



Scott County
Community Development Agency

323 South Naumkeag Street
Shakopee, MN 55379-1652

Phone: 952.402.9022
Fax: 952.496.2852

Thank you for contacting the Scott County CDA's Foreclosure Prevention Program. This program provides information, counseling, advocacy, and referrals to struggling homeowners.

In order to most effectively address your situation, please send in all documents. If you have questions about what is needed or how to complete a form, please call 952.402.9022.

- Intake form
- Release forms (signed and dated)
- Budget worksheet (include income and expenses for household members)
- Proof of household income for all members
 - Most recent month of pay stubs if you receive a salary or hourly wage
 - Benefit Statement/Letter if you receive Social Security, Disability, Pension, and/or Unemployment
 - Profit and Loss Statement for most recent quarter if you are self-employed/independent contractor
 - Lease agreement if you receive rental income
 - Divorce decree if you receive child support and/or spousal support
 - Most recent tax returns with all schedules (page 2 must be signed)
- Two (2) consecutive months of bank statements for all accounts (all pages)
- Recent letters and/or statements from your lender(s) and foreclosure attorney
- Recent utility bill(s)

Send completed materials to:

Attn: Homeownership Department

Fax: 952.496.2852

Email: cda-info@scottcda.org

Mail: Scott County CDA; 323 S. Naumkeag St.; Shakopee, MN 55379



For Internal Use Only:
 Client # _____ Case # _____
 Fannie Freddie FHA MHFA VA

**Scott County Community Development Agency
 Foreclosure Prevention Program**

Date completed: _____

Applicant Information:

Name: _____
First Middle Last
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 E-mail: _____

Birth date: _____
Month Day Year Current Age
 Soc. Sec. #: _____ - _____ - _____
 Race/Ethnicity: _____
 Gender: Male Female
 Marital Status: _____
 Single Parent Household? Yes No
 Veteran? Yes No Disabled? Yes No
 Education level: _____

Number of People in Household: _____
18 & over Children

Is this your primary residence? Yes No

Co-Applicant Information:

Name: _____
First Middle Last
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 E-mail: _____
 Relationship to Applicant: _____
 Co-App on the mortgage? Yes No

Birth date: _____
Month Day Year Current Age
 Soc. Sec. #: _____ - _____ - _____
 Race/Ethnicity: _____
 Gender: Male Female
 Veteran? Yes No Disabled? Yes No
 Education level: _____

What caused you to fall behind or has caused you to be concerned that you will fall behind on your mortgage?

- Loss of Income Medical Increase in Expenses
 Divorce Death in Family Other: _____

Additional Information: _____

How did you hear about this program?

- Agency: _____ Lender Realtor
 Friend/Relative Mailer/Brochure Lawyer
 Internet Media Other: _____

My goal for my house:

- Keep the house Sell the house Vacate the house Undecided

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Type of home: Single Family Townhome/Condo Mobile Home Multiplex 2-4 Units Unknown

Condition of the home: Excellent Good Fair Poor/Needs Repairs Estimated Value: \$ _____

When was the home purchased? _____ Purchase price: \$ _____

Mortgage Information: Please list all mortgages and liens on the property			
	First Mortgage	Second Mortgage	HOA or other lien
Mortgage Company/Lien Holder:			
Balance/Loan Amount:	\$ _____	\$ _____	\$ _____
When was loan taken out?			
Monthly Payment:	\$ _____	\$ _____	\$ _____
Includes Taxes and insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No, amount: _____		
Interest Rate:	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> ARM	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> ARM	
Loan Term (# of years left on this loan)			
Amount past due/number of months behind:	Months _____ Amount: \$ _____	Months _____ Amount: \$ _____	Months _____ Amount: \$ _____
Sheriff Sale date (if applicable):			

Income from employment: Please list all current employment for everyone living in the household.			
Name of employed person	Name of employer/Job title	Start Date	Monthly gross income
			\$ _____
			\$ _____
			\$ _____

Benefits income: Please list all benefits for everyone living in the household.		
Type of Benefit	Name of person receiving benefit	Monthly Amount
Child support		\$ _____
Social Security (SSI, RSDI, SSDI)		\$ _____
Unemployment		\$ _____
Cash assistance/Food Support		\$ _____
Other: _____		\$ _____
Other: _____		\$ _____

