



Housing Development Fund

[www.hdfconnects.org](http://www.hdfconnects.org)

100 Prospect Street, Stamford, CT 06901

Dear Homeowner,

HDF's foreclosure prevention counseling program is an effective solution for borrowers at risk of foreclosure or with an unaffordable mortgage. HDF will try to help homeowners who are eligible for our program find solutions. You should consider all options while you are working with us. If you believe you are being harassed by debt collectors or that the debt collector is engaging in illegal or unethical activities, you should contact the Federal Trade Commission at 1-877-FTC-HELP.

Your property must be in Connecticut to qualify for this program.

HDF may be a resource for you if any of these conditions apply:

1. Mortgage loans are in delinquency
2. Mortgage loans are current but default is imminent or foreseeable
3. There is a pending rate reset within 6 months
4. There has been a material reduction in income
5. There has been an increase in debt
6. There has been a notice of foreclosure

To apply for the Foreclosure prevention counseling program:

- Go to [https://hdf.force.com/hdfcft/NWSHOP\\_CommunitiesSelfRegCPS](https://hdf.force.com/hdfcft/NWSHOP_CommunitiesSelfRegCPS)
- Choose the foreclosure prevention service line and enter all the required information
- Create an account by confirming your email
- Once you create an account, upload the following documents:
  - This INTAKE form – COMPLETELY filled out
  - Copies of correspondence from your mortgage company
  - Copy of your latest monthly mortgage statement
  - One month of current paystubs for all employment
  - Past two years of complete tax returns (if self employed)
  - Verification of any other source of income
  - Last bank statements
  - Hardship Letter (letter explaining the reason for mortgage delinquency)

Note: If you are unable to create an account on our website or upload the above documents, please send the form and documents to us by:

- Fax at 203-989-0403 Attn: Foreclosure Intervention Counseling program or
- Drop off the documents at our Stamford office located at 100 Prospect St, Suite 100, CT 06901
- Please fill out all fields requiring an applicant's or co-applicant's signature using a "wet" signature, i.e. print and sign

## FORECLOSURE INTAKE FORM

### APPLICANT NAME

\_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 WORK OR CELL PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

### CO APPLICANT NAME

\_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 WORK OR CELL PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

### HOUSEHOLD TYPE (check one):

- ☐ *Single Adult*
☐ *Married with dependants*
☐ *Unrelated Adults*  
☐ *Single Parent*
☐ *Married without dependants*
☐ *Other*

HOUSEHOLD NUMBER of ADULTS: \_\_\_\_\_ HOUSEHOLD NUMBER OF CHILDREN UNDER 18 \_\_\_\_\_

### PREFERRED LANGUAGE (check one):

- ☐ *English*  
☐ *Spanish*

### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

*The following information is requested by the Federal Government to monitor compliance with Federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so.*

#### APPLICANT

☐ I do not wish to furnish this information

Ethnicity: ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
 Race: ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
 Sex: ☐ Female ☐ Male

#### CO APPLICANT

☐ I do not wish to furnish this information

Ethnicity: ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
 Race: ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
 Sex: ☐ Female ☐ Male



## FORECLOSURE INTAKE FORM

### Property Address:

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Property Type (check one): Condo ☐ Single Family Home ☐ Multi Family Home ☐

### Please check the PRIMARY reason for potential default:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Reduction in Income      | <input type="checkbox"/> Loss of Income                     | <input type="checkbox"/> Increase in Expenses (Medical) |
| <input type="checkbox"/> Increase in Loan Payment | <input type="checkbox"/> Increase in Expenses (non medical) | <input type="checkbox"/> Poor Budget Skills             |
| <input type="checkbox"/> Divorce/Separation       | <input type="checkbox"/> Illness                            | <input type="checkbox"/> Other                          |

### Property Status:

Have you applied for: ☐ Forbearance ☐ Loan Modification ☐ Refinance

If so, how long ago: \_\_\_\_\_

I want to: ☐ Keep the Property ☐ Sell the Property

The property is my: ☐ Primary Residence ☐ Second Home ☐ Investment

The Property is: ☐ Owner Occupied ☐ Renter Occupied ☐ Vacant

Is the property listed for sale? ☐ Yes ☐ No

Have you received an offer on the property? ☐ Yes ☐ No

Date of offer: \_\_\_\_\_

Amount of offer \$ : \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone: \_\_\_\_\_

Is the property for sale by owner? ☐ Yes ☐ No

Have you filed for bankruptcy? ☐ Yes ☐ No

If yes, ☐ Chapter 7

☐ Chapter 13

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

Has your bankruptcy been discharged?

