeowner's insurance current Y/N _____
	Have you received a loan modification on this mortgage Y/N _____ If yes, provide date of modification _____
	How many months are you behind on this mortgage? _____ Is this an FHA Mortgage Y/N _____ Is this a Home Equity Line of Credit Y/N _____

Currently in a repayment/forebearance plan? Y/N _____	Currently in foreclosure? Y/N _____	Date extension filed: _____
Do you own another residence Y/N _____	Name of Lender _____	Monthly payment _____ Current Y/N _____
Is this a single family residence? Y/N _____		
Have you filed bankruptcy in the past six months Y/N _____	Chapter 7? _____	Chapter 13? _____
Have you contacted an attorney Y/N _____	Name _____	