



INDIANA FORECLOSURE PREVENTION NETWORK

COMMUNITY ACTION PROGRAM OF EVANSVILLE

Serving Gibson, Posey, Vanderburgh & Warrick Counties

27 Pasco Avenue

Evansville, IN 47713

(812) 425-4241

FORECLOSURE PREVENTION COUNSELING APPLICATION

Thank you for applying for loss mitigation/foreclosure prevention assistance. Please read the application carefully and supply all required information and documentation. Applications, which are incomplete, lacking documentation or are not signed and dated by each applicant, *may not be processed*.

SECTION I – PERSONAL INFORMATION

1. Applicant's Name _____

The jurisdiction in which you are a current legal resident:

____ Vanderburgh County/Evansville

____ Posey County/Mt. Vernon

____ Gibson County/Princeton

____ Warrick County/Newburgh
Boonville/Chandler

____ Other _____

Marital Status: ____ Married ____ Single ____ Divorced ____ Separated ____ Widowed

Highest Level of Education Completed: (Circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Are you a citizen of the United States? Yes ____ No *Date of Birth (mm/dd/yyyy) ____/____/____

Soc. Sec. # ____ - ____ - ____

Home Ph# (812) _____ Work Ph# (812) _____ Other Ph# (812) _____

Current Address _____, IN _____

Zip Code _____ How long at this address? _____ Years _____ Months

Are you a participant in a Housing Authority Self-Sufficiency program? _____ Yes _____ No



INDIANA FORECLOSURE PREVENTION NETWORK

SECTION I – PERSONAL INFORMATION

1. Co-Applicant's Name _____

The jurisdiction in which you are a current legal resident:

_____ Vanderburgh County/Evansville

_____ Posey County/Mt. Vernon

_____ Gibson County/Princeton

_____ Warrick County/Newburgh
Boonville/Chandler

_____ Other _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed

Highest Level of Education Completed: (Circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Are you a citizen of the United States? Yes _____ No

*Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Soc. Sec. # _____ - _____ - _____

Home Ph# (812) _____ Work Ph# (812) _____ Other Ph# (812) _____

Current Address _____, IN _____

Zip Code _____ How long at this address? _____ Years _____ Months

Are you a participant in a Housing Authority Self-Sufficiency program? _____ Yes _____ No

HOUSEHOLD STATUS

Please list all other household members

NAME	SS#	RELATIONSHIP TO APPLICANT	*DOB	*RACE	*SEX

(*) You are not required, but requested, to provide information on Date of Birth, Sex, and Race because HUD does require CAPE to provide this information for compliance reporting purposes.



SECTION II – WORK HISTORY

Applicant's Current _____

Address _____ Zip Code _____

Ph# (812) _____ Employment Dates (from mm/yyyy to mm/yyyy) _____

Job Title _____ Immediate Supervisor _____

Current Salary \$ _____ per _____ Week _____ Bi-Week _____ Month _____ Year

Co-Applicant's Current _____

Address _____ Zip Code _____

Ph# (812) _____ Employment Dates (from mm/yyyy to mm/yyyy) _____

Job Title _____ Immediate Supervisor _____

Salary \$ _____ per _____ Week _____ Bi-Week _____ Month _____ Year

Additional Income: List Income From Other Sources (SSI, Child Support, Alimony, Pensions, Social Security, Benefits, Awards, and any other interest bearing investment)

Source _____ Amount _____ Per _____

Source _____ Amount _____ Per _____

Source _____ Amount _____ Per _____

Source _____ Amount _____ Per _____

What are your options regarding your house?

- _____ Keep the home
- _____ Sell the home
- _____ Return the home to the lender

Have you receive a summons or court papers? _____
If so, did you receive by mail or hand delivery (Process Server/Sheriff) _____

Have you received a pre-suit letter?

_____ Yes _____ No

Have you received a settlement conference letter?

_____ Yes _____ No

If additional space is needed, please use the back of this form.



