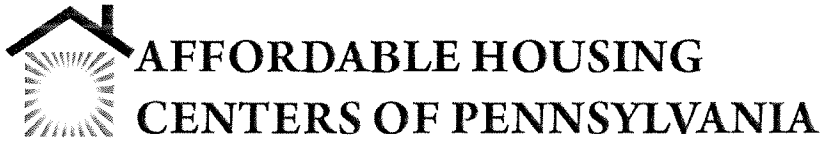


\*Please return all completed documents to: 846 N. Broad St. 1<sup>st</sup> Floor, Philadelphia, PA 19130,  
OR via fax at 215-765-0045, OR via email at [info@ahcopa.org](mailto:info@ahcopa.org)



Every Family Deserves a Chance at the American Dream

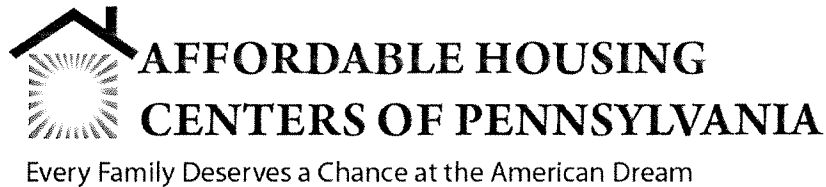
**Counseling Agreement, Privacy Policy, and  
Conflict of Interest Disclosure Statement**

1. I understand that Affordable Housing Centers of Pennsylvania 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.
2. I understand that Affordable Housing Centers of Pennsylvania 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 or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me within the next 3 years from the last date of counseling services received for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Affordable Housing Centers of Pennsylvania Privacy Policy.
5. 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.
6. 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.
7. By signing this application, I certify that the information given to the Affordable Housing Centers of Pennsylvania household income, net family assets and all allowances and deductions are accurate and complete to the best of my knowledge or belief. The information solicited on this application by the Affordable Housing Centers of Pennsylvania in order to ensure that Federal Laws prohibiting discrimination against tenants and applications on the basis of race, color, national origin, religion, sex, family status, age, and handicap are compiled with. You are not required to furnish this information but are encouraged to do so. This information will not be used to discriminate against you in any way.
8. I understand that Affordable Housing Centers of Pennsylvania provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Affordable Housing Centers of Pennsylvania in no way obligates me to choose any of these particular loan products or housing programs.

**DATA BECOMES THE PROPERTY OF THE AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA.**  
ALL documents copied during the screening process by the Housing Counselor to identify the housing need or problem shall become the property of the Affordable Housing Centers of Pennsylvania. Such documents shall include but not be limited to the following: pay stubs, bank statements, tax returns and W2's, correspondence, social security cards, driver's license, property tax statements, warranty deed, financial documentation, social security documentation, etc.

Client Initials \_\_\_\_\_

Co Client Initials \_\_\_\_\_



### **Counselor Follow Up and Response Time**

It is the policy of the agency to return phone calls to clients within 4 business days except in the case of extreme emergencies or counseling staff is out of the office for an extended period of time.

1. I acknowledge that Affordable Housing Centers of Pennsylvania does not and cannot guarantee any results or outcomes with the lender. The final outcome is the decision between the lender and me/us.
2. The housing counselor will help me to complete the paperwork to be submitted by myself to the mortgage company. I acknowledge that I am responsible for submitting all required documentation directly to the lender.
3. I will provide Affordable Housing Centers of Pennsylvania a copy of the information submitted to the mortgage company for their records.
4. The lender will follow up directly with me/us. I agree to contact the lender monthly for file updates.
5. I further acknowledge that I will follow up with Affordable Housing Centers of Pennsylvania upon notice of a decision or communication from the lender to keep them updated.

### **Privacy Policy**

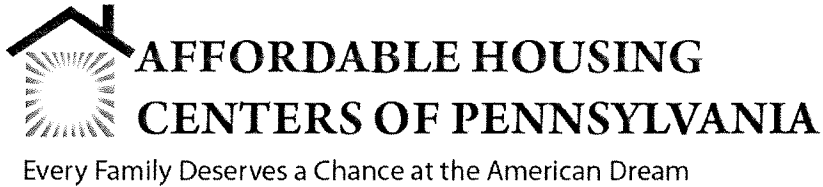
Affordable Housing Centers of Pennsylvania is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

#### **Types of information that we gather about you**

- Information we receive from you orally, on 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.

