



Dear Homeowner,

I'm so glad you took that tough first step and contacted us about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation.

Please complete the attached documents as thoroughly as possible to assist us in providing you with the most effective and efficient service. This information is the key element of resolving your financial situation. If there are questions or information you don't understand, that's okay, do your best with it and we will go through all of it together at your scheduled appointment.

You will find there is an emphasis on being truthful. We can't help with a resolution unless we have a complete and accurate picture of your situation. A plan based on only part of your information is certain to fail.

There are some specific documents you will need to locate and bring to your appointment:

- Copy of your mortgage/deed of trust
- Copy of your note
- Any correspondence from the mortgage company or its attorney, even if it's unopened
- Any documentation from the courts or the sheriff regarding a foreclosure
- Most recent pay stubs for all employment
- Last two months of all bank statements
- Most recent bills and statements for all expenses
- Last two year's tax return

Our first appointment will last an hour and a half. Please arrive on time. Many other families are in the same position as you and the demand for our services is high. We often have appointments back to back. If you arrive late, I will only be able to work with you for the remaining time of your appointment.

You can reach me at (605) 578-1401 or theresa@nhsbh.org or josh@nhsbh.org.

You have taken the first step to resolving your situation. I look forward to working with you.

Sincerely,

Theresa Reed
Loan Counselor

Client/Counselor Contract

Neighborhood Housing Services of the Black Hills, Inc. 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 for an appointment, the appointment will still end at the scheduled time.

I/We will call within 6 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 understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Homeowner

Date

Homeowner

Date

Homeowner

Date

Counselor

Date

Counselor

Date

Neighborhood Housing Services of the Black Hills
795 Main Street
Deadwood, SD 57732
AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____
Account or Individual's Name

I have applied for or obtained a loan or grant from Neighborhood Housing Services of the Black Hills (NHS). As part of the process, NHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to NHS for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references.
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize NHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., NHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to NHS without further notice or authorization, but will not be disclosed or released by NHS to another agency or department or used for another purpose without my consent except as required or permitted by law.

The information NHS obtains is only to be used in the processing of my request for assistance.

A copy of this authorization may be accepted as an original.

Signature

Date

Signature

Date

NHS is an Equal Opportunity Lender

Foreclosure Intervention Counselor Checklist

Customer(s) Name: _____

Counselor: _____

<i>ACTION</i>	<i>DATE</i>	<i>COMMENTS</i>
File opened		
Initial Interview		
Delinquency status		
Foreclosure Status (if in foreclosure or pending)		
Sale Date		
Other Dates or Deadlines		
Home owner information completed		
Release form signed		
Servicer information requested		
Servicer information received		
Monthly spending plan completed		
Pay stubs received		
Supporting documentation requested		
Supporting documentation received		
Counseling options completed		
Home owner action plan completed		
Hardship letter written		
Workout package completed		
Workout package sent		
Initial response from Servicer		
Additional information sent to Servicer		
Final response received from Servicer		
Workout papers signed and sent		
Follow up with customer		

PROPERTY INFORMATION

Type of Property

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single Family detached | <input type="checkbox"/> 2-4 Unit | <input type="checkbox"/> Townhouse |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Other | | |

Condition of Home

- Excellent Good Fair Poor

Age of Home

Date Purchased

Tax Assessed Value

\$ _____

Currently for Sale?

- Yes No

List Price

\$ _____

Real estate agent

Phone number

Length of time on market

HOME OWNER INFORMATION

Referral Source _____

Date _____ Housing Counselor _____

Customer (A) _____

Customer (B) _____

Address _____

City _____ State _____ Zip Code _____

Property Address (if different) _____

Purchased Home Date _____ Home Phone _____

Work Phone (A) _____ Work Phone (B) _____

Cell Phone (A) _____ Cell Phone (B) _____

Email Address (A) _____ Email Address (B) _____

Number of Adults Over 18 _____ Number of Children _____ Ages _____

Customer (A) SSN _____ Customer (B) SSN _____

Customer (A) DOB _____ Customer (B) DOB _____

Customer (A) Ethnicity _____ Customer (B) Ethnicity _____

Customer (A) Employer _____ Title _____ How long? _____

Customer (B) Employer _____ Title _____ How long? _____

Customer (A) Gross Monthly Income(s) \$ _____ Net Monthly Income \$ _____

Customer (B) Gross Monthly Income(s) \$ _____ Net Monthly Income \$ _____

<u>Other Household Income</u>	<u>Amount per Month</u>
Social Security/SSI/SSDI	\$
Child or Spousal Support	\$
Unemployment Compensation	\$
Workers Disability Compensation	\$
Veterans Benefits	\$
Rental Property Income	\$
Children's Wages	\$
Food Stamps	\$
MFIP	\$
Child Care Assistance	\$
Housing Assistance	\$
TOTAL HOUSEHOLD INCOME	\$

