



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

2. 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 –Employer _____

Address _____ State IN Zip Code _____

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

Job Title _____ Immediate Supervisor _____

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

Co-Applicant’s Current –Employer _____

Address _____ State IN Zip Code _____

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

Job Title _____ Immediate Supervisor _____

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

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

Source _____ Amount \$ _____ Per _____

Source _____ Amount \$ _____ Per _____

Source _____ Amount \$ _____ Per _____

Source _____ Amount \$ _____ Per _____

Do you receive assistance from TANF, Food Stamps and/or Medical insurance from the State of Indiana? If so, please provide your case# _____

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? _____
 - What are the names of the lenders of 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 _____

- What is the name of your current mortgage lender? _____

- What is the current loan number? _____



COMMUNITY ACTION PROGRAM OF EVANSVILLE

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27 Pasco Avenue

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(812) 425-4241

ACTION PLAN- Part I

HOME BUYER

NAME(S): _____

PROPERTY

ADDRESS: _____

TELEPHONE NUMBER: _____

LENDER NAME: _____

LOAN NUMBER: _____

WHAT IS YOUR PLAN REGARDING THE HOME?

PLEASE REVIEW AND CHECK ONE OF THE FOLLOWING.

_____ **TO KEEP YOUR HOME**

_____ **TO SELL YOUR HOME**

_____ **ASSUMPTION**
(A CREDITWORTHY QUALIFIED PERSON TAKING OVER MORTGAGE PAYMENTS)

_____ **DEED IN LIEU**
(DEEDPROPERTY TO LENDER WITH THE POSSIBLITY OF RECEIVING RELOCATION FEES)

_____ **OTHER – PLEASE EXPLAIN** _____

(see next page for Action Plan Agreement continuance.)



ACTION PLAN- Part II

Homebuyer (s) Action Plan Agreement:

- I, agree to furnish the necessary documents to allow CAPE to assist my household with applying for a workout option that will best fit my household.
- I, agree to complete the intake application in its entirety and provide signatures on the pages requested.
- I, agree to notify CAPE of any scheduled Settlement Conferences and/or meetings with my lender and their representatives.
- I, agree to provide CAPE with updated information (income, bank statements, etc.) to add to case file when the lender requests such information.
- I, agree to provide CAPE with any updated written or verbal correspondence received from the lender. This includes possible workout option documents issued to the homebuyer by the lender.
- I, agree to contact the lender on a regular schedule to obtain status update of workout option application and inform CAPE of that status.

CAPE's Action Plan Agreement:

- CAPE agrees to assist Homebuyer with completing and delivering a workout option application for the lender.
- CAPE agrees to schedule the Homebuyer for the next available Group Foreclosure Prevention Meeting, once all documents have been received by CAPE.
- CAPE agrees to be available for scheduled Settlement Conferences and meetings via telephone or face-to-face, pending the schedule of Housing Counseling staff.
- CAPE agrees to assist the Homebuyer with the review of workout option documents.

Borrower Signature: _____

Date: _____

Co-Borrower Signature: _____

Date: _____

Counselor Signature _____

Date: _____

HUD-Certified Foreclosure Prevention Counselor: _____

Printed Name



Foreclosure Prevention Assistance Program Documentation

Borrower: _____

Co-Borrower: _____

Please submit copies of the following documents:

Identification Information:

- Picture Identification – All Adults
- Social Security Cards
- Birth Certificates

Income Verification: (all household members over 18 years of age)

- Most recent check stubs within the past sixty (60) days
- Documentation of other sources of income (child support, TANF, Social Security, SSI, Veterans Benefits, Pensions, unemployment benefits etc.)
- Most recent bank statements for two months
- 12 month wage statement print-out from Work One (verification of quarters worked)
- Last 2 years of full tax returns (state & federal w/ W2s) (lender will require the information)

Brief description for the cause of mortgage delinquency

- Decrease of income documentation
- Legal separation or divorce documentation
- Documentation of accident or disability
- Documentation of medical emergency
- Death certificate of deceased member responsible for mortgage
- List of household income and expenses documentation
- Credit reports/score (can obtain free at www.annualcreditreport.com)
- Draft hardship letter/cause for mortgage delinquency

Bank Information:

- Correspondence from bank/mortgage regarding delinquency.
- Correspondence from Sheriff or other law enforcement entity regarding potential foreclosure proceedings.
- Court summons and/or legal documents
- Pre-Suit Letter
- Settlement Conference Letter
- All closing documents (Good Faith/Truth-In-Lending/HUD 1 Settlement Statement/Appraisal/Home Inspection/Mortgage Application)
- Receipts for any payments made on behalf of household.
- Mortgage statements
- Blank workout forms from lender

Borrower Signature Date

Co-Borrower Signature Date



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)	X	
Payment History	X	
Judgment/Foreclosure Status	X	
Account History	X	
Any necessary information regarding customer account.	X	

Head of Household-Signature, Printed Name, & Date: Family Member HEAD - X _____ Date:	Other Adult Member of Household-Signature, Printed Name, & Date: Family Member#2 X _____ Date:
Customer Account/Mortgage Loan Number: _____	Property Address: _____
Other Adult Member of Household-Signature, Printed Name, & Date: Family Member#3	Other Adult Member of Household-Signature, Printed Name, & Date: Family Member#4
CAPE Representative Signature, Printed Name, & Title Tehiji G. Crenshaw, HUD Certified Housing Counselor/ Foreclosure Prevention Counselor/Specialist	Date: _____

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

Community Action Program of Evansville Foreclosure Prevention Counseling



INDIANA FORECLOSURE PREVENTION NETWORK

**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: _____

Loan/Account Number: _____

X _____
Applicant Signature

X _____
Co-Applicant Signature

X _____
Printed Name

X _____
Printed Name

Property Address:

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



(Please only provide name & signature at the bottom of page)
Community Action Program of Evansville Foreclosure Prevention Counseling



DATE: _____
 TO (Mortgage company name & address): _____

RE: Account Number: _____
 Last 4 Digits of Borrower's Social Security Number: _____
 Borrower's Property Address: _____

Dear Sir or Madam:

I am working with a counseling agency with the Indiana Foreclosure Prevention Network on a plan to resolve my mortgage delinquency. I also may seek an attorney to assist in this process. In order for the Counseling Agency and attorney to assist, they will need access to my account records. Therefore, I hereby grant permission for you, your staff and your custodian of records (a) to release to and provide to the individuals listed below or I any other individuals in which I notify you by letter, e-mail or facsimile is representing me, with any and all information concerning the above-referenced account number, and (b) to discuss and answer any questions regarding this account with the Counseling Agency and attorney. This permission begins as of the date of listed on the top of this request and expires one-year from that date.

Counseling Agency Name: Community Action Program of Evansville (CAPE)
 Authorized Counselors at Counseling Agency: _____

Authorized Attorney: _____

In conjunction with this authorization, please deliver the information requested on the enclosed statement, to the Counseling Agency at the facsimile number indicated on such statement, and no later than the date indicated on such statement.

You may release additional information to them in the future without further authorization. However, I reserve the right to revoke this letter of instruction by a subsequent writing to you at any time. I acknowledge that a signed copy of this letter is as valid as the original. Thank you for your prompt handling of this request. If you have any questions, please feel free to contact me.

Sincerely,

Signature: _____

Signature: _____

Printed: _____

Printed: _____

Borrower

Co-Borrower



**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 complete the highlighted areas)

Community Action Program of Evansville Foreclosure Prevention Counseling



CLIENT AFFIDAVIT OF ELIGIBILITY

THERE ARE IMPORTANT LEGAL CONSEQUENCES TO THIS LEGAL AFFIDAVIT:
READ IT CAREFULLY BEFORE SIGNING

I, the undersigned, being duly sworn state the following:

1. All information which I provide the Indiana Foreclosure Prevention Network, any Network Agency, 877-GET-HOPE operators, or any counselors (“Released Parties”) about myself, my mortgage and my finances will be true, correct and complete to the best of my knowledge. I understand that not only does the Counselor’s ability to assist me with my foreclosure prevention needs depend on the truth of the information which I provide to him/her, but that I may be turned over to the authorities for providing fraudulent information. I agree to be responsible for any consequences suffered by the Released Parties as a result of my failure to provide true, correct and complete information, including any monetary damages suffered.

[Please mark only one of the two lines below:]

2. I am currently being assisted by a Counselor or have been in the past year. The name of the Counselor is _____. My last contact with the Counselor was on _____.

[OR]

3. I am not currently being assisted by a Counselor, nor have I been for the past year.

I acknowledge and understand that this Affidavit will be relied on for purposes of determining my eligibility for the Program. This Affidavit and statements made in it are made under penalty of perjury, and are true, accurate and complete. A fraudulent statement made in this Affidavit may constitute a federal violation punishable by a fine of \$10,000.00 and any other criminal penalty imposed by law.

Date: _____

Borrower Signature _____

Date: _____

Co- Borrower Signature _____



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

Community Action Program of Evansville Foreclosure Prevention Counseling



INDIANA FORECLOSURE PREVENTION NETWORK

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 top and 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.

X

Applicant Signature

Counselor Signature

X

Printed Name

Counselor Printed Name

X

Co-Applicant Signature

Date

X

Co-Applicant Printed Name

Witness Signature (if needed)

Date

Witness Printed Name (if needed)



Community Action Program of Evansville Foreclosure Prevention Counseling



INDIANA FORECLOSURE PREVENTION NETWORK

Household Crisis Budget

Table with 2 columns: List monthly income from the following, Amount. Rows include 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, and three Other rows.

Table with 2 columns: List monthly expenses from the following, Amount. Rows include Mortgage (1st Mortgage), Mortgage (2nd 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, and TOTAL HOUSEHOLD EXPENSES.

Applicant Signature Date

Co-Applicant Signature Date



Community Action Program of Evansville Foreclosure Prevention Counseling



LETTER OF EXCLUSIVITY

**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 will not receive assistance from any other foreclosure prevention counseling agency.

It is to my understanding that receiving assistance from another agency will nullify my agreement with CAPE. This action will prevent CAPE from giving me assistance with foreclosure prevention.

I also understand that while participating in CAPE’s foreclosure prevention counseling, I must inform CAPE of any correspondence and/or communication (such as work out plans, trial or permanent modifications, letters or telephone calls) that I have with my lender, lender’s attorneys or the courts. I must report all actions until my foreclosure prevention counseling has been considered resolved by CAPE’s senior HUD-certified foreclosure prevention counselor.

I verify by signing this letter that I am not receiving assistance from any other counseling agency than CAPE. I am working exclusively with the Community Action Program of Evansville & Vanderburgh Co., Inc. (CAPE) and will abide by its correspondence guidelines.

Date: _____

X _____
Applicant Signature

X _____
Co-Applicant Signature

X _____
Printed Name

X _____
Printed Name

I/We understand that by providing false information will constitute a fraudulent action and is punishable by Federal law and this application may be denied.

Prepared by:
Community Action Program of Evansville & Vanderburgh Co., Inc.
Corporate Headquarters
27 Pasco Avenue
Evansville, IN 47713

Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

Borrower	Co-Borrower
<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion	<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

Borrower Signature

Date

Co-Borrower Signature

Date