

NewVue

communitiesSM

Creating Communities Where We Choose to Live, Work & Invest

The Documents listed below are required at least 2 days prior to your scheduled appointment.

- **Verification of All Sources of Income for owner, co-owners and anyone contributing towards the Mortgage**
 - 1 month of pay stubs for all household members contributing towards the Mortgage
 - any additional source of income (including but not limited to):
 - SSI, SSDI, Welfare
 - Child Support
 - Food Stamps
 - Rental agreement (applies to homeowners that rent apartment in home)
 - If self-employed (3 months' profit & loss statement)
- **Most Recent Filed Tax Return with all schedules and page 2 must be signed where indicated**
- **Two Most Recent Bank Statements for all accounts**
- **Monthly Bills (must be current (dated within last 30 days) & must show name and address)**
 - Electric Bill
 - Heating: Gas or Oil
 - Water/Sewer/Garbage
 - Phone/Cell/Internet/Cable Bill
- **Mortgage Statement**
 - Most recent Mortgage Statement(s)
 - Most recent Property Tax Bill (if not escrowed)
 - Proof of Property Insurance (if not escrowed)
- **Hardship Letter**

What should I write in a hardship letter to get the mortgage company to give me another chance?

Must Include:

Your Name, Address, Lender Name, Loan Number

When explaining your situation must include...

- Date when hardship began
- Reason for hardship
- Was it Temporary or Permanent?
- Has the hardship been resolved?
- Date when hardship was resolved
- What are you requesting from the lender (ex. Loan Mod, Forbearance, etc.)

Make sure to Sign & Date the Letter

MORTGAGE ASSISTANCE Counseling PARTICIPANT PROFILE

NewVue Communities provides mortgage counseling assistance for homeowners struggling with mortgage payments. These services consist of mortgage assessment, providing information to lenders, negotiating with lenders, budget consultation, and re-finance options with other public or private lenders. NewVue Communities also provides homeownership services, housing development services, small business services, community development services and asset management services. For a detailed list of the services please visit our website at www.newvuecommunities.org.

APPLICANT

Name: _____ / _____ / _____ Gender: Male Female
 First MI Last Social Security Number Birth Date (circle one)

Address: _____
 Street City State Zip No. Yrs.

Mailing Address (if different): _____
 Street City State Zip

Would you be willing to speak to the press regarding your situation? (please check one) YES NO

How were you referred to us? Print Advertisement Walk-in Staff/Board Member Radio 888-995-Hope Friend Government Bank

Most convenient time to call you: _____

Days Available: Monday Tuesday Wednesday Thursday Friday

Home: (____) _____ - _____ Work: (____) _____ - _____

Cellular: (____) _____ - _____ Authorize text messaging E-Mail: _____

Current Housing Arrangement Single adult Married without dependents Male-Headed Single Parent
 (please check one) Female-Headed Single Parent Married with dependents Two or more unrelated adults other _____

Family Household Size: _____ (include applicant, co-applicant and all other persons living in the house)

Number of dependents (all persons claimed on tax returns): _____ Dependent Ages: _____

Number of non-dependents (anyone not claimed on tax returns): _____ House size: Single family 2-family 3-family 4-family
 (circle one)

CO-APPLICANT

Name: _____ / _____ / _____ Gender: Male Female
 First MI Last Social Security Number Birth Date (circle one)

Address: _____
 Street City State Zip No. Yrs.

Home: (____) _____ - _____ Work: (____) _____ - _____

Cellular: (____) _____ - _____ E-Mail: _____

Number of dependents (not listed by the applicant): _____ Number of non-dependents (not listed by the applicant): _____

(all persons claimed on tax returns) Ages: _____ (anyone not claimed on tax returns) _____

SOURCES OF INCOME

Please list below all monthly income received (Include income for all persons living in the house)

Type of Income	APPLICANT					CO-APPLICANT			
	Gross Income	Check One				Gross Income	Check One		
		WK	MO	YR			WK	MO	YR
Salary	\$				\$				
Alimony/Child Support	\$				\$				
Pension Income	\$				\$				
Social Security Income	\$				\$				
Dependent SSI Income	\$				\$				
Disability Income	\$				\$				
Public Assistance	\$				\$				
Rental Income	\$				\$				
Seasonal Employment	\$				\$				
Other	\$				\$				

MORTGAGE ASSISTANCE Counseling PARTICIPANT PROFILE

SAVINGS/INVESTMENTS

How much money do you have to contribute to your delinquency (if applicable)? \$ _____

Type of Account	Name of Bank	Account Number	Approximate Balance	Applicant = A Co-Applicant = CA Joint = J
Checking				
Savings				
CD/Money Market				
Stocks/Bonds/Mutual				
Retirement Account				
Other				

