



990 James Street • Suite 100 • Syracuse, NY 13203
 (315) 474-1939 • Fax: (315) 474-0637
 www.homehq.org



Loan Information Packet

Name: _____	Date: _____
Co-Borrower: _____	Phone: _____
Address: _____	City: _____ State: _____
Social Security #: _____	Zip Code: _____
Social Security #: _____	Email: _____
Lender/Service: _____	Loan Number: _____

AUTHORIZATION TO SHARE INFORMATION

I/We here by authorize Home HeadQuarters Inc. (HHQ), its agent s or assi gnees to v erify m y/our pa st employment earnings, records, past and present employment status, ba nk accoun ts, obligati ons, an d all other financial ma tters tha t are needed to pr ocess m y/our a pplicati on. I au thori ze HHQ an d its a gents or assi gnees to discuss and negoti ate paym ent arrangem ents on m y beha lf. I furth er au thori ze HHQ, its a gents or assi gnees t o order a credit report and v erify other credit i nformati on, i ncludi ng past a nd present mortgages and cont ract-for-deed. I/We also au thori ze HHQ to exchange i nformati on wit h all perti nent parties, i ncludi ng Syracuse Uni ted Neighbors (SUN), the City of Syracuse, Syracuse Cooperati ve Feder al Credit Uni on, Northeast Hawley Dev elopm ent A ssociati on (NEHDA), Hi scock Legal Ai d Soci ety, Legal Services of Central New York, Syracuse Uni versity Consumer Law Cli nic and NeighborWorks® Data Collecti on System i n order to a ssist m e/us wi th the best plan to resolve m y/our i mmedi ate situati on. I au thori ze the exchange of i nformati on wi th any party li sted i n thi s au thori zati on to i nclude, but not li mited to i n person, vi a phone, vi a fax, vi a databa se, vi a reports, and vi a e mail. It i s understood tha t a p hotocopy of thi s form wi ll ser ve as au thori zati on. Thi s form wi ll be good for 12 months from the date of signa ture un less I noti fy HHQ i n writi ng pri or to the ex pi rati on peri od.

I/We commit to full disclosure of all relevant facts pertaining to my/our mortgage by providing complete and accurate information in order to expedite the negotiation process. Failure to do this may result in failed negotiations and your case may be dismissed.

Date: _____

Borrower

Co-Borrower



990 James Street • Suite 100 • Syracuse, NY 13203
 (315) 474-1939 • Fax: (315) 474-0637
 www.homehq.org



DISCLOSURE STATEMENT

Home HeadQuarters, Inc. is a private, not-for-profit 501(c)(3) organization established in 1996 to improve the quality of local housing and neighborhoods.

As such, Home HeadQuarters is dedicated to enhancing the quality of life for families in Central New York by providing services that help:

- People become first-time homebuyers
- Homeowners increase the value of their homes
- Strengthen neighborhoods
- Fill financial, housing and community development needs not met by the private sector

In order to fulfill its mission as stated above, and in addition to providing homeownership education and counseling services, Home HeadQuarters also offers the following programs (among others):

1. Lending Services

Home HeadQuarters provides an array of affordable home improvement loan and grant programs that assist homeowners to make home repairs and improvements.

2. Down Payment and Closing Cost Assistance Program

In addition to providing homeownership education and counseling services, Home HeadQuarters also administers a Down Payment & Closing Cost Assistance Program, which provides eligible homebuyers with up to \$3,000 in the form of a deferred loan for down payment and closing costs toward the purchase of a home.

3. Planning and Real Estate Development Services

Home HeadQuarters will occasionally acquire vacant properties and substantially rehabilitate them for sale to potential new low- and moderate-income homebuyers.

The purpose of this document is to inform Home HeadQuarters' housing counseling customers that they are under no obligation to utilize the other services described above in order to receive counseling.

