



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 forms
- Release forms (signed and dated)
- Hardship Letter
- 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
- Two (2) consecutive months of bank statements for all accounts (all pages)
- Most recent tax returns with all schedules (page 2 must be signed)
- Mortgage statement and recent letters from your lender(s) and foreclosure attorney if applicable
- Recent utility bill(s) (1 or 2 bills: water, gas, electric, for example)

**Send completed materials to:**

**Attn: Homeownership Department**

Fax: 952.496.2852

Email: [cda-info@scottcda.org](mailto: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: \_\_\_\_\_

Reason for Call: \_\_\_\_\_

Counselor reviewed Privacy Notice and gave authorization:  Yes  No \_\_\_\_\_  
Initials

**Applicant Information:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this your primary residence?  Yes  No

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

What is your preferred contact method?  Phone  Email

Birth date: \_\_\_\_\_  
Month Day Year Current Age

Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

What is your gender?  Male  Female

Are you a Veteran?  Yes  No

Are you a single parent?  Yes  No

Are you Active Military?  Yes  No

Are you disabled?  Yes  No

Do you need language Assistance?  Yes  No

What is your Race (Choose all that apply)?

- American Indian
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Undisclosed/Refused

Are you Hispanic/Latino?  Yes  No

What is your marital status?

- Single
- Married
- Divorced
- Widow

What is your highest education level?

- Some high school
- High school diploma/GED
- Some college/ trade school
- Associate's degree
- Bachelor's degree
- Graduate degree

How many People are in your household? 18 & over: \_\_\_\_\_ Children (under 18): \_\_\_\_\_



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

<b>Expenses:</b>			
<b>Utilities/household Expenses</b>	<b>Monthly Amount:</b>	<b>Liabilities:</b>	<b>Monthly Amount:</b>
<b>Electricity</b>	\$ _____	<b>Alimony/Child Support</b>	\$ _____
<b>Heat/Gas</b>	\$ _____	<b>Car Loan</b>	\$ _____
<b>Water/Sewer/Trash</b>	\$ _____	<b>Car Loan</b>	\$ _____
<b>Cell phone</b>	\$ _____	<b>Student Loan</b>	\$ _____
<b>Cable/Dish/Internet/Home Phone</b>	\$ _____	<b>Credit Card</b>	\$ _____
<b>Groceries/Food/Dining Out</b>	\$ _____	<b>Credit Card</b>	\$ _____
<b>Household Supplies</b>	\$ _____	<b>Other Loan</b>	\$ _____
<b>Transportation (Gas, parking, bus/train fare)</b>	\$ _____	<b>Other Loan</b>	\$ _____
<b>Child Care</b>	\$ _____	<b>Health Insurance/Medical Bills</b>	\$ _____
<b>Entertainment/Hobbies</b>	\$ _____	<b>Auto Insurance</b>	\$ _____
<b>Toiletries/Haircuts/Clothing/Etc</b>	\$ _____	<b>Life/Disability Insurance</b>	\$ _____
<b>Other</b>	\$ _____	<b>Education Expenses</b>	\$ _____
<b>Total</b>	\$ _____	<b>Total</b>	\$ _____

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

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

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

Is anyone in your household receiving benefits income?  Yes  No

If yes, what is the total amount? \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Child support                     | <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Cash assistance/Food Support |
| <input type="checkbox"/> Social Security (SSI, RSDI, SSDI) | <input type="checkbox"/> Rental Income      | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Unemployment                      | <input type="checkbox"/> Family/Friend      |   |

<b>Total Income from all Sources:</b>	\$	<b>Is mortgage Affordable?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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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: \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_



## HECAT & HUD Combined Privacy Act Notice

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We at Scott County Community Development Agency value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding collection and disclosure of personal information. The following programs are funded in part by the Homeownership Education Counseling and Training (HECAT) Fund and United States Department of Housing and Urban Development (HUD): Homebuyer Education (Home Stretch & Pathways Home), Homebuyer Counseling, Home Equity Conversion Mortgage Counseling or Reverse Mortgage Counseling and Foreclosure Counseling. The HECAT funders include: Minnesota Housing, Minnesota Homeownership Center, Greater Minnesota Housing Fund, and the Family Housing Fund.

### Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Homebuyer Counseling program if you refuse to provide your social security number. If you do not provide your social security number services to you may be more limited, but you will continue to be eligible to receive 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. Agreeing to share your public data is mandatory for participation in the HECAT funded programs listed above. Sharing your private data is not mandatory for participation in the program. However, if you do not provide private information (such as income, debts, and assets) services to you may be more limited.

We collect private information for the purposes of program management, compliance monitoring, research, and program evaluation to (check all that apply):

- Support homebuyer education
- Support homebuyer counseling
- Support reverse mortgage counseling
- Support foreclosure counseling

We collect your private information from the following sources: information that we receive from you on applications or other forms, information about your transactions with us, and information we receive from a consumer reporting agency.

We may disclose the following types of private information about you;

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, assets, debts, and income;
- Information about your transactions with us, and
- Information we receive from a consumer credit reporting agency, such as credit bureau reports, your credit history and your creditworthiness.

We may disclose your private information to the following entities or their representatives identified above and to other entities properly authorized under law to review it.

- Staff at this organization who need it to work on your case;
- HECAT funders: Minnesota Housing Finance Agency, Family Housing Fund, Greater Minnesota Housing Fund, and the Homeownership Center;
- United States Department of Housing and Urban Development (HUD).

I acknowledge that I have received this notice and understand and agree to its content. Please indicate your acknowledgement with your signature, below.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Verbal acknowledgement is acceptable if information was provided to client in non face-to-face counseling session.

The undersigned verifies that verbal acknowledgement has been given. The client was fully informed of the information contained herein and understood its nature.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

**NOTE TO COUNSELOR:** we recommend sending a copy of the Combined Privacy Act Notice to clients who have given verbal acknowledgement of this notice. At a minimum, clients must provide public data (i.e. name and address) to receive HECAT services. If a client refuses to provide public data the Educator/Counselor may not provide HECAT services.





**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:

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)





**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





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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: \_\_\_\_\_



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

Name \_\_\_\_\_

Name \_\_\_\_\_

<b>Net Income</b>	<b>Monthly</b>	<b>Monthly Gross</b>	<b>Notes</b>
Income			
Income			
Child support			
Social security (SSI, RSDI, SSDI)			
Unemployment			
Veteran's benefits			
Rental income			
Contribution from family/friend			
Cash assistance/Food support			
Other: _____			
<b>Total Income</b>			
<b>Housing</b>	<b>Monthly</b>	<b>Balance</b>	<b>Notes</b>
1st Mortgage			
2nd Mortgage			
Property taxes (if not escrowed)			
Homeowners insurance (if not escrowed)			
Association dues			
<b>Total housing costs</b>			
<b>Liabilities</b>	<b>Monthly</b>	<b>Balance</b>	<b>Notes</b>
Car Loan			
Car Loan			
Student Loan			
Credit Card(s)			
Chapter 13 trustee payments			
Other Loans			
Alimony/Child Support			
<b>Utilities/household expenses</b>	<b>Monthly</b>	<b>Balance</b>	<b>Notes</b>
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			
<b>Periodic expenses</b>	<b>Monthly</b>	<b>Balance</b>	<b>Notes</b>
Health insurance/ Medical expenses			
Life insurance			
Auto insurance			
Educational expenses			
<b>Miscellaneous</b>	<b>Monthly</b>	<b>Balance</b>	<b>Notes</b>
Entertainment/hobbies/dining out			
Toiletries/haircuts/etc			
Other			
Other			
Other			
Other			
<b>Total Expenses</b>			
<b>Total Surplus/Deficit</b>			