ADDITIONAL INFORMATION

<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Education: <input type="checkbox"/> Below H. S. Diploma <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> H.S. Diploma or G.E.D. <input type="checkbox"/> Masters Degree <input type="checkbox"/> 2 Yr College/Trade School <input type="checkbox"/> Doctorate Degree	Education: <input type="checkbox"/> Below H. S. Diploma <input type="checkbox"/> Bachelors College <input type="checkbox"/> H.S. Diploma or G.E.D. <input type="checkbox"/> Masters Degree <input type="checkbox"/> 2 Yr College/ Trade School <input type="checkbox"/> Doctorate Degree
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi Racial <input type="checkbox"/> Hispanic (circle one) Puerto Rican / Cuban / Mexicano / Chicano Other Hispanic Latino Primary Language spoken: _____	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi Racial <input type="checkbox"/> Hispanic (circle one) Puerto Rican / Cuban / Mexicano / Chicano Other Hispanic Latino Primary Language spoken: _____
Foreign Born: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Born: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No

- Victim of Predatory Lending Practices? Yes No If yes, with whom? _____
 FHA or VA Insured Loan? Yes No If yes, with whom? _____
 Do you have a Fixed Mortgage? Yes No If yes, what's the interest rate? _____
 Do you have an Adjustable Rate Mortgage? Yes No If yes, when will it adjust? _____
 Do you have an Interest Only mortgage? Yes No
 When you applied for your Mortgage did you have: Full Documentation was required
 Low Documentation was required
 No Documentation was required
 Stated income Documentation only was required

List ALL names that appear on the deed: _____

Name of 1st Lender: _____ Account Number: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____ Ext: _____

MORTGAGE ASSISTANCE Counseling PARTICIPANT PROFILE

How many months past due? _____ Monthly payment: \$ _____

Do you receive fuel assistance? Yes No

Name of 2nd Lender: _____ Account Number _____

Phone Number: _____ Fax Number: _____

Contact Person: _____ Ext: _____

How many months past due? _____ Monthly payment: \$ _____

Have you been contacted by an attorney? _____ (yes or no) If yes, please complete the below

Attorneys Name: _____

Phone Number: _____ Fax Number _____

Est. Appraised value of home: \$ _____ How much do you owe? \$ _____

Briefly explain what caused you to become delinquent on your mortgage:

Has this issue been resolved? (yes or no) If no, explain below:

1-Did anyone contact you offering assistance to modify your mortgage, either directly by telephone, or by other means such as by mail or a flyer? Yes { } No { } 2-Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over the title of your property or stop making loan payments? Yes { } No { }

If you answered "yes" to either question 1 or 2 directly above, please provide us with brief details: _____

If you received written documentation relating to the above offers, please provide us with a copy.

CONFLICT OF INTEREST AND DISCLOSURES

NewVue Communities does not receive any fee for service from any financial institutions to which we may refer you. NewVue Communities does receive charitable contributions from some financial institutions. For a complete list of donors please visit our website at www.newvuecommunities.org.

You are in no way obligated to receive any services offered by NewVue Communities or any of our partners. The staff of NewVue Communities does not have any personal stake, financial or otherwise, in referring clients to any particular product or service.

AUTHORIZATIONS

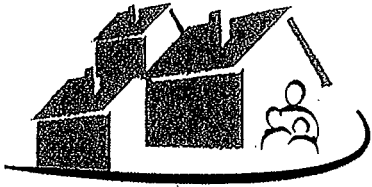
- I/We understand that NewVue Communities on behalf of the HomeOwnership Center of North Central Massachusetts (HomesNCM) provides foreclosure mitigation counseling after which I/we will receive a written action plan consisting of recommendations for handling my/our finances, possibly including referrals to other housing agencies as appropriate.
- I/We understand that NewVue Communities on behalf of HomesNCM receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and as such, is required to share some of my/our personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
- I/We give permission for NFMC program administrators and/or their agents to follow-up with me/us within the next three years for the purpose of program evaluation. This may include, but not limited to retrieving and reviewing client credit information and records, including credit reports, and to conduct follow-up interviews/communications with clients for program evaluation purposes. This may appear on your credit report as an inquiry.
- I/We understand that a photocopy of this authorization is as valid as the original.
- I/We also certify that I/we have received a copy of the Privacy Policy and Practices of NewVue Communities on behalf of HomesNCM.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____



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THIRD PARTY AUTHORIZATION

To: _____ Fax #: _____

RE: Account Number: _____

Borrower's Name(s): _____

Property Address: _____

AUTHORIZATION TO RELEASE INFORMATION

Dear Sir or Madam:

I am currently working with NewVue Communities. I hereby authorize you to release any and all information concerning my financial information to NewVue Communities at their request.

I further authorize you to discuss my personal information with Housing Counselors, Madeline Mendoza or Jacqueline Scribner employed by NewVue Communities.