1ST MORTGAGE COMPANY

Name: _____

Normal monthly payment: \$ _____

Last month a payment was sent and accepted: _____

Total amount outstanding: \$ _____

TYPE OF LOAN: (Please check all that apply)

_____ FHA _____ VA _____ Rural Development

_____ Assumed _____ Contract for Deed

_____ Insured Conventional _____ Uninsured Conventional

_____ Mobile Home Loan (Age of home: _____)

TERMS OF LOAN: _____ Fixed Rate _____ Adjustable Rate

_____ 30 Year Mtg. _____ 15 Year Mtg.

_____ Other: _____

Are Taxes and Insurance included in your mortgage payment? _____ Yes _____ No

If NO: Are your Taxes current? _____ Yes _____ No

Is your Insurance current? _____ Yes _____ No

2ND MORTGAGE COMPANY

Name: _____

Normal monthly payment: \$ _____

Last month a payment was sent and accepted: _____

Total amount outstanding: \$ _____

ASSOCIATION DUES OR 3RD MORTGAGE

Name: _____

Normal monthly payment: \$ _____

Last month a payment was sent and accepted: _____

Total amount outstanding: \$ _____

MONTHLY SPENDING PLAN

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Fixed Expenses				
Housing				
Mortgage(s)				
HOA				
Gas				
Electricity				
Telephone: Land Line				
Telephone: Cell				
Other:				
Transportation				
Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Other:				
Insurance				
Health (<i>medical and dental, if not payroll deducted</i>)				
Life				
Disability				
Other:				
Childcare				
Childcare or Babysitters				
Child Support or Alimony				
Fixed Expenses Sub-Total				
Periodic Fixed Expenses (Divide annual payment by 12)				
Housing				
Homeowners Insurance (<i>if not in mortgage payment</i>)				
Taxes (<i>if not in mortgage payment</i>)				
Water or Sewage				
Trash Service				
Other:				
Transportation				
Car Insurance				
Car Inspection				
Car Repairs and Maintenance				
License Plates and Registration Fees				
Other:				
Periodic Fixed Expenses Sub-Total				
Flexible Expenses				
Food				
Groceries				
School Lunches				
Work-Related (<i>lunches and snacks</i>)				
Other:				
Housing				
Home Maintenance				
Furnishings				
Cleaning Supplies				
Lawn Care				
Other:				
Medical				
Doctor				
Dentist				
Prescriptions				
Other:				
Savings				
Savings Account				
College Funds				
Emergency Fund				

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Flexible Expenses (Continued)				
Clothing				
Clothing				
Laundry and Dry Cleaning				
Other:				
Education				
Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons (<i>sports, dance, music</i>)				
Other:				
Donations				
Religious or Charity				
Other (<i>if not payroll deducted</i>):				
Gifts				
Birthdays				
Major Holidays				
Other:				
Personal				
Barber or Beauty Shop				
Toiletries				
Children's Allowances				
Tobacco Products				
Beer, Wine, Liquor				
Other:				
Entertainment				
Movies, Sporting Events, Concerts, Theater, Etc.				
Video Rentals				
Internet Service				
Cable/Satellite TV				
Restaurants and Take-Out Meals				
Gambling or Lottery Tickets				
Fitness or Social Clubs				
Vacations/Trips				
Hobbies or Crafts				
Other:				
Miscellaneous				
Checking Account Fees, Money Order Fees, Etc.				
Pet Care or Supplies				
Postage				
Pictures and Photo Processing				
Other:				
Flexible Expenses Sub-Total				

Monthly Debts				
Student Loan				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Medical Bills				
Personal Loan				
Payday Loan(s)				
Rent to Own Contract				
Income Tax Payment Plan				
Other:				
Other:				
Monthly Debts Sub-Total				

Household Assets:

Description	Value / Amount	Amount owed (if any)
Automobile #1		
Automobile #2		
Automobile #3		
Cash on Hand over \$100		
Checking Account		
Savings Account		
Boats / Wet bikes		
Money Market Funds		
Computers		
RV / Recreational Homes		
IRA / Koegh Accounts		
Motorcycles / Snowmobiles		
Stocks / Bonds / CDs / Annuities / Etc.		
Farm Equipment		
Other property		
Trailers		
Other: _____		
Anticipated Tax Refunds		

Please read carefully: As Head of Household, I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.

