

Please fill out the attached forms and collect COPIES of these documents. Bring or mail completed package to CHN's Community Training Center, 2999 Payne Avenue, Suite 134, 44114, or fax to (216) 881-5319.

- Mortgage Papers** (last statement w/interest rate, Truth & Lending and/or HUD Statement)
- Delinquency Documents** (letters or correspondence from Lender)
- Income documents** (2 months of pay stubs, SSI, SSID, PERS, for everyone in household) (if self-employed, please provide Profit-Loss Business statement)
- Child Support printout** (paying or receiving)
- Verification of Dependents** (at least one for each child; birth certificate, baptismal record, adoption papers, school records, immunization records with parents name on it, or notarized letter of parent/child relationship)
- Home Insurance** (payment documentation)
- Utility Bills** (most recent gas, electric, phone, & water/sewer)
- Social Security Cards** (self and dependents)
- Photo ID** (Driver's License / State of Ohio ID)
- Bankruptcy Documents** (Thick Pack showing type of bankruptcy and accounts discharged)
- 2007 Fed Tax Return/All W-2's** (or last federal return filed to date)
- Bank Statements** (2 months checking & savings, for all accounts)
- Credit Report** (Call for more information/assistance with pulling report)
- Letter explaining hardship** Please include these important details:
- 1) Cause of hardship (detailed explanation)
 - 2) What did you do with payments you were not able to make?
 - 3) What has eliminated the cause?
 - 4) Current status, when do you plan on making your next payment, how much, and what date?
- Hardship Documents** (please provide evidence supporting your hardship: i.e. receipts, doctor's letters, and job loss information)
- Mortgage Holder Permission Form** (included in this packet)
- Completed Budget & Intake Sheet** (included in this packet)

Please bring in copies of all documents. They may be mailed, faxed **OR** dropped off in person. Your file will be reviewed only after all of your documents are in. **After your file has been reviewed, we will call you to set an appointment.** .
THANK YOU

**Cleveland Housing Network
 Community Training Center
 2999 Payne Avenue, Suite 134
 Cleveland, Ohio 44114
 PH: 216-881-8443 FAX: 216-881-5319**

<p><u>Additional Information</u></p>	<p>Who is your mortgage company? 1st Mortgage _____ 2nd Mortgage _____</p> <p>What are your monthly payments? \$ _____ \$ _____</p> <p>Does it include real estate taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Does it include home insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>		
<p>(please answer every question to the best of your knowledge)</p>	<p>How far behind are you on the mortgage as of today? _____ months, for a total of \$ _____</p> <p>Please list the last three payments you made towards the mortgage, date & amount.</p> <p>1. ___ / ___ / ___, \$ _____ 2. ___ / ___ / ___, \$ _____ 3. ___ / ___ / ___, \$ _____</p> <p>When is the last time you spoke to the mortgage company? Date ___ / ___ / ___</p> <p>Have you tried to make arrangements with them to get caught up? <input type="checkbox"/> Yes <input type="checkbox"/> No Date ___ / ___ / ___</p> <p>Please explain: _____</p> <p>Do you want to save this house? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, have you listed the property for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have money saved to put towards the mortgage? _____ How much do you have? \$ _____</p> <p>When can you make your next full payment? Date ___ / ___ / ___</p> <p>Has the mortgage company rejected any payments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been working with any other Housing Agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No Which? _____</p> <p>How did you hear about us?</p> <p>How long have you been living in this house? _____ years _____ months</p> <p>When did you get this mortgage loan? Date ___ / ___ / ___</p> <p>Do you know if you have one of the following loans? <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> FannieMae <input type="checkbox"/> FreddieMac <input type="checkbox"/> RHA <input type="checkbox"/> None of these <input type="checkbox"/> Don't Know</p> <p>Did you refinance to get this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when did you refinance? Date ___ / ___ / ___</p> <p>Is there a sheriff's sale date? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when is it? Date ___ / ___ / ___</p> <p>Do you own any rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you collect rent from tenants in this house? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you behind on your real estate taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the home insurance current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><u>Child Support</u></p>	<p>Do you pay child support or alimony? ___ How much? \$ _____ Is it deducted from your paycheck? _____</p>		
<p><u>Derogatory Credit History</u></p>	<p>Have you declared bankruptcy? Type? <input type="checkbox"/> Chapter 7 Discharge date _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Chapter 13 When did it begin? _____</p> <p>When will it end? _____</p> <p>Monthly payment \$ _____</p>		
	<p>Have you been foreclosed?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date: ___ / ___ / ___</p>
	<p>Has a lien been placed on you?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date: ___ / ___ / ___</p>
	<p>Have something repossessed?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date: ___ / ___ / ___</p>
	<p>Have you been in Collection?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date: ___ / ___ / ___</p>
	<p>Have you been sued to collect outstanding debt?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date: ___ / ___ / ___</p>
	<p>Have you had a judgment decided against you?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date: ___ / ___ / ___</p>
	<p>Have you been garnished before or is there a threat of garnishment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date: ___ / ___ / ___</p>

AUTHORIZATION

I understand that all of my personal information is strictly confidential and will not be given to anyone without my permission. I certify that all the provided information is correct to the best of my knowledge, and any false information given may result in delay or termination.