Self-employment income: Please list all businesses for everyone living in the household.			
Name of owner	Name of business	Monthly Earnings	How is income tracked?
		\$ _____	
		\$ _____	

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Have you filed bankruptcy or are you planning to file bankruptcy? Yes No

If yes, type: Chapter 13 Chapter 7 Discharge date or Date you plan to file: _____

Have you been convicted of felony larceny, fraud, forgery, money laundering or tax evasion in connection with a mortgage or real estate transaction within the last 10 years? Yes No

Have you been in contact with your mortgage company? Yes No

If yes, what have you discussed? _____

Have you submitted paperwork to your mortgage company? Yes No

Have you fallen behind on your mortgage in the past? Yes No

Have you had a loan modification before? Yes No If yes, when? _____

Have you been contacted by or paid a fee to an attorney, individual, or company that has offered to modify your mortgage for a fee? Yes No

If yes, Who? When? Please describe: _____

I authorize the Scott County Community Development Agency to share this data with the Minnesota Homeownership Center, Fair Housing, Minnesota Housing, the Treasury, and/or the U.S. Department of Housing and Urban Development for purposes of program management, compliance, monitoring, and evaluation. Yes No

Additional information you believe would be helpful for us to know: _____

An effective hardship letter to your lender should include:

- 1) Explanation of your hardship/reason you fell behind on your payments,
- 2) Dates of your hardship and if you expect it to be short-term or long-term
- 3) How the situation has changed, if at all
- 4) How much, if any, money you have saved for a workout agreement.

The hardship letter should be short and to the point. Attach additional pages if necessary.

To Whom It May Concern:

Date hardship began: _____

Sheriff Sale Date: _____

Sincerely,

(Signature)

(Print name)

(Signature)

(Print name)

(Address, City, State, Zip)

(Phone number)

(Date)

**Scott County Community Development Agency
Foreclosure Prevention Program**

Name _____

Name _____

Net Income	Monthly	Monthly Gross	Notes
Income			
Income			
Child support			
Social security (SSI, RSDI, SSDI)			
Unemployment			
Veteran's benefits			
Rental income			
Contribution from family/friend			
Cash assistance/Food support			
Other: _____			
Total Income			
Housing	Monthly	Balance	Notes
1st Mortgage			
2nd Mortgage			
Property taxes (if not escrowed)			
Homeowners insurance (if not escrowed)			
Association dues			
Total housing costs			
Liabilities	Monthly	Balance	Notes
Car Loan			
Car Loan			
Student Loan			
Credit Card(s)			
Chapter 13 trustee payments			
Other Loans			
Alimony/Child Support			
Utilities/household expenses	Monthly	Balance	Notes
Electricity			
Heat/Gas			
Water/Sewer/Trash/Recycling			
Telephone/pager/cell phone			
Cable/Dish/Internet			
Groceries/food			
Household supplies			
Transportation (Gas, parking, bus/train fare)			
Child Care			
Periodic expenses	Monthly	Balance	Notes
Health insurance/ Medical expenses			
Life insurance			
Auto insurance			
Educational expenses			
Miscellaneous	Monthly	Balance	Notes
Entertainment/hobbies/dining out			
Toiletries/haircuts/etc			
Other			
Other			
Other			
Other			
Total Expenses			
Total Surplus/Deficit			



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**SCOTT COUNTY COMMUNITY DEVELOPMENT AGENCY
FORECLOSURE PREVENTION PROGRAM**

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Scott County CDA, its employees, agents, or assigns (hereinafter collectively referred to as SCCDA) to release/exchange any information or materials requested in order to facilitate my participation in SCCDA's Foreclosure Prevention Program. I agree that a photocopy of this may also serve as authorization. I/We authorize the exchange of information with any party authorized in this release to include but not be limited to in person, via phone, via fax, and via email. The groups or individuals that may be asked to release the above information includes but is not limited to:

- Mortgage Lender
- Mortgage Servicer
- Owner of the Mortgage Loan
- Past and present employers
- Support and alimony administrators
- Social Security Administration
- Veterans Administration
- State unemployment agencies
- Utility companies
- Banks & financial institutions
- Non-profit organizations
- U.S. Department of Housing and Redevelopment Authority (HUD)

I/We further authorize SCCDA to order a consumer credit report and verify other credit information, including past and present mortgages and contracts-for-deed. I/We also give my/our consent to contact my/our accountant, tax preparer, or the Internal Revenue Service, in the event my/our tax returns are needed to verify any reported income.