☐ Yes

☐ No

Bankruptcy Case Number: \_\_\_\_\_



## FORECLOSURE INTAKE FORM

### Mortgage Information (First Mortgage)

Holder (Bank or Servicer) \_\_\_\_\_ Loan # \_\_\_\_\_

Monthly Payment TOTAL \$: \_\_\_\_\_

Payment Breakdown: Monthly Principal & Interest \$ \_\_\_\_\_ Monthly Taxes \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_

Monthly Payment Status (check one):

☐ Current ☐ 30-60 Days Late ☐ 60-90 Days Late ☐ 90-120 Days Late ☐ 120 or more Days Late

Current Interest Rate % \_\_\_\_\_

Term (15 year, 20 year, 30 year, etc) \_\_\_\_\_

Current Principal Balance \$ \_\_\_\_\_

Past Due Payment Amount \$ \_\_\_\_\_

### Mortgage Information (Second Mortgage, if Applicable)

Holder (Bank or Servicer) \_\_\_\_\_ Loan # \_\_\_\_\_

Monthly Payment TOTAL \$: \_\_\_\_\_

Payment Breakdown: Monthly Principal & Interest \$ \_\_\_\_\_

Monthly Payment Status (check one):

☐ Current ☐ 30-60 Days Late ☐ 60-90 Days Late ☐ 90-120 Days Late ☐ 120 or more Days Late

Current Interest Rate % \_\_\_\_\_

Term (15 year, 20 year, 30 year, etc) \_\_\_\_\_

Current Principal Balance \$ \_\_\_\_\_

Past Due Payment Amount \$ \_\_\_\_\_



## FORECLOSURE INTAKE FORM

### Status HOA, Condo Association dues (if Applicable)

Monthly Common Charges & Assessments \$: \_\_\_\_\_

Monthly Payment Status (check one):

☐ *Current*    ☐ *30-60 Days Late*    ☐ *60-90 Days Late*    ☐ *90-120 Days Late*    ☐ *120 or more Days Late*

Past Due Payment Amount \$ \_\_\_\_\_

### Applicant Employment Information

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

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

Gross Annual Income: \_\_\_\_\_

Net Annual Income: \_\_\_\_\_

### Co-Applicant Employment Information

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

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

Gross Annual Income: \_\_\_\_\_

Net Annual Income: \_\_\_\_\_

## HOUSEHOLD BUDGET

### Monthly Household Income

Monthly Gross Wages	\$
Overtime	\$
Child Support/ Alimony /Separation	\$
Social Security/SSDI	\$
Other monthly income from pensions, annuities or retirement plans	\$
Tips, commissions, bonus and self-employed income	\$
Rents Received	\$
Unemployment Income	\$
Food Stamps/Welfare	\$
Other (investment income, royalties, interest, dividends, etc.)	\$
<b>Total (Gross Income)</b>	<b>\$</b>

### Monthly Expenses/Debt

First Mortgage Payment	\$
Second Mortgage Payment	\$
Insurance	\$
Property Taxes	\$
Credit Cards/Installment Loans Minimum Monthly Payment	\$
Alimony, child Support payments	\$
Net Rental expenses	\$
HOA/Condo Fees/Property Maintenance	\$
Car Payments	\$
Other _____	\$
<b>Total Debt/Expenses</b>	<b>\$</b>

### Household Assets\*

Checking Account(s)	\$
Checking Account(s)	\$
Savings/ Money Market	\$
CDs	\$
Stocks/Bonds	\$
Other Cash on Hand	\$
Other Real estate (estimated value)	\$
Other _____	\$
Other _____	\$
<b>Total Assets</b>	<b>\$</b>

\*Do not include the value of life insurance or retirement plans when calculating assets (401K, pension funds, annuities, IRAs, Keogh plans, etc.)



A HUD Approved Housing Counseling Agency

APPLICANT’S CERTIFICATION AND AUTHORIZATION

The undersigned certify and authorize the following:

The foreclosure intervention process includes the application, and additional forms Housing Development Fund may require, including Credit Release Form, Authorization and certification forms. HDF cannot accept my application unless the forms in the Foreclosure Intervention package are completed.