#### **You may opt-out of certain disclosures**

1. You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at (215) 765-1221 and do so.



**Release of your information to third parties**

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. 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.)
3. Within the organization, 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.

**Conflict of Interest Disclosure Statement**

**Agency / Individual Disclosure:**


As a HUD approved affiliate member agency, I am required by the Housing and Urban Development's Handbook 7610.1 Rev-5, to make a full disclosure of any and all actual and potential conflicts of interest. The purpose of such disclosures is to allow you to make fully informed decisions about the services and agencies I may refer you to during the course of counseling sessions I will conduct with you.

Affordable Housing Centers of Pennsylvania certifies that the staff and volunteers who will provide foreclosure intervention counseling under the NFMC Program have no conflicts of interest due to relationships with servicers, real estate agencies, mortgage lenders and/or other entities who may stand to benefit from particular counseling outcomes.

The types of services provided by Affordable Housing Centers of Pennsylvania are: budget counseling, credit counseling, credit report evaluation, debt management, financial literacy, foreclosure counseling, homebuyer's club, life skills, loss mitigation counseling, pre purchase counseling, post purchase counseling, and rental issues.

Affordable Housing Centers of Pennsylvania prohibits the following actions in order to prevent a conflict of interest in the provision of its housing counseling and education services.

Affordable Housing Centers of Pennsylvania will ensure and monitor that the agency, its staff, or any member of their immediate family must not take any action that may result in, or create the appearance of: administering the housing counseling program for personal or private gain; providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency's ability to ensure compliance with HUD program requirements, or to serve the best interests of its clients



**AFFORDABLE HOUSING  
CENTERS OF PENNSYLVANIA**  
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Individuals, directors, employees, or family members of the Affordable Housing Centers of Pennsylvania may not accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, real estate sales agents, or brokers.

A director, employee, officer, contractor, or agent of Affordable Housing Centers of Pennsylvania shall not refer clients to mortgage lenders, brokers, builders, or real estate sales agents in which the officer, employee, director, his or her spouse, child, or general partner has a financial interest, neither may they acquire the client's property from the trustee in bankruptcy or accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, or real estate sales agents or brokers.

A director, employee, officer, contractor, agent, his or her spouse, child, general partner, or organization in which he or she serves as employee other than with the Affordable Housing Centers of Pennsylvania, or with whom he or she is negotiating future employment, may not have a direct interest in the client as a landlord, broker, or creditor, or originate, have a financial interest in, service, or underwrite a mortgage on the client's property, own or purchase a property that the client seeks to rent or purchase, or serve as a collection agent for the client's mortgage lender, landlord, or creditor.

I have read and received a copy of the Affordable Housing Centers of Pennsylvania Counseling Agreement, Privacy Policy, and Conflict of Interest Policy Statement.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date



# AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

Every Family Deserves a Chance at the American Dream

### Contact Information

\_\_\_\_\_ MI  
Last Name First Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth Social Security Number

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Mobile ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Skype Username: \_\_\_\_\_ FaceTime Username: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
County

Current Housing Arrangement: (Please choose one)

- Homeowner with mortgage
- Homeowner with mortgage paid off
- Homeless
- Rent
- Do not pay rent/live with family or friends
- Other \_\_\_\_\_

How long have been living at your current residence?: \_\_\_\_\_

How were you referred to our agency? \_\_\_\_\_



# AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

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## Demographic Information

Race: (Please choose one)

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White or Caucasian
- Other race

Are you Hispanic:      Yes                  No

Number of Dependents: \_\_\_\_\_      Family Size: \_\_\_\_\_

Marital Status (please circle):    Single    Married    Divorced    Separated    Widow

Gender (please circle):    Male                  Female

Are you proficient in the English language?:                  Yes                  No

Are you disabled?      Yes                  No

Highest Education Level Obtained?