I acknowledge that I have received a copy of Home HeadQuarters' Disclosure Statement and understand that I am under no obligation to utilize any of Home HeadQuarters' lending or down payment and closing cost assistance products or to purchase or rent a property owned by Home HeadQuarters in order to receive counseling.

I acknowledge that I have received a copy of Home HeadQuarters' Privacy Disclosure – 2009.

Customer Signature

Date

1. Do you live in the property? Yes No If yes, how long have you lived there? _____

2. Do you want to continue living in the home? Yes No

3. Is the above named lender/servicer trying to collect on a loan for another company/lender?

Yes No I don't know.

4. Who do you pay your mortgage to? _____ or

I don't know.

5. Who was your original lender? _____

6. When was the last time you spoke with the lender? _____

What did they say? _____

7. Do you have a contact person? Yes No

Name _____ Phone # _____

8. Is the property listed for sale? Yes No

If yes, listing agent's name _____ Contact # _____

9. Are property taxes and homeowners insurance included in the payment? Yes No

If no, are the taxes current? Yes No

10. Has your current mortgage company ever offered you a loan modification, repayment plan, forbearance agreement or any other type of workout plan? Yes No

11. Were you able to complete your repayment plan? Yes No

If not, why?

12. Do you have an adjustable rate mortgage? Yes No

If yes, has the rate already adjusted? Yes No

ABOUT YOUR CURRENT SITUATION

DATE OF LOAN: _____ TERM OF LOAN: _____ INTEREST RATE OR APR: _____

ORIGINAL LOAN AMOUNT: _____ MONTHLY PAYMENT AMOUNT: \$ _____

ARE YOU UP TO DATE ON YOUR LOAN? YES NO

MONTHS/DAYS LATE: _____ DELINQUENT AMOUNT: _____

How much can you afford to pay each month on your mortgage? \$ _____

Is your loan in foreclosure now? YES NO

Has a representative or attorney for your mortgage company sent a letter pertaining to foreclosure?

YES NO

If yes, please describe: _____

Have you received a Mortgage Foreclosure Summons and Complaint from the State of New York Supreme Court? YES NO

If yes, what is the filing date? _____

Have you filed an Answer to the Summons and Complaint? YES NO

Have you received a letter regarding a Settlement Conference?

When is your court date? _____

Are you currently involved in bankruptcy proceedings? YES NO

If yes, are you in a chapter: 7 11 13

Have you been able to save any money to put toward the mortgage? YES NO

If yes, how much and when would the money be available? \$ _____ DATE: _____

Monthly Expense Worksheet

Completed: _____

Name: _____

Loan #: _____

Living Expenses	Monthly Amount	Amount Delinquent
FIXED EXPENSES		
1 st Mortgage		
2 nd mortgage		
Property taxes (If not included)		
Homeowners Insurance (If not included)		
Heat and Electric		
Telephone (House)		
Cell Phone		
Water Bill		
Food and Groceries		
Automobile Payment 1		
Automobile Payment 2		
Gas for Vehicles		
Auto Insurance		
Bus Fare		
Child Care Costs		
Alimony/Child Support Payments		
Student Loans		
Chapter 13 Bankruptcy Payments		
Credit Card Total Payments		
Cable		
Internet		
Life Insurance		
Other		
Other		
VARIABLE EXPENSES		
Automobile Repairs/Expenses		
Medical Expenses		
Home Repairs and Maintenance		
Savings		
Work Related Food/ Expenses		
School Lunches		
Educational Expenses (Supplies, etc.)		
Club/Health Memberships		
Dry Cleaning and Laundry		
Household Cleaning Supplies		
Toiletries/Haircuts/Beauty		
Eating Out		
Entertainment		
Donations/Tithing		
Clothing		
Cigarettes/Alcohol/Gambling		
Allowances		
Pet Expenses		
Other		
Other		
TOTAL EXPENSES:		

Income:	
Borrower 1	
Borrower 2	
Rent	
Other	
Other	
Other	
Other	
TOTAL:	