You may release any additional information regarding my situation without further authorization from me.

Sincerely,

Borrower's Signature

Co-Borrower's Signature

Borrower's printed name

Co-Borrower's printed name

Last 4 digits of SS#: _____

Last 4 digits of SS# _____

Date: _____

Date: _____

Monthly Budget Worksheet

Homeowner Name(s):

Date:

Monthly Take Home Income

	Gross Income	Total Income	\$ -
Employment		Total Expenses	\$ -
Employment		Balance	\$ -
Rental Income (75% is counted for Gross)	\$ -		
Social Security/SSDI Benefits (x1.25% to get Gross)	\$ -		
Other			
Other			
Total	\$ -	\$ -	

Housing Expense

	Monthly Payment	Balance still owed	Current Y/N	Lender / Creditor Name	App/Co Joint
Mortgage #1					
Mortgage #2					
Taxes					
Mortgage Insurance					
Homeowner's association fees, dues, Condo fees					
Total	\$ -	\$ -			

Vehicle Information

	Monthly Payment	Balance still owed	Current Y/N	Condition	Yr/Make/Model of Vehicle	App/Co Joint
Car #1						
Car #2						
Total	\$ -	\$ -				

Credit Card Debt / Other Outstanding Loans

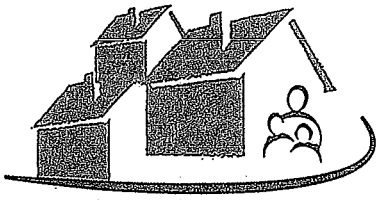
only accounts that have more than 10 pymts

	Monthly Payment	Balance still owed	Current Y/N	Type of Account	Creditor Name	App/Co Joint
Debt #1						
Debt #2						
Debt #3						
Debt #4						
Debt #5						

Debt #6					
Debt #7					
Debt #8					
Debt #9					
(Total)	\$ -	\$ -			

Monthly EXPENSES	Amount
MONTHLY UTILITIES	
Electricity	
Heating : Oil	
Water / Sewage / Garbage	
SUBTOTAL	\$ -
(FOOD)	
Groceries	
Food at Work	
School Lunches	
SUBTOTAL	\$ -
TRANSPORTATION	
Auto Insurance	
Gasoline	
Other: Explain	
SUBTOTAL	\$ -
PERSONAL	
Personal Items / Toiletries	
Barber / Beauty Shop	
Allowances for Children	
Child Care	
Alimony	
Child Support	
Tobacco	
Alcohol Beverages	
Pet Supplies/ Care	
Church Donations	
SUBTOTAL	\$ -
Other Expenses/Personal	\$ -

Monthly EXPENSES	Amount
INSURANCE	
Life Insurance	
Health Insurance - from Employer	
Other - Explain:	
SUBTOTAL	\$ -
MEDICAL	
Medication	
Office visit co-payments (Doctor: Chiro, Therapist, etc.)	
Dentist/ Orthodontist	
Other-Explain:	
SUBTOTAL	\$ -
EDUCATION	
School Fees/Books/Supplies	
Newspaper / Magazines	
Other-Explain:	
SUBTOTAL	\$ -
ENTERTAINMENT	
Movie Rental	
Cable TV/ internet	
Cell phone	
Athletic Events / Hobbies	
Eating out	
Vacation	
Other-Explain:	
SUBTOTAL	\$ -



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Borrower's Name: _____

Client/Counselor Contract

NewVue Communities and its counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

I/We, _____ agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will be on time for appointments and understand that if we are late more than 15 minutes, the appointment will be rescheduled for another time.
- I/We will call within 24 hours of a scheduled appointment if I/we will be unable to attend an appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We will submit requested information within 10 days of information being requested by the Counselor – If file becomes inactive due to incomplete information by me/us, it is our understanding that the file will also be considered inactive with NewVue Communities and will be suspended.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Homeowner

Date

Homeowner

Date

Counselor

Date

PRIVACY POLICY AND PRACTICES OF

NewVue Communities – Branch: HomeOwnership Center of North Central Massachusetts
470 Main Street, Fitchburg MA 01420

NewVue Communities — Branch: North Central Massachusetts NeighborWorks®

We at NewVue Communities - Branch: North Central Massachusetts NeighborWorks® HomeOwnership Center value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security *number* and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

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

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law. *Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.*

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

PRIVACY POLICY AND PRACTICES OF

NewVue Communities – Branch: HomeOwnership Center of North Central Massachusetts
470 Main Street, Fitchburg MA 01420

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

.....
PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

Box 1 - Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

Box 2 - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

If you have checked any of the boxes above, please mail this form in a stamped envelope to:

NewVue Communities
Branch: HomeOwnership Center of North Central Massachusetts
470 Main Street, Fitchburg MA 01420

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.