- No High School Diploma
- High School Diploma
- GED Equivalency
- Vocational Training/Certificate
- Some college-not completed
- Associates Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree

First-Time Homebuyer:      Yes                  No

Household Type: (Please circle one)

Single Adult                                  Married without children                          Married with Children

Female Headed Single Parent                  Male Headed Single Parent                  Other



# AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

Every Family Deserves a Chance at the American Dream

## Income Information

### Client Employment

Primary Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

(Please Circle): Part Time Full Time Commission Self Employed

Gross Income: \$ \_\_\_\_\_

Are you paid: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Bi-Monthly \_\_\_\_\_ Monthly

### Client Secondary Employment


Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

(Please Circle): Part Time Full Time Commission Self Employed

Gross Income: \$ \_\_\_\_\_

Are you paid: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Bi-Monthly \_\_\_\_\_ Monthly



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Other Income Sources

Type of Income	Client Monthly Income	Co-Client Monthly Income
Salary		
Alimony/Child Support		
Rental Income		
Pension Income		
Public Assistance		
Self Employment Income		
Dependent SSI Income		
Disability Income		
Seasonal Employment		
Other		

Can you document your child support/alimony income?                      Yes    No

If yes, how long will it continue? \_\_\_\_\_

If your child or family member receives SSI, how many more years will the payments continue?  
\_\_\_\_\_

If you receive disability income, is it for a permanent disability?                      Yes    No

Regarding seasonal employment, have you worked in the field for 2 years or more? Yes No





# AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

Every Family Deserves a Chance at the American Dream

## Co-Client Information (if applicable)

\_\_\_\_\_ MI  
Last Name First Name

\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_-\_\_\_\_-\_\_\_\_  
Date of Birth Social Security Number

Home Phone: ( ) \_\_\_\_ - \_\_\_\_ Mobile ( ) \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

Skype Username: \_\_\_\_\_

Face Time Username: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_ State Zip Code  
City

\_\_\_\_\_  
County



# AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

Every Family Deserves a Chance at the American Dream

## Demographic Information

Race: (Please choose one)

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White or Caucasian
- Other race

Are you Hispanic:      Yes                  No

Number of Dependents: \_\_\_\_\_      Family Size: \_\_\_\_\_

Marital Status (please circle):    Single    Married    Divorced    Separated    Widow

Gender (please circle):    Male                  Female

Are you proficient in the English language?:      Yes                  No

Are you disabled?      Yes                  No

Highest Education Level Obtained?

- No High School Diploma
- High School Diploma
- GED Equivalency
- Vocational Training/Certificate
- Some college-not completed
- Associates Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree

First-Time Homebuyer:      Yes                  No

Household Type: (Please circle one)

Single Adult                  Married without children                  Married with Children

Female Headed Single Parent                  Male Headed Single Parent                  Two or more unrelated adults



# AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

Every Family Deserves a Chance at the American Dream

## Co Client Employment

Primary Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

(Please Circle):      Part Time      Full Time      Commission      Self-Employed

Gross Income: \$ \_\_\_\_\_

Are you paid: \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Bi-Monthly \_\_\_ Monthly

## Co-Client Secondary Employment


Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

(Please Circle):      Part Time      Full Time      Commission      Self Employed

Gross Income: \$ \_\_\_\_\_

Are you paid: \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Bi-Monthly \_\_\_ Monthly



# AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

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Housing Budget: Please be as accurate as possible

Housing Expense		Food	
Rent/Mortgage Payment		Grocery	
Rental/Property Insurance		Eating Out/Snacks	
Electric		<b>Household Items</b>	
Gas Bill		Personal Items/Toiletries/Cleaning Supplies	
Water		Clothing/Shoes	
<b>Communication</b>		<b>Transportation</b>	
Phone Line		Auto Payment/Lease	
Cell Phone(s)		Auto Insurance	
Internet		Gas	
Cable		Maintenance	
<b>Insurance</b>		SEPTA	
Life Insurance		Parking/Tolls	
Disability Insurance		<b>Medical</b>	
Medical Insurance		Doctor Co-Pays	
<b>Other</b>		Prescription Medicine	
Memberships-Gym		Other Medical	
Alcohol/Tobacco		<b>Debts</b>	
Donations/Church Tithing		Credit Card Bills	
Travel/Vacation/Family Reunion		Student Loans	
Gifts/Holidays/Events		Personal Loan	

I / We certify that the information listed on the budget is accurate to the best of my knowledge. I have provided the agency with supporting documents for the items contained on the budget.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