- 1. In applying I (we) have completed an application containing various information and forms relating to employment, income information, assets and liabilities. I (we) certify that all of the information is true and complete. I (we) made no misrepresentation in the application, nor in other documents nor did I (we) omit pertinent information. I (we) fully understand and agree that HDF reserves the right to verify any information provided to them. In writing I (we) authorize HDF and its representatives to speak on my behalf regarding my mortgage with the lender and the servicer, if needed.
- 2. I (we) understand that HDF receives funding through Citibank Grant Foundation, NeighborWorks, HUD and the Connecticut Housing Finance Authority (CHFA). HDF is required to submit your specific data or information into the Data Collection Systems such as COUNSELORMAX and Salesforce, and to HDF donors, Neighborworks, HUD and CHFA for the purposes of oversight, compliance and/or evaluation.
- 3. A copy of this certification and authorization may be used as an original.
- 4. I (we) fully understand that HDF will provide recommendations, information and counseling. HDF makes no decision in the resolution of the mortgage loan, and I (we) are free to choose which program suits me. I (we) also understand that the lender/servicer makes the ultimate decision.
- 5. I (WE) understand that Housing Development Fund, Inc. (HDF) provides foreclosure prevention counseling after which I (WE) will receive a written action plan consisting of recommendations for handling MY/OUR finances, possibly including referrals to other housing agencies, as appropriate.
- 6. I (WE) understand that I (WE) 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 (WE) understand that I (WE) am not obligated to use any of the services offered to me.
- 7. A counselor may answer questions and provide information, but not give legal advice.
- 8. I (WE) understand that Housing Development Fund, Inc. provides information and education on numerous loan products and housing programs and I (WE) further understand that the housing counseling I (WE) receive from HDF in no way obligates me to choose any of these particular loan products or housing programs.
- 9. I (WE) acknowledge that we have received a copy of HDF’s Privacy Policy.

APPLICANT NAME (PRINT)	APPLICANT SIGNATURE	DATE
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APPLICANT NAME (PRINT)	APPLICANT SIGNATURE	DATE
------------------------	---------------------	------



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# CREDIT RELEASE FORM

A 3 Bureau or Tri-Merge Credit Report will be ordered and obtained by HDF for the person or persons below. This completed and signed form authorizes HDF to do so.

You can obtain a copy of that report from your counselor once your information is assessed.

By signing below, I/we authorize the Housing Development Fund to order and obtain my credit report. HDF accesses the report directly from a national CRA (Credit Reporting Agency). The order will appear as an inquiry on the report.

Signature of Applicant

Date

Signature of Co-applicant

Date

Print Name of Applicant

Print Name of Co-applicant

Social Security Number of Applicant  
(e.g. XXX-XX-XXXX)

Social Security Number of Co-Applicant  
(e.g. XXX-XX-XXXX)

Date of Birth of Applicant  
(e.g. XX-XX-XXXX)

Date of Birth of Co-Applicant  
(e.g. XX-XX-XXXX)

Current Address\*

City\*

State\*

Zip\*

Number of years\*

Previous Address

City

State

Zip

Do you have a security freeze on your credit report? ☐ NO ☐ YES (applicant or co-applicant?) \_\_\_\_\_

If Yes, which bureau(s)? ☐ Experian ☐ Transunion ☐ Equifax

HDF will pull a 3 bureau report at no cost to you. Your counselor will assess your credit report to evaluate your current debt.





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# AUTHORIZATIONS

## INTERNAL INFORMATION SAFEGUARDS

Within the HDF organization, access to nonpublic personal information is restricted to only those employees who provide Counseling services or do reporting. HDF maintains physical, electronic and procedural safeguards that comply with federal regulations to guard nonpublic personal information.

## HDF TECHNOLOGY DISCLAIMER

HDF uses a number of modern communication methods to communicate with its clients, including email and fax. Clients also have access to the web through Wi-Fi at HDF's office. HDF takes electronic information security seriously, and we have taken what we consider to be reasonable and responsible steps to ensure the security of our server so that our clients can feel comfortable about the privacy of their communications with HDF. Nevertheless, the reality of today's world is that hackers are often one step ahead of the best security options. For that reason, HDF prefers that its customers use password-protected Wi-Fi and the Customer Portal when submitting any private information to HDF. Alternatively, HDF is happy to receive your documents in paper form or via fax. For clients who choose to send information by e-mail, or by any other unsecured method, HDF cannot guarantee the security of such communications or the information contained therein, or attached thereto. If you have any questions, please do not hesitate to email us at [fthb@hdfconnects.org](mailto:fthb@hdfconnects.org) or call us at 203.969.1830.

## REQUIRED AUTHORIZATIONS

### I/We fully authorize HDF:

- To verify any and all information provided.
- Use of the information and documents provided to assess your current financial situation.
- To maintain and retain the contents of my/our specific file in accordance with HUD and HDF document retention policies
- To provide data; reports, information and access to my/our file if requested by HUD; HPN; CT DOH; Citibank Grant Foundation; NeighborWorks and CHFA for the purposes of oversight, compliance and program evaluation.

*I/We, the undersigned, certify our understanding and authorize the above:*

Signature of Applicant

Date

Signature of Co-applicant

Date