



HOUSING & COMMUNITY DEVELOPMENT APPLICATION FOR HOUSING ASSISTANCE

FORECLOSURE PREVENTION SUPPORTING DOCUMENT CHECKLIST

PLEASE BRING THE FOLLOWING DOCUMENTATION:

- ☐ Driver's License
- ☐ Bank Statements [Last 2 months (60 days)]
- ☐ Mortgage Statements
- ☐ Most Recent Paycheck Stub (Last 60 Days)
- ☐ Most Recent Tax Returns, Dated and Signed
- ☐ Hardship Letter
- ☐ HOA Statements (Home Owners Association) **(If Applicable)**
- ☐ Other Monthly Income (award letters, food stamps, child support, etc.)
- ☐ Any Other Mortgage Information (summons, late notices, payments) **(If Applicable)**
- ☐ Most Current Utility Bills
- ☐ Any other Monthly Bills (If Applicable)

PLEASE FILL OUT THE INTAKE PACKET COMPLETELY FOR YOUR FILE TO BE PROCESSED. IN ADDITION THERE WILL A MANDATORY FINANCIAL MANAGEMENT BUDGETING CLASS.

IF YOU HAVE ANY QUESTIONS CONCERNING THE INFORMATION REQUESTED, PLEASE CONTACT OUR OFFICE:

**City of Tampa
Housing & Community Development Division
Tampa Municipal Office Building
306 E. Jackson St., Third Floor
Tampa FL, 33602
Phone: (813) 274-7954
Fax: (813) 274-7945
(813) 274-7745**



CLIENT/COUNSELOR AGREEMENT

The City of Tampa, Housing and Community Development Division and its counselors agree to provide the following services:

- Development of a Counseling action plan to include hardship solutions and follow up documentation request
- 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
- Assist client in completing necessary paperwork for a possible workout resolution
- Referrals to needed resources or other agencies
- Confidentiality, honesty, respect and professionalism in all services
- Answer questions and provide information, but not give legal advice, if you want any legal advice the counselor will be referred for appropriate assistance
- It is the policy of the agency to return phone calls to clients within four business days except in cases of emergencies.

I/We, _____ agree to the following terms of service:
(Homeowner(s))

- 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 the lender will follow up directly with me/us. I agree to contact the lender weekly for file updates
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.
- I/We acknowledge that I/We have received a copy of the City of Tampa's Privacy Policy
- I/We understand that The City of Tampa provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from the City of Tampa, in no way obligates me to choose any of these particular loan products or housing programs

Homeowner:

Date

Homeowner:

Date

Counselor:

Date



CONFLICT OF INTEREST DISCLOSURE STATEMENT
AGENCY / INDIVIDUAL DISCLOSURE:

The City of Tampa, Housing and Community Development Division (HCD) is acting on its own behalf and is not under the influence of, control, or direction of any outside party such as a landowner, real estate broker, contractor, builder, lender, or consultant seeking to derive a profit or gain from our housing counseling program clients. HCD has no financial relationships with any other industry partners.

Counseling services provided by HCD:

- Credit Counseling
- Financial Management Counseling (Budgeting)
- Pre-purchase Counseling
- Post-purchase Counseling
- Homebuyer Education
- Delinquent and Default Counseling (Foreclosure Prevention)

Other services provided by HCD:

- Owner-occupied Rehabilitation
- Down Payment and Closing Cost Assistance (MAP Program)
- Historic Preservation
- Multi-family Housing Development

- No counseling client is obligated to accept or receive any other services offered by HCD.
- The City of Tampa will ensure and monitor that the agency, its staff, or any member of their immediate family must take any action that may result in, or create the appearance of: administering the housing counseling program for personal or private gain, providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency's ability to ensure compliance with HUD program requirements, or serve the best interests of its clients.

I further certify that this agency does not engage in any activities that would cause a conflict of interest for our housing counseling clients as defined in Handbook 7610.1, Chapter 5.

Client Signature

Date Received _____

Client Signature

Date Received _____



PRIVACY POLICY

The City of Tampa 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations.

Additionally, we want you to understand how we use the personal information we collect about you. The type of information that we collect about you is:

- 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 balances, payment history, parties to transactions and credit card usage, tax statements, bank statements, etc.
- Information we receive from a credit reporting agency, such as your credit history.

