



*Strengthening Homes,  
Communities  
and Lives*

[www.rupco.org](http://www.rupco.org)

Dear Homeowner,

Thank you for your interest in our foreclosure prevention program (or other program). We understand that this is a difficult time for your household and we are here to help. Our services are free and our certified foreclosure prevention counselors can review your individual situation and provide guidance, options and support. In order to be able to assess your circumstances and serve you better we require that you complete the application packet and collect certain documents. Don't be overwhelmed, most of these documents will be required if we can assist you in getting a modification. Our services are generally provided in person but our agency can accommodate any special needs including but not limited to language interpretation, wheelchair accessibility and/or other impairments.

#### **INTAKE PACKET CHECKLIST**

- **For modification review, please provide the following:**
  - Hardship Letter- signed and dated explaining the cause of the delinquency
  - Most recent mortgage statement/Any important correspondence from your lender
  - One Month's income documentation from all sources
  - Last two year's completed federal tax returns, all schedules and W-2's
  - 2 months Bank Statements- all pages
  - Current Utility bill
- **Fill out the following RUPCO forms so we may assess your situation:**
  - Form 1- RUPCO Foreclosure Prevention Counseling Form – 2 pages
  - Form 2- National Foreclosure Mitigation Counseling Program
  - Form 6- Budget Worksheet
- **Please sign the following forms that are required by our funders:**
  - Form 3- HUD NFMC Authorization
  - Form 4- RUPCO Authorization of Release of Information
- **Keep for Your Records**
  - Form 5- Privacy Policy Authorization

After you have compiled this information you can either fax to (845) 331-9864, e-mail to [foreclosure@rupco.org](mailto:foreclosure@rupco.org) or mail to RUPCO, 301 Fair Street, Kingston New York 12401. After these items are received, a counselor will contact you to schedule an appointment.

We are looking forward to providing you with education, counseling and support.

Sincerely,

RUPCO Foreclosure Prevention Staff

Revised 8-4-15

301 Fair Street • Kingston, NY 12401 • 845-331-9860 • Fax 845-331-9864



# Form 1: RUPCO Foreclosure Prevention Counseling Form

## PARTICIPANT (P)

\_\_\_\_\_  
 First Middle Initial Last Name

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 County Social Security Number

\_\_\_\_\_  
 Home Phone Work Phone

\_\_\_\_\_  
 Fax Cell Phone

\_\_\_\_\_  
 E-Mail

Date of Birth: \_\_\_\_\_ US Citizen:  Foreign Born:

Single  Married  Legally Separated  Widowed  Divorced

Veteran:  Disabled:  Currently in School:  Graduated:

Degree:  GED/H.S. Diploma  2-Year  4-Year  Masters

You are not required to furnish this information, but are encouraged to do so. You may not be discriminated against on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, it is required by Federal regulations to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnish this information

### RACE/NATIONAL ORIGIN

- American Indian, Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

### ETHNICITY

- Hispanic or Latino
- Not Hispanic or Latino

### SEX

- Female
- Male

## CO-PARTICIPANT (C)

\_\_\_\_\_  
 First Middle Initial Last Name

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 County Social Security Number

\_\_\_\_\_  
 Home Phone Work Phone

\_\_\_\_\_  
 Fax Cell Phone

\_\_\_\_\_  
 Relationship to Participant

Date of Birth: \_\_\_\_\_ US Citizen:  Foreign Born:

Single  Married  Legally Separated  Widowed  Divorced

Veteran:  Disabled:  Currently in School:  Graduated:

Degree:  GED/H.S. Diploma  2-Year  4-Year  Masters

I do not wish to furnish this information

### RACE/NATIONAL ORIGIN

- American Indian, Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

### ETHNICITY

- Hispanic or Latino
- Not Hispanic or Latino

### SEX

- Female
- Male

I/We authorize the RUPCO's NeighborWorks® HomeOwnership Center to obtain a credit report in connection with my/our request to enroll in the program. I/We understand that this is not an application for credit and that enrollment in this program does not guarantee approval of any mortgage for which I/we may apply. Furthermore, I/we authorize RUPCO's NeighborWorks® HomeOwnership Center to share the information provided by me/us on this enrollment form with financial institutions, their subsidiaries and partners.