SECTION III – TIME OF MORTGAGE DELINQUENCY

- How many months are you delinquent? _____
- What was the date of the last mortgage payment issued? _____
- What is the mortgage payment amount? _____
- Are the property taxes and homeowners insurance included in the mortgage? _____
- Do you have a second or third mortgage on the property? _____
 - If so, how much is the monthly mortgage? _____
 - Are you delinquent with the additional mortgages? _____
- Do you have Private Mortgage Insurance (PMI)? _____
- Are you currently participating in a workout plan or option with the lender? _____
 - If so, what workout plan are you using?

(please circle below)

Loan Modification Repayment Plan Forbearance Plan Other: _____

- Are you currently working with another Housing Counseling Agency? _____
- Do you have any assets that can be applied to assist with your delinquency? _____

(please circle below)

• Whole Life Insurance - 401 (k) - IRA - Savings - Stocks/Bonds

Union Benefits - Insurance Settlement Payments - Other _____



SECTION IV –FEDERAL REPORTING

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity fair housing laws.

Applicant

Gender

Ethnicity: (Select only one)

Female

Hispanic or Latino

Male

Not Hispanic or Latino

Race: (Select one or more)

Veteran Status:

Black or African-American

Honorable Discharge

American Indian/Alaska Native

Dishonorable Discharge

Asian

General Discharge

White

Active

Native Hawaiian/Other Pacific

Not a veteran

Other (multi-racial) _____

Co-Applicant

Gender

Ethnicity: (Select only one)

Female

Hispanic or Latino

Male

Not Hispanic or Latino

Race: (Select one or more)

Veteran Status:

Black or African-American

Honorable Discharge

American Indian/Alaska Native

Dishonorable Discharge

Asian

General Discharge

White

Active

Native Hawaiian/Other Pacific

Not a veteran

Other (multi-racial) _____



SECTION V - APPLICANT CERTIFICATION

- I/We understand that Community Action Program of Evansville & Vanderburgh Co., Inc. (CAPE) provides foreclosure prevention counseling after which I/We will have received an action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
- I/We understand that CAPE may make follow-up contacts relating to the program evaluation and I/We have access to the organization's Confidentiality and Conflict of Interests Policies.
- I/We understand that CAPE receives funding through the Indiana Foreclosure Prevention Network (IFPN) program and as such is required to share some of my/our personal information with IFPN program administrators or their agents for purposes of program monitoring compliance and evaluation.
- I/We understand that the above information is being collected to determine my eligibility for the loss mitigation/foreclosure prevention counseling assistance.
- I/We certify that the above income and household composition is true and factual to the best of my knowledge and belief. I/We understand that by providing false information on income and family size will constitute a fraudulent action and is punishable by Federal law and this application may be denied.
- I/We understand that submitting this application does not obligate me/us in any way.
- I/We hereby authorize any credit reporting agency to release information to CAPE and/or any participating lender for the purpose of verification: information concerning employment history, criminal history, banking, landlord, mortgage or consumer loan rating and any other information deemed necessary in connection with a consumer credit report for a real estate transaction. This information will be kept confidential.
- I/We give permission of CAPE and/or IFPN partners and program administrators and/or their agents to follow-up with me/us between now and completion of services.

Check here to decline provision to have IFPN follow-up with your household.

- I/We do do not intend to occupy the property as my/our primary residence.

Applicant's Signature _____ **Date** _____

Co-Applicant's Signature _____ **Date** _____

Housing Intake Counselor Signature _____ **Date** _____

For office use only.

Received by _____ Date received in office _____
Foreclosure Prevention Counselor

Counseling interview scheduled _____ Yes _____ No; If yes, when _____

Customer ID# : _____ Number of intake hours: _____

Household Income: less than 50% AMI 50-59% AMI 60-69% AMI 70-79% AMI
 80-89% AMI 90-100% AMI over 100% AMI



Community Action Program of Evansville Foreclosure Prevention Counseling
27 Pasco Avenue Evansville, IN 47713
(812) 425-4241
Release of Information Authorization Form

Community Action Program of Evansville& Vanderburgh County Inc.
 (Organization Name)

Purpose: Your signature on this Program Eligibility Release form and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the :

CAPE Foreclosure Prevention/Loss Mitigation Counseling Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in the Loss Mitigation Counseling and the amount assistance necessary using program funds (if applicable). This information will be used to establish level of benefit on the program; to protect the government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state and local agencies when relevant to civil, criminal or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a Loss Mitigation Counseling Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

Information Covered: Inquiries may be made about items initialed by applicant (s)

Authorization: I authorize the above named organization to obtain information about me and my household that is pertinent to eligibility for participation in the **CAPE Loss Mitigation Counseling Program**.

