



Name: \_\_\_\_\_

**Counseling Quality Control**

Client # \_\_\_\_\_

Case # \_\_\_\_\_

HUD # \_\_\_\_\_

FC/FIN

# Mortgage Default / Early Delinquency Counseling Application

## CLIENT NON-COMMITMENT FORM

YOU DO NOT HAVE TO USE OTHER SERVICES PROVIDED BY COMMUNITY SERVICES OF NEVADA (CSNV) OR ITS PARTNERS OR BUSINESSES ASSOCIATED IN ORDER TO RECEIVE HOUSING COUNSELING SERVICES OR HOMEBUYER EDUCATION.



### Non-Profit Form

If you have been working with any of the Non-Profit agencies listed below for the past 12 months, you must **STOP NOW** and continue counseling services with your current Housing Counseling Agency. If you **HAVE NOT** been with any of the non-profit agencies listed, check the following box and proceed to fill out application:

I **HAVE NOT** been working with any of the non-profit agencies listed below during the last 18 months.

- Legal Representation (Attorney)
- FGC – Financial Guidance Center
- Home Ownership Preservation Foundation (HOPE)
- Home Today
- Nevada Legal Aid Center
- Housing Authority
- Neighborhood Assistance Cor. (NACA)
- Nevada Legal Services (NLS)
- Neighborhood Housing Services (NHSSN)
- Nova Debt
- Springboard
- Nevada Fair Housing Services (NFN)
- CPLC – Chicanos Por la Causa
- Women’s Development Center (WDC)
- Other \_\_\_\_\_

**1. NOTE: If at any time the client becomes disrespectful, counseling will be terminated.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant: \_\_\_\_\_  
 First MI Last  
 Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Co - Applicant: \_\_\_\_\_  
 First MI Last  
 Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street City State Zip Code  
 Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_

**LOSS MITIGATION AUTHORIZATION**

- I authorize Community Services of Nevada (CSNV) Home Ownership Center to:
- Review my/our credit file for informational inquiry purposes.
  - Contact my Servicer/Lender for possible workout solutions pertaining to the property listed above.
  - I/we further authorize you Servicer/Lender to release and discuss my/our case with CSNV and provide them with any and all documentation needed to proceed with my/our counseling work out solutions.
  - I/we further authorize you Servicer/Lender to discuss our case with the counselors at CSNV and obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s). They are working to help me/us address my/our financial problems and to propose a loss mitigation plan which is within your guidelines.
  - Lender(s)/ Servicer(s):** \_\_\_\_\_ who service(s) my/our loan.
  - Loan number:** \_\_\_\_\_

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

**NOTE FOR CREDIT REPORT**

This disclosure packet is the property of Community Services of Nevada and under no circumstances may be reproduced or published by the recipient or any other third party for any reason including but not limited to cash transaction for any services rendered or any other purpose. In addition, Community Services of Nevada and its board of directors will be held harmless from any and all claims, actions, damages, liabilities, losses and expenses, including but not limited to reasonable attorney's fees, resulting from third party's violation of this disclaimer.

- I/We understand that CSNV provides financial capability counseling/coaching after which I/We will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
- I understand that CSNV submits client-level information relating to the Project Reinvest Financial Capability grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring.
- and compliance purposes, and follow-up with clients related to program evaluations.
- I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
- I give permission for Project Reinvest: Financial capabilities program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
- I acknowledge that I have received a copy of CSNV's Privacy Policy.
- I may be referred to other services of the organization, 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 no give legal advice. If I want legal advice, I will be referred for appropriate assistance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Initials

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* The Counselor will explain this section if requested by the homeowner \***

**Referral Source:** *(please circle one)*

- Events
- Media (TV, Radio, etc.)
- Nevada Hardest Hit Program
- Social media
- CSNV Board Member
- Home Again Program
- CSNV Website
- Friend
- Bank/Servicer
- Elected Official
- Nevada Attorney General
- Non Profit Agency: \_\_\_\_\_
- Other: \_\_\_\_\_