\_\_\_\_\_  
 Participant Signature Date

\_\_\_\_\_  
 Co-Participant Signature Date

### How Did You Hear About Us?

- Current client of the program
- Former client of the program
- A RUPCO program
- Walk-in
- Referred by a bank  
If yes, bank name \_\_\_\_\_
- Referred by a realtor  
If yes, realtor name \_\_\_\_\_
- HUD
- Newspaper
- News
- Other (please explain) \_\_\_\_\_

**PARTICIPANT EMPLOYMENT**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Position Date Started

\_\_\_\_\_ Union:  Self-Employed:

Gross Pay Per Paycheck

Weekly  Every Two Weeks  Bi-Monthly  Monthly

Bonus  Commission  Overtime

**CO-PARTICIPANT EMPLOYMENT**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Position Date Started

\_\_\_\_\_ Union:  Self-Employed:

Gross Pay Per Paycheck

Weekly  Every Two Weeks  Bi-Monthly  Monthly

Bonus  Commission  Overtime

**PARTICIPANT PART-TIME/SECOND JOB**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Position Years on Job Date Started

\_\_\_\_\_ Union:  Self-Employed:

Gross Pay Per Paycheck

Weekly  Every Two Weeks  Bi-Monthly  Monthly

Bonus  Commission  Overtime

**CO-PARTICIPANT PART-TIME/SECOND JOB**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Position Years on Job Date Started

\_\_\_\_\_ Union:  Self-Employed:

Gross Pay Per Paycheck

Weekly  Every Two Weeks  Bi-Monthly  Monthly

Bonus  Commission  Overtime

**OTHER INCOME (“P” indicates Participant, “C” indicates Co-Participant)**

Type	P/C	Monthly	Remarks
Alimony	_____	\$ _____	_____
Child Support	_____	\$ _____	_____
Disability	_____	\$ _____	_____
Insurance/Annuity	_____	\$ _____	_____
Interest/Dividends	_____	\$ _____	_____
Pension	_____	\$ _____	_____

	P/C	Monthly	Remarks
Public Assistance	_____	\$ _____	_____
Social Security	_____	\$ _____	_____
Trust Fund	_____	\$ _____	_____
Unemployment	_____	\$ _____	_____
VA Benefits	_____	\$ _____	_____
Workers Comp.	_____	\$ _____	_____

**TOTAL HOUSEHOLD SIZE:** \_\_\_\_\_

**LIST ADDITIONAL HOUSEHOLD MEMBERS AND DEPENDENTS** (Do not include Participant and Co-Participant listed above)

	First and Last Names	Age	DOB	Relationship	Dependant	Earning Income
1	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

## **Form 2: National Foreclosure Mitigation Counseling Program**

Name(s) : \_\_\_\_\_

1.) **Primary reason for difficulty:**

- Reduction in income       Poor budget management skills       Loss of income  
 Medical issues       Increase in expenses       Divorce/separation  
 Death of family member       Increase in loan payment       Failed business venture  
 Other (please explain \_\_\_\_\_)

2.) **Mortgage Information:**

Closing Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Lender \_\_\_\_\_

Account/Loan Number \_\_\_\_\_      Principal Amount \$ \_\_\_\_\_

MONTHLY Principal & Interest Payment \$ \_\_\_\_\_      Taxes & Insurance \$ \_\_\_\_\_

Current interest rate \_\_\_\_\_ %      Fixed or Adjustable? \_\_\_\_\_      Adjustment Date? \_\_\_\_\_

FHA or VA insured?       Interest Only?       Option ARM?