I acknowledge that:

- 1). A photocopy of this form is valid as the original
- 2). I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- 3). I have the right to copy information from this file and to request correction of information I believe inaccurate
- 4). All adult household members will sign this form and cooperate with the owner in this process.

	Verification Required	Adult Initials
Income (all sources)		
Payment History	X	
Judgment/Foreclosure Status	X	
Account History	X	
Any necessary information regarding customer account.	X	

Applicant-Signature, Printed Name, & Date X	Co-Applicant-Signature, Printed Name, & Date: X
CAPE Representative Signature, Printed Name, & Title	Date:
HUD Certified Housing/Foreclosure Prevention Counselor	



**INFORMED CONSENT TO THE LIMITED RELEASE
OF CONFIDENTIAL INFORMATION**

**To: Community Action Program of Evansville
& Vanderburgh Co., Inc. (CAPE)
Corporate Headquarters
27 Pasco Avenue
Evansville, IN 47713
(812) 425-4241**

In order for the Community Action Program of Evansville & Vanderburgh Co., Inc. (CAPE) to provide me with foreclosure prevention counseling through the Indiana Foreclosure Prevention Network (IFPN) program, I authorize and consent to the release of my personal information, even that of a confidential nature, to Indiana Housing and Community Development Authority (IHCDA) Indiana Association for Community & Economic Development (IACED) and Momentive Consumer Credit Counseling Service.

Such information includes, but is not limited to, my Social Security Number, individual tax identification number, date of birth, familial status, demographic information, financial data, counselor’s notes, reports, records, memoranda, correspondence, and any other information relating to my participation in the IFPN program.

It is my understanding that release of this information by CAPE is necessary for purposes of complying with the reporting and record-keeping requirements of the IFPN program, and I authorize its release for that purpose.

I further understand that the Community Action Program of Evansville & Vanderburgh Co., Inc. (CAPE), as a participating organization in the IFPN, may apply for and receive financial compensation from IHCDA for the services provided to me, and I hereby grant my informed consent to such compensation.

Dated: _____

X _____
Applicant Signature

X _____
Co-Applicant Signature

X _____
Printed Name

X _____
Printed Name

Prepared by:
Community Action Program of Evansville & Vanderburgh Co., Inc.
Corporate Headquarters
27 Pasco Avenue
Evansville, IN 47713
(812) 425-4241



**SCOPE OF SERVICES
NOTICE, RELEASE AND ACKNOWLEDGEMENT**

The information, counseling and guidance provided by the Indiana Foreclosure Prevention Network (“IFPN”), either through its educational materials or by its counselors, should not be considered legal advice to any particular person. By signing below, you acknowledge your understanding that each person’s circumstances are unique. You further acknowledge that your issues must be evaluated thoroughly and individually by competent legal counsel before you can reasonably believe you have received legal advice.

Although the information and counseling being provided by IFPN and its Network Agencies is free of charge to clients, the participating agencies may receive compensation from IFPN for their services. If the counselor receives compensation for assisting you from any other source, the counselor must tell you. You are encouraged to ask questions about anything you do not understand regarding the IFPN, including the scope of services being provided by its counselors. You are also encouraged to consult competent legal and financial counsel before taking any action in reliance upon any information being provided through the IFPN.

You may terminate your participation in the IFPN at any time by notifying your counselor of your desire to end the counseling. Under certain circumstances, the IFPN counselor may terminate your participation for other reasons, as described in the attached Termination Form. Whenever such termination occurs, you will be asked to sign a completed Termination Form, indicating the reason for termination, and return it to your IFPN counselor.

Your signature below constitutes your release of the IFPN, its Network Agencies and counselors, and their respective officers, agents, and employees (collectively, the “Released Parties”), from any and all claims, demands, actions, and causes of action, for, upon, or by reason of any damages, losses, injuries, or expenses, which you may have sustained as a result of the services rendered by the Released Parties to assist in preventing the foreclosure on your residence.