**Mortgage/Loan Information**

Name of Originating Lender \_\_\_\_\_

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

Name of Current Loan Servicer \_\_\_\_\_

Loan Number Assigned by Servicer \_\_\_\_\_

Second Mortgage or Home Equity Line of Credit      Yes      No

Name of Second Lender \_\_\_\_\_

Loan Number of Second Mortgage or Home Equity Line of Credit \_\_\_\_\_

Total Monthly First Mortgage Payment \_\_\_\_\_

Second Mortgage Payment Amount \_\_\_\_\_

Current Credit Score \_\_\_\_\_

Source of Credit Score (Please circle):

Trans Union      Equifax      Experian      Tri-merge Report

**Type of Loan Product for Primary Lender (please circle):**

Fixed Rate currently under 8%      Fixed Rate currently 8% or greater

ARM currently under 8%      Arm currently 8% or greater

Hybrid Arm (2/28 or 3/27)      Option ARM

VA Fixed rate      FHA Fixed Rate      FHA ARM      VA Arm

Interest Only (please circle):      Yes      No      Unknown


Privately held (please circle):      Yes      No      Other      Unknown

Seeking counseling for Primary Mortgage (please circle):      Yes      No

Seeking counseling for Second Mortgage (please circle):      Yes      No

Seeking counseling for property taxes (please circle):      Yes      No

If loan is an ARM of any kind, has the interest rate reset?      Yes      No



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**Primary reason for current default on mortgage (please circle all that apply):**

Reduction in income                      Poor budget management skills  
 Loss of income                      Medical issues                      Increase in expense                      Divorce or Separation  
 Death of family member                      Business Venture failed  
 Increase in loan payment                      Other \_\_\_\_\_

**Current Loan Status (please circle):**

Current                      30 - 60 days late                      61- 90 days late                      91 – 120 days late  
 120+ days late                      Unknown or Unsure

\*Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer?  
 Yes                      No

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



**AFFORDABLE HOUSING  
CENTERS OF PENNSYLVANIA**

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**Authorization and Consent for Release of Information**

<b>Date</b>	
<b>Mortgage Company</b>	
<b>Mortgage Company Phone No.</b>	
<b>Loan Number</b>	
<b>Borrower</b>	
<b>Co-Borrower</b>	
<b>Property Address</b>	

1. I hereby authorize Affordable Housing Centers of Pennsylvania to obtain any or all information and to represent me/us for the purpose of discussing and/or negotiating all matters relating to my/our mortgage.
2. I authorize Affordable Housing Centers of Pennsylvania to help me/us with all matters regarding the Housing Affordability and Stabilization plan.
3. I authorize Affordable Housing Centers of Pennsylvania to provide all figures and financial information on my/our behalf, to make any changes to our account on my/our behalf and to any document pertaining to my/our loan.
4. I authorize Affordable Housing Centers of Pennsylvania to request any document pertaining to my/our loan.
5. I hereby authorize Affordable Housing Centers of Pennsylvania to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to provide a mortgage estimate and/or process my mortgage modification application.
6. I understand that Affordable Housing Centers of Pennsylvania 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.
7. I understand that Affordable Housing Centers of Pennsylvania receives Congressional funds through HomeFree-USA for the National Foreclosure Mitigation Counseling (NFMC) program, and, as such, is required to (a) submit client-level information to the DCS for this grant, (b) allow HomeFree-USA and NFMC to open files to be reviewed for program monitoring and compliance purposes, and (c) allow HomeFree-USA and NFMC to conduct follow-up with the client related to program evaluation.
8. I give permission for HomeFree-USA and NFMC program administrators and/or their agent to follow-up with me within 3 years for the purposes of program evaluation.

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<b>Affordable Housing Centers of PA Rep.</b>	<b>Title</b>	<b>Date</b>
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<b>Affordable Housing Centers of PA Rep.</b>	<b>Title</b>	<b>Date</b>
--	--------------	-------------

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<b>Borrower Name</b>	<b>Social Security #</b>	<b>Date</b>
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<b>Co-Borrower Name</b>	<b>Social Security #</b>	<b>Date</b>
-------------------------	--------------------------	-------------



**AFFORDABLE HOUSING  
CENTERS OF PENNSYLVANIA**  
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**Counselor Follow Up and Response Time**

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4. The lender will follow up directly with me/us. I agree to contact the lender weekly for file updates.
5. I further acknowledge that I will follow up with Affordable Housing Centers of Pennsylvania upon notice of a decision or communication from the lender to keep them updated.

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

Date: \_\_\_\_\_

Co-Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_