3.) **Loan Status:**

Current       30-60 days late       61-90 days late       91-120 days late       120+ days late

Have foreclosure proceedings begun on your home?    **Yes**     **No**

Are there any other mortgages/home equity loans on the property?    Yes     No

If yes: Lender \_\_\_\_\_      Monthly payment \$ \_\_\_\_\_      Interest Rate \_\_\_\_\_ %

4.) **Resources:** cash currently available to you \$ \_\_\_\_\_      Source \_\_\_\_\_

Any foreseen changes in income?    No     Yes     Explain \_\_\_\_\_

5.) Desired Outcome:     Keep the home       Sell the home

6.) Did anyone contact you offering assistance to modify your mortgage, either by phone, mail or direct contact?    Yes     No

7.) 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 Deed     Stop Making Payments

## Form 3: Authorizations and Disclosures For Other Funders

### NFMC Privacy Policy

1. I understand that NeighborWorks HomeOwnership Center provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that NeighborWorks HomeOwnership Center receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) and the HUD MMMSA programs and, as such, is required to share some of my personal information with NFMC program administrators or HUD staff and their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators, HUD staff and/or their agents to pull my credit report up to two additional times between now and one year from the signature date on this form and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and three years from the signature date for the purposes of program evaluation.
4. I acknowledge that I have received a copy of NeighborWorks HomeOwnership Center NFMC Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I understand that NeighborWorks HomeOwnership Center provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from NeighborWorks HomeOwnership Center in no way obligates me to choose any of these particular loan products or housing programs.
8. I allow NeighborWorks HomeOwnership Center to submit HUD client level data related to grant activity, and if applicable, allow access to counseling files for purposes of grant oversight

### HOPP AG DISCLOSURE

Our foreclosure prevention program is funding as part of the National Mortgage Settlement through the NYS Office of the Attorney General. The AG is using information on the profiles of the loans to ensure compliance with the settlement as well as analyzing data on loans in default. Below is a required statement from the AG's office on how the data is used.

"I understand that my name and telephone number will not be shared with other parties, but that other information gathered may be used for research, program or policy development, or other legitimate purposes by the New York State Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), the City of New York, or other relevant funders of foreclosure prevention services."

### HUD CLIENT DISCLOSURE STATEMENT

Rural Ulster Preservation Company provides a full continuum of housing services for Ulster County residents. Services include: the development of affordable rental and for sale properties through Real Estate Development; owned and/or managed market rate and subsidized rental housing units through Property Management; technical assistance for municipalities and communities through Community Development; Section 8 Housing Choice Vouchers, Self Sufficiency and emergency assistance programs through Rental Assistance; and services provided by the HomeOwnership Center that include first time homebuyer education and counseling, match savings programs and grants for income eligible applicants; Post-Purchase counseling, including HECM and foreclosure prevention, housing rehabilitation and accessibility modifications and grants; financial literacy and budget and credit counseling; and oversee the Homeless Prevention and Rapid Re-Housing program that provides one time or short term emergency assistance for households and individuals at imminent risk of becoming homeless or are homeless. Clients are not obligated to receive, purchase or utilize any other services offered by the organization, or its partners, in order to receive housing counseling services.

### CLIENT FEE SCHEDULE

Credit report fee*	Individual \$17	Joint (Couple) \$29
<b>Homebuyer Education Course</b>	<b>\$75 Per household</b>	
<b>Homebuyer Fast Track Counseling Fee (individual)</b>	<b>\$100</b>	
<b>Homebuyer e-home America On-Line</b>	<b>\$99 Per household</b>	
<b>Reverse Mortgage Counseling</b>	<b>\$125</b>	
<b>Mortgage Subordination Fee</b>	<b>\$150</b>	

\* No credit fee will be charged for Housing Choice Voucher Homeownership program applicants. Clients that earn less than 200% of the federal poverty guidelines will not be charged for housing counseling and education services

I understand and accept these terms

Borrower signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower signature \_\_\_\_\_ Date \_\_\_\_\_

I opt out of signing the National Foreclosure Mitigation Counseling Authorization

Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form 4: AUTHORIZATION FOR RELEASE OF INFORMATION**  
**Neighborworks Homeownership Center**

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and verify information to RUPCO for the purpose of reviewing my application for services provided by the Homeownership Center.