By signing below, I hereby acknowledge having received this Notice regarding the scope of IFPN services being provided, the circumstances under which services may be terminated, and have agreed to the release and to ask questions if I do not understand the limited nature of these services.

X

Applicant Signature

X

Co-Applicant Signature

Printed Name

Printed Name

Date

Date



(Please only provide name & signature at the bottom of page)

Community Action Program of Evansville Foreclosure Prevention Counseling



ACKNOWLEDGEMENT OF REFERRAL

The Indiana Foreclosure Prevention Network (“IFPN”) and its counselors provide information and guidance to homeowners who are experiencing mortgage default and facing potential foreclosure. The intent of the IFPN is to help such homeowners understand the options available to them that may prevent the loss of their home. Persons contacting the IFPN who do not need this type of assistance may be referred to other service providers.

By signing below, I acknowledge that I have contacted the IFPN and was provided a referral to another service provider to assist me with my non-foreclosure related issues. I further acknowledge that I was provided an opportunity to question the IFPN counselor regarding anything I did not understand about this referral.

I understand that this referral

- terminates does not terminate

my participation with the IFPN.

By signing below, I hereby acknowledge that I was provided information about and a referral to other service providers to assist me with my non-foreclosure issues, and that this

- ends does not end

my participation in the IFPN.

X

Applicant Signature

X

Co-Applicant Signature

Printed Name

Printed Name

Date

Date



(Please only provide name & signature at the bottom of page)

Community Action Program of Evansville Foreclosure Prevention Counseling



Termination of Services

Applicant Name: _____

Co-Applicant Name: _____

HCO Case #: _____

The Indiana Foreclosure Prevention Network Counseling services being provided to the above referenced client have been terminated for the following reason(s):

- Counselor has made three attempts to contact the client, issued an “Unable to Reach” letter, and has not heard back from the client within 31 days of the date the letter was issued;
- Client has met his or her housing needs and/or has resolved his/her housing problems;
- Counselor has determined that further counseling will not meet the client's housing needs or resolve the client's housing problems;
- Client has terminated the counseling without resolving his/her housing problems;
- Client has not followed the agreed-upon counseling and workout plan; or
- Client has repeatedly failed to appear for counseling appointments.

For all terminations, the counselor should try to obtain the client’s signature. If the client’s signature cannot be obtained, the counselor should have a witness from the Network Agency sign below.

Applicant Signature

Counselor Signature

Printed Name

Counselor Printed Name

Co-Applicant Signature

Date

Co-Applicant Printed Name

Witness Signature (if needed)

Date

Witness Printed Name (if needed)



Community Action Program of Evansville Foreclosure Prevention Counseling



Household Crisis Budget

List monthly income from the following:	Amount:
Employment	
Self Employment	
Social Security Income	
Supplemental Security Income (SSI)	
Veterans Administration Pension	
Pension, Retirement, Disability Insurance Payments or Death Benefits	
Unemployment Compensations, Workman's Compensation, Severance Pay	
Alimony and/or Child Support	
Government Assistance (TANF, Food Stamps, etc.)	
Investment Income	
Other: _____	
Other: _____	
Other: _____	
TOTAL HOUSEHOLD INCOME:	

List monthly expenses from the following:	Amount:
Mortgage (1 st Mortgage)	
Mortgage (2 nd Mortgage)	
Homeowner's Association Fees	
Property Taxes	
Homeowners Insurance	
Utilities (gas/electric/water/sewage/trash)	
Phone (cellular and/or landline)	
Food/Groceries	
Household Supplies/Toiletries	
Telecom (cable/internet/phone if bundled)	
Credit Cards	
Personal loans	
Auto Payments	
Auto Insurance	
Gasoline/oil/auto maintenance	
Medical Insurance	
Medical Bills	
Prescriptions/Office Visit Co-Payments	
Alimony/Child Support	
Daycare	
Student Loans/Tuition Fees	
TOTAL HOUSEHOLD EXPENSES:	

Applicant Signature

Date

Co-Applicant Signature

Date