**Total number of Applicants:** \_\_\_\_\_

**Demographics:** *(please circle one)*

- Gender:** -Male -Female
- Race:** White e -Afro-American -Native American/ Native Alaskan -Asian/Pacific Islanders -Other \_\_\_\_\_
- Ethnicity:** -Hispanic/Latino
- Primary Language:** -English -Spanish

- Education:** -Below High School Diploma -High School Diploma/ GED -Two Year College - Out of US
- Bachelor -Masters -Above Masters -Other: \_\_\_\_\_

- Military Service:** -Veteran -Active Military -N/A

**Family Background** *(please circle one)*

- Marital Status:** -Single -Married -Common Law - -Legally Separated -Divorced -Widowed
- House Hold Type:** Single -Female head of household -Male head of household
- Married with no children -Married with children -2+adults -Other

**Family/ Household Size:** \_\_\_\_\_

**Please provide a list of dependents that appear on your tax returns:**

Age	Relationship

**Continued for Applicant:**

**Employment** Please print clearly. Include employment of applicant for the last 2 years.

Are you currently employed? NO / YES

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

Date of Hire: \_\_\_\_\_ Title: \_\_\_\_\_

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ (please circle one) - Full Time - Part Time

How are you paid: (please circle one) -Weekly -Bi-weekly -Twice a month -Monthly

**Second Employer or Part Time:** \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Title: \_\_\_\_\_

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ (please circle one) -Full Time - Part Time

How are you paid? : (please circle one) -Weekly -Bi-weekly -Twice a month -Monthly

**Section B. Co-Applicant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Name MI Last  
Street City State Zip Code

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

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**Demographics** (please circle one)

**Gender:** -Male -Female

**Race:** -White -Afro-American Native American/ Native -Alaskan Asian/Pacific Islanders -Other \_\_\_\_\_

**Ethnicity:** -Hispanic/Latino

**Education:** -Below High School Diploma -High School Diploma/ GED -Two Year College  
-Bachelor -Masters -Above Masters -Out of US

**Military Service:** -Veteran -Active Military -N/A

**Relationship to Applicant:** -Spouse -Daughter -Son -Sister -Brother  
-Girlfriend -Boyfriend -Mother -Father -Other: \_\_\_\_\_

**Family Background** (please circle one)

**Marital Status:** -Single -Married -Common Law -Legally Separated -Divorced -Widowed

**House Hold Type:** -Single -Female head of household -Male head of household  
-Married with no children -Married with children -2+adults -Other

**Continued for Co-Applicant:**

**Employment** Please print clearly. Include employment of applicant for the last 2 years.

Are you currently employed? NO / YES

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

Date of Hire: \_\_\_\_\_ Title: \_\_\_\_\_

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ (please circle one) -Full Time -Part Time

How are you paid? : -Weekly -Bi-weekly -Twice a month -Monthly

**Second Employer/Part Time:** \_\_\_\_\_

Date Hire: \_\_\_\_\_ Title: \_\_\_\_\_

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ (please circle one) -Full Time -Part Time

How are you paid? : -Weekly -Bi-weekly -Twice a month - Monthly

**Section C: Additional Monthly Income for all applicants**

	Applicant	Co-Applicant
Alimony/Child Support		
Rental Income		
Social Security / Dependent SSI Income		
Pension Income		
Public Assistance		
Self-Employment Income		
Disability Income		
Unemployment		
Other		

**Instructions:** Please list any debts you have, including credit cards, auto loans, and child support. Do NOT include rent or utilities.