I understand and agree that the information obtained with this authorization may be given to and used by RUPCO in administering and enforcing program rules and policies. I also consent for RUPCO to release information from my file to credit bureaus, banking institutions or other individuals or organizations.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include, but are not limited to:

Identity and Marital Status	Credit and Criminal Activity
Employment, Income and Assets	Residences and Rental Activity
Medical or Child Care Allowances	

**GROUP OR INDIVIDUAL THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information (*depending on program requirements*) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Support and Alimony Providers
Past and Present Employers	Medical and Child Care Providers
Welfare Agencies	Veterans Administration
Courts and Post Offices	Retirement Systems
State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Utility Companies
Social Security Administration	Credit Providers and Credit Bureaus
Law Enforcement Agencies	

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with RUPCO and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect. I further agree and authorize that all verifications, inquiries and responses to such inquiries can be transmitted via fax or e-mail.

**SIGNATURES:**

_____	_____	_____
Household Member 18 years or older	(Signature)	Date

_____	_____	_____
Household Member 18 years or older	(Signature)	Date

**Form 5: National Foreclosure Mitigation Counseling/HUD  
Privacy Policy: Keep for your Records**

RUPCO's HomeOwnership Center is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling/ HUD Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

**Types of information that we gather about you**

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

**You may opt-out of certain disclosures**

1. You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at (845) 331-9860 and do so.

**Release of your information to third parties**

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

## FORM 6: Budget Worksheet

<b>INCOME</b>	
Net monthly salary - borrower	
Net monthly salary -co borrower	
Social Security	
Pension	
Alimony Child Support	
Self-Employment Income	
Other Income	
<b>Total Monthly Net Income:</b>	
<b>EXPENSES</b>	
<b>Housing:</b>	
1st Mortgage (primary res)	
2nd/HELOC (primary res)	
Property Taxes (primary)	
Insurance (primary)	
Rent	
Association fees	
PITI 2nd home	
PITI Investment(s)	
Home Maintenance	
Other	
<b>Total Housing:</b>	
<b>Dependent Care:</b>	
Child Care/Babysitter	
Child support payments	
Other	
<b>Total Dependent Care:</b>	
<b>Utilities:</b>	
Electric	
Water	
Fuel (Gas, oil, etc.)	
Telephone	
Cable	
Internet	
Cell Phone	
Other	
<b>Total Utilities:</b>	
<b>Income total</b>	
<b>Expenses total</b>	
<b>Total surplus or deficit:</b>	
<b>FUNDS AVAILABLE</b>	

<b>Transportation:</b>	
Car Payment(s)	
Car maintenance	
Gasoline	
Car Insurance	
Public Transportation	
Tolls	
Other	
<b>Total Transportation:</b>	
<b>Necessities:</b>	
Groceries	
Medical/Life insurance	
Household Supplies	
Laundry/Dry cleaning	
Personal Care	
Other	
<b>Total Necessities:</b>	
<b>Education:</b>	
Tuition	
School Lunches	
Other	
<b>Total Education:</b>	
<b>Medical:</b>	
Medical/Dental bills	
Prescriptions/co-pays	
<b>Total Medical:</b>	
<b>Miscellaneous</b>	
Eating out	
Charities/Church	
Pets	
Gifts	
Other	
<b>Total Miscellaneous:</b>	
<b>Monthly Debts</b>	
Credit cards	
Student/Secured loans	
Other	
<b>Total Monthly Debts:</b>	

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date