Signature

Date

Signature

Date

Home Owner Action Plan

Is the default curable? _____ Yes _____ No

Describe what caused your Situation: _____

What have you done to fix your Financial Situation?

Action Date: _____ / _____ / _____

Enroll in Living Within Your Means

_____ / _____ / _____

Options Available to Home Owner: _____

Home Owner Action Steps: _____

What alternatives have been discussed? _____

GOAL: _____

Information Request for Loan Servicer from Housing Counselor

Borrower(s) _____
Loan #: _____
Address _____

Pursuant to the attached authorization by the borrower(s), please supply the following information about the above referenced account. The information will be used to help the borrower propose a loss mitigation plan, if possible.

Mortgage Investor: _____
Investor Loan #: _____
Mortgage Insurance
Company: _____

Loan Payment Info:

Current Interest Rate: _____ %
Monthly Principal & Interest Payment: _____
Monthly Escrow payment: _____
Total Monthly Mortgage Payment: _____

Amount of Arrears:

Due For (Earliest unpaid installment): _____
Late Charges Due: _____
Foreclosure Fees & Costs Due: _____
Other Unpaid Charges: _____
Balance in Suspense Account: _____
TOTAL ARREARS (as of _____) \$ _____

Total Balance Due on Loan:

Unpaid Principal Balance: _____
Past Due Interest: _____
Unpaid Escrow: _____
TOTAL AMOUNT DUE ON LOAN (PAY-OFF) (as of _____) \$ _____
Per Diem Interest: _____

Date of Most Recent BPO / Appraisal: _____

Value: _____

Other Comments: _____

FORECLOSURE STATUS: _____

SALE DATE (IF SCHEDULED): _____

Qualified Written Request Under RESPA by Borrower

Name of Borrower(s))

Address of Borrower(s))

Date: _____

VIA CERTIFIED MAIL

(Name of Servicer)

(Address of Servicer)

Attn: Mortgage Loan Accounting Department
Re: Loan # _____

Dear Sir or Madam:

You are the servicer of our mortgage loan at the above address. We dispute the amount that is owed according to the Monthly Billing Statement and request that you send us information about the fees, costs and escrow accounting on our loan. This is a "qualified written request" pursuant to the Real Estate Settlement and Procedures Act (12 U.S.C. Sec. 2605(e)).

Specifically, we are requesting an itemization of the following:

- a complete payment history, including but not limited to the dates and amounts of all the payments we have made on the loan to date;
- a breakdown of the amount of claimed arrears or delinquencies;
- an explanation of how the amount due on the Monthly Billing Statement (\$_____) was calculated and a explanation of why this amount was increased to \$_____ on _____ (date);
- the payment dates, purpose of payment and recipient of any and all foreclosure fees and costs that have been charged to our account;
- the payment dates, purpose of payment and recipient of all escrow items charged to our account since you took over the servicing;
- a breakdown of the current escrow charge showing how it is calculated and the reasons for any increase within the last 24r months; and
- a copy of any annual escrow statements and notices of a shortage, deficiency or surplus, sent to us within the last three years.

Thank you for taking the time to acknowledge and answer this request as required by the Real Estate Settlement and Procedures Act.

Very truly yours,

Confidential Release/Applicant Statement

I hereby authorize Neighborhood Housing Services of the Black Hills, Inc. to share information concerning myself and my family with the following agencies, which are checked below. I understand that this is for the express purpose of evaluation of my request for services and to identify with other possible resources. All information released or acquired will be treated as confidential.

- _____ Homebuyer Education Resource Organization (HERO)
- _____ Housing and Urban Development (HUD)
- _____ Rural Development
- _____ South Dakota Housing Development Authority (SDHDA)
- _____ Federal Home Loan Bank (FHLB)

I also hereby state and affirm that the information I have provided to Neighborhood Housing Services of the Black Hills, Inc; its staff or representative, is true and correct to the best of my knowledge. I acknowledge that any misinformation that I knowingly provide may result in my request for housing and/or financial assistance being denied presently and in the future. I understand that Neighborhood Housing Services of the Black Hills, Inc. resources including affordable housing may be available to me, but I am under no obligation to utilize these services.

Client: _____

Date: _____

Client: _____

Date: _____