Liabilities/Debts				
Who's Debt? (Circle one )	High Limit	Current Balance	Monthly Minimum Payment	Paid to:
Applicant Co Applicant Both				
Applicant Co Applicant Both				
Applicant Co Applicant Both				
Applicant Co Applicant Both				
Applicant Co Applicant Both				

**Section D: Mortgage Information:** *(please circle one)*

- 1. Is this your primary residence? ..... Yes or No
- 2. How many mortgages are on this property? \_\_\_\_\_
- 3. Are you currently behind with your mortgage payments? ..... Yes or No
- 4. What is the reason you are not able to make your monthly mortgage payments? *(please circle one)*
  - Reduce Income      -Poor Budget      -Loss of Income      -Medical Issues      -Increase Expenses
  - Divorce /Sep      -Death in Family      -Business failed      -Incr Loan Pay      -Other: \_\_\_\_\_
- 5. Current Mortgage Servicer: \_\_\_\_\_
- 6. Loan number: \_\_\_\_\_
- 7. Current principal balance: \$ \_\_\_\_\_
- 8. Type of loan:    -FHA            -VA            -CONV            -Interest only loan    -Do not know
- 9. Interest Rate:    -Fixed Rate            -Adjusted Rate
- 10. Monthly Interest Rate: \_\_\_\_\_
- 11. Monthly Mortgage Payment: \$ \_\_\_\_\_
- 12. Number of payments behind: \_\_\_\_\_
- 13. Total amount behind: \$ \_\_\_\_\_
- 14. Date of last payment sent and accepted: \_\_\_\_\_
- 15. Have you received a modification? \_\_\_\_\_
- 16. What date was property purchase? \_\_\_\_\_
- 17. Have you refinanced your mortgage loan? \_\_\_\_\_
- 18. Are Real Estate taxes and Homeowners insurance included in your monthly payment? ..... Yes or No  
If not, are the Real Estate taxes current? ..... Yes or No  
Is Homeowners insurance current? ..... Yes or No

Second Mortgage Servicer: _____	Loan #: _____	
Monthly Payment Amount: \$ _____	Number of Payments behind: _____	Monthly Interest rate: _____
Current Principal Balance: \$ _____	Date last payment was sent and accepted: _____	

Homeowner Association Name: _____	Account #: _____
Monthly Payment amount \$ _____	Number of Payments behind: _____
Address: _____	

Please write a description of your hardship or any additional information that may help understand situation better.

## Monthly Spending Plan Worksheet

Fixed Expenses	Budget Amount	Counselor Verification
Auto Insurance		
Auto Loan payment		
Auto Registration/Main annual: \$ _____ /12=		
Gasoline		
Child support/Alimony		
Credit Card combined min payment		
IRS or other taxes		
Tuition/Books/School Supplies		
Entertainment		
Dinning/Eating out		
Food/Groceries		
1 <sup>st</sup> mortgage		
2 <sup>nd</sup> mortgage		
Other mortgages		
HOA		
Home equity line		
Homeowners/Renters Insurance		
Property Tax (if not included in mortgage payment)		
Lawn Care		
Rent		
Payday loan payment		
Personal loan payment		
Student loan payment		
Health care/dental/vision		
Accident and disability		
Health insurance		
Life insurance		
Medical		
Dentist		
Doctor visit/Co-pay		
Vision/Glasses/Contacts		
Medical Bills		
Medications		
Other descriptions		
Contribution		

<b>Fixed Expenses (cont.)</b>	<b>Budget Amount</b>	<b>Counselor Verification</b>
College Fund		
Sewer \$_____ / _____ months =		
Internet		
Cable tv		
Cell phone		
Electricity average payment		
Trash services \$_____ / _____ months=		
Heating		
Water/Sewer \$_____ / _____ months=		
Church Donations		
Other Gift/Donations/birthdate		
Alcoholic Beverages		
Allowance for children		
Barber/Beauty shop		
Child care		
Tobacco		
Clothing		
Gym membership		
Personal items/toiletries		
Laundry/Cleaning		
Repairs/maintenance		
Movie Rental/Netflix/Hulu		
Union Dues		
Pest control		
Security System		
Vacations		
Other		
Pet Expenses		

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_