I authorize Cleveland Housing Network to check and verify my credit report all and information contained on this form:

Signature of Applicant

Date

DON'T LET CREDIT HOLD YOU BACK FROM ACHIEVING YOUR DREAMS!

If you have been denied credit, or are afraid to apply, don't just accept it—take action!

For the first time EVER, you have the right to obtain a FREE copy of your credit report from each of the THREE credit bureaus once per year. Since these three companies compete with each other, they do not share information, and the reports might be different, so it is important to obtain all three reports.

You can get your FREE reports by logging on to www.annualcreditreport.com, or by calling 1-877-322-8228.

Your free credit report will not include your credit score. You will be asked to pay \$6.95 - \$7.95 for your credit score if you want it. All three credit bureaus have a different credit score, but they all use similar formulas, so the difference are not that great.



Equifax (CBC)

Credit Information Services
P.O. Box 740241
Atlanta, GA 30374
Phone: 1 (800) 685-1111
Web Site: www.equifax.com

Experian

National Consumer Assistance Center
P.O. Box 2002
Allen, TX 75013-0949
Phone: 1 (888) 397-3748
Web Site: www.experian.com/consumer/

Trans Union

Consumer Disclosure Center
P.O. Box 1000
2 Baldwin Place
Crum Lynne, PA 19022
Phone: 1 (800) 888-4213
Web Site: www.transunion.com

IMPROVING YOUR CREDIT IS THE FIRST STEP TO REALIZING YOUR DREAMS!

Please fill out this budget form with Monthly expenses. For expenses that do not occur monthly, explain in Notes column. Bottom 3 rows (shaded) will be filled out by counselor.

NAME

<u>Monthly Expenses</u>	Current Spending (\$)	Notes
Worksheet Housing		
<u>Housing</u>		
Rent/Mortgage		
Heating (gas or oil)		
Electricity		
Water or sewage		
Telephone (land line)		
Pager/cell phone		
Renters or homeowners insurance (if separate)		
Taxes		
Home maintenance and furnishings		
Cleaning supplies (polish, pine cleaner)		
Lawn service		
<u>Transportation</u>		
Gas		
Car payment		
Car insurance		
Car inspection		
Car repairs & maintenance		
License plates & registration fees		
Public transportation & taxi		
Parking and tolls		
<u>Food</u>		
Groceries		
School lunches		
Work-related (lunches/snacks)		
<u>Insurance</u>		
Health (medical, dental, if not payroll)		
Life		
Disability		
<u>Medical</u>		
Doctor		
Dentist		
Prescriptions		
<u>Childcare</u>		
Childcare or babysitters		
Child support or alimony		
<u>Clothing</u>		
Clothing		
Laundry & dry cleaning (bleach, laundromat)		
<u>Donations</u>		
Religious or charity		
<u>Education</u>		
Tuition		
Books, papers and supplies		
Newspapers and magazines		
Lessons (sports, dance, music)		

Gifts		
Birthdays		
Major Holidays		
Personal		
Barber or Beauty Shop		
Toiletries (toothpaste, deodorant, etc)		
Children's Allowance		
Tobacco products		
Beer, wine or liquor		
Entertainment		
Movies, sporting events, concerts.		
Video rentals		
Internet service		
Cable/satellite TV		
Restaurants & take out meals		
Gambling & lottery tickets		
Fitness & Social Clubs		
Vacations & Trips		
Hobbies or Crafts		
Miscellaneous		
Bank fees, money orders, etc		
Pet care & supplies		
Postage		
Pictures & photo processing		
"Mad" Money		
Debts		
Student Loan		
Credit card (monthly minimum)		
Credit card (monthly minimum)		
Credit card (monthly minimum)		
Medical bills		
Debt Management Program		
Other		
Other		
Other		
Monthly Savings		
Current Total Savings		
Net monthly income		
Total Monthly Living Expenses		
Total +/-		

If you are not able to access ALL of the forms requested, please send what you have so we can begin to assess your situation. Once your packet is returned to CHN's Community Training Center, counselors will assess your situation as quickly as possible and contact you for more information and to set up a counseling session. CHN has access to mortgage rescue funds, and if you qualify, we may be able to access those, in addition to negotiating with your mortgage lender.

Please feel free to call for the status of your information at (216) 881-8443, ext. 1. Initial assessment should take no more than five (5) business days, usually less.

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 Cleveland, OH 44114