I/We also authorize SCCDA to release/exchange information with all pertinent parties in order to assist me with the best plan to resolve my immediate situation.

This authorization will stay in effect until I complete my participation in the Foreclosure Prevention Program or revoke this authorization in writing. Additionally, I authorize SCCDA to contact my mortgage lender for a period of up to 36 months from the date of this application to inquire about the status of my/our mortgage, allowing Program staff to track the long-term effects of the program.

Name (please print) Signature Social security number Date

Name (please print) Signature Social security number Date

Address City/State/Zip

Loan account number: _____ Loan account number: _____

Counselor(s): Jessica Erickson, Melissa Jensen, Mary Olson, Cindy Royle
TID: 41-xxxx7785



National Foreclosure Mitigation Counseling Program Foreclosure Mitigation Counseling Agreement/Disclosure Form

I understand that Scott County CDA 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.

I understand that Scott County CDA receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC Program) and it is required to share some of my personal information with the entities as described and acknowledged in the "Combined Privacy Act Notice and Tennesen Warning," for the purposes of program monitoring, management, compliance, and evaluation.

I understand that a counselor may answer questions and provide information, but not give legal advice.

I understand that, in addition to foreclosure mitigation counseling,

Scott County CDA also provides the following types of services:

Development, redevelopment, subsidized rentals, & homebuyer education and counseling.

I understand that Scott County CDA is required to fully disclose potential and actual conflicts of interest so that I am in a position to make fully informed decisions.

I understand that Scott County CDA or one of its foreclosure mitigation counselors may have one of the following conflicts through referral or in fact:

- We hold or service a mortgage secured against your property and have a stake in the performance of the loan;
- We purchases, redevelop, and sell, for a fee, properties at risk of, or involved in foreclosure;
- We receive financial support from mortgage servicer or investor. Payment may be based on acceptance of a loss mitigation offer.
- Other (Specify)

I understand that I may be referred to other 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.

I acknowledge that I have received a copy of the Combined Privacy Act Notice and Tennessee Warning. If you choose to not sign or verbally acknowledge the Combined Privacy Act Notice and Tennessee Warning, your counselor may not provide NFMC Program services.

I acknowledge that Scott County CDA and NeighborWorks America may conduct follow-up with me related to program evaluation.

Please check here if you do not want to be contacted by Scott County CDA, NeighborWorks America for program evaluation purposes only. By checking this box you are only opting out of being contacted for program evaluation.

Client must sign if information was provided by face-to-face counseling session.

Print Name of Client Client's Signature Date

Print Name of Client Client's Signature Date

Verbal Authorization is permissible if information was provided to client by non face-to-face counseling session.

The undersigned verifies that the client was fully informed of the information contained herein and understood its nature. The client has given verbal authorization and acknowledgement. A copy of this notice with counselor's signature has been mailed to the client.

Client's Name Date Counselor's Signature

Note to Counselor:
If the client chooses not to sign this form or provide verbal authorization, the Counselor may not provide NFMC Program services.



National Foreclosure Mitigation Counseling Program Combined Privacy Act Notice and Tennesen Warning

Scott County CDA

Counseling Organization

Client First Name

Client Last Name

We are committed to ensuring 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 the limitations of law.

Please read carefully the disclosures and acknowledgements.

Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in the National Foreclosure Mitigation Counseling program (NFMC Program) if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

Other Private Data

Under Minnesota Statutes, your name and address are public data. All other data we may ask about you is private data on individuals. Except for your social security number, providing and agreeing to share your private data is mandatory for participation in the NFMC Program under the terms of the federal grant from NeighborWorks that funds the program. If you do not agree to allow us to share the data with the entities identified below, we will not be able to provide services under the NFMC Program.

We will share the data only with the following entities or their representatives for the purposes of program management, compliance monitoring, and program evaluation:

- Staff of this organization who need it to work on your case.
- NeighborWorks America, the entity mandated by Congress for the NFMC Program to account for how the program funds are used and determine the program's effectiveness, or its authorized representatives.
- The Minnesota Housing Finance Agency, the recipient of the grant for the NFMC Program.
- The Minnesota Home Ownership Center, a contractor of the Minnesota Housing Finance Agency responsible for assisting program administration and reporting to NeighborWorks America under the NFMC Program.
- Hope LoanPort, a web-based tool that streamlines home retention applications on behalf of homeowners at-risk of foreclosure.
- Any other entities properly authorized under law to view it.

If you agree to allow us to collect and share information as described above, please indicate your approval with your signature, below.

Client must sign if Information was provided by face-to-face counseling session.

Print Client Name

Client Signature

Date

Print Client Name

Client Signature

Date

Verbal Authorization is permissible if information was provided to client by non-face-to-face counseling session.

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained herein and understood its nature and intended use of the released information. A copy of this notice with counselor's signature has been mailed to the client.

Client Name

Date

Counselor's Signature

Sharing Data with Creditors

Sharing some of your personal financial information with creditors may be necessary to effectively help you resolve your financial difficulties. If you agree that we may share private data, such as information on your total debt, income, living expenses and personal information concerning your financial circumstances with your creditors, program managers, and staff working on your case, please indicate your approval by signing below.

Client must sign: If information was provided by face-to-face counseling session.

The undersigned has been fully informed of and understands the information contained herein, and authorizes release of above confidential information.

Print Client Name

Client Signature

Date

Print Client Name

Client Signature

Date

Verbal Authorization is permissible if information was provided to client by non-face-to-face counseling session.

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained herein and understood its nature and intended use of the released information. A copy of this notice with counselor's signature has been mailed to the client.

Client Name

Date

Counselor's Signature

Note to Counselor

If the client chooses not to sign this form or provide verbal authorization, the Counselor may not provide NFMC Program counseling services.



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Program Services Disclosure

Purpose of Housing Counseling: I/we understand that the purpose of the homeownership counseling program is to provide one-on-one counseling to help consumers fix problems that prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing and develop a plan to remove those barriers. The counselor will also provide assistance with preparing a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

Eligible Criteria: I/We understand that the counseling agency providing housing counseling assistance to customers whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I/We will be referred to a long-term housing counseling program.

Homeownership Education Classes: I/We understand that as part of the housing counseling program, I/we may attend group education classes as desired.

Customer's Responsibility: I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in discontinuation of my counseling program.

Our Services are:

Homebuyer Counseling- assists with resolution of barriers of homeownership through one-on-one counseling. This includes but is not limited to an assessment of housing needs (a look at income, debt, credit, savings), development of an action plan with goals for helping achieve mortgage readiness and homeownership, and discussing affordable mortgage, down payment, and closing cost programs.

Homebuyer Education- provides general information on the home buying process to a group of potential homebuyers, in a classroom setting. This includes but is not limited to information on how credit affects becoming a homeowner, understanding mortgage programs and processes, shopping for a home, home inspections, closing process, home maintenance, and avoiding foreclosure.

Foreclosure Counseling- foreclosure counseling may be in-person or over the phone and helps determine the reason for the delinquency and to work with the homeowner to bring the mortgage current when possible. This can include but is not limited to discussing the mortgage foreclosure process, assistance with budgeting in a time of crisis, assessing the viability of maintaining the home, collecting the documentation necessary to demonstrate hardship and a plan of action to a lender, navigating the workout process, and finding alternative housing solutions if foreclosure is inevitable.

While you learn about the advantages/disadvantages of specific loan products, you are free to choose lenders, loan products, and homes of your own choosing regardless of the recommendations made by counselors or educators during Home Stretch Homebuyer Education or Pre-Purchase Homebuyer Counseling. Clients are under no obligation to use any realtor, lender, home inspector, or other parties that are recommended or mentioned by the agency.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____