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes and/or any other pre-authorized individuals and/or organization. The types of information we disclose is as follows:

- Information you provide on application/forms or other forms of communication. This may include your name, address, social security number, employer, occupation, account numbers, assets, expensed, and income.
- Information about your transactions with us, our affiliates, or others: such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency: such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

Florida's Public Records Law

Florida's Public Records Law provides a right to access the records of the state and local governments as well as private entities acting on their behalf. The information you provide to the City of Tampa and its contracted third parties, through writing and email, is considered public record. This information may be disclosed in response to a public records request. Fl. Stat. 119.07(1). Although this information is public record, Chapter 119 of the Florida Statutes provides several disclosure exemptions. The information provided below will not become public record and will remain confidential.

- Social Security numbers - Fl. Stat 119.071(5)(a)(5)
- Medical history records - Fl. Stat. 119.071(5)(f)
- Bank account numbers - Fl. Stat. 119.071(5)(b)
- Debit/Credit card numbers - Fl. Stat. 119.071(5)(b)
- Information related to health and property insurances - Fl. Stat. 119.071(5)(f)

You must notify the City of Tampa if you qualify for additional public record exemptions provided in the Florida Statutes.

How is your personal information secured?

We restrict access to your nonpublic personal information provided to the City of Tampa 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.



Opting-Out of Certain Disclosures

You may direct the City of Tampa to not disclose your nonpublic personal information to third parties (such as your creditors). However, if you choose to "opt-out" we will not be able to answer any questions from your creditors, which may limit the City of Tampa's ability to provide services. If you choose to "opt-out" please check the box next to the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, please check the box next to the "Release" clause. You may change your decision any time by contacting our office in writing at the City of Tampa, Housing & Community Development, 306 E. Jackson Street, 3N, Tampa, FL 33602. The "Opt-Out" clause does not include information that is public record under Fl. Stat. 119.011.

☐ OPTOUT: I request that the City of Tampa, make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that the City of Tampa will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting the City of Tampa.

Applicant: _____

Date: _____

Applicant/Household Member: _____

Date: _____

☐ RELEASE: I hereby authorize the City of Tampa to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Applicant: _____

Date: _____

Applicant/Household Member: _____

Date: _____

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title IV of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19), the Housing and Community Development Act of 1987 (42 U.S.C.3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.



Type of Assistance: _____ Inc Category (VL,LI,MI): _____

GENERAL INFORMATION:

	APPLICANT	CO-APPLICANT
Full Name (include Jr. or Sr. if applicable)		
Social Security Number		
Date of Birth / Age		
Marital Status	() Married () Unmarried	() Married () Unmarried
	() Separated Yrs. School ____	() Separated Yrs. School ____
Home Phone (incl. Area Code)		
Present Address (Street)		
City, State, Zip Code		
() Own () Rent _____ No. Yrs.	Monthly Rent/Mortgage \$ _____	
Landlord/Apartment Name: _____	Phone: _____	
Address: _____		

Education:			
() None	() College	() Vocational	() Other
() High School/ GED	() Graduate School	() Unknown	

Other Household Members		No. of Dependents: _____		
Name(s)	Social Security Number	Date of Birth/Age	Relationship to Applicant	Employed?
				() Y () N
				() Y () N
				() Y () N
				() Y () N
				() Y () N
				() Y () N

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?

() Y () N If yes, please list names: _____

EMPLOYMENT INFORMATION:

	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
City/State/Zip Code		
Employer Phone #	()	()
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		



If employed in current position for less than two years or if currently employed in more than one position, complete the following:

EMPLOYMENT INFORMATION:	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
Employer Phone #		
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		

NOTE: Attach additional sheets as necessary for ALL EMPLOYED household members 18 years and over, (including signed authorization form for each member).

OTHER SOURCES OF INCOME:

(For ALL Household Members 18 and Over)

List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.

Name of Recipient	Type of Income	Gross Annual Income
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		
		Total \$

ASSETS AND ASSET INCOME:

(For ALL Household Members, Including Minors)

List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Property Equity, Cash Value of Pensions and Insurance Policies, etc.

Type of Asset:	Asset Value	Bank/Ins. Co. Name	Account #	Annual Asset Income
1.	\$			\$
2.	\$			\$
3.	\$			\$
4.	\$			\$
5.	\$			\$
6.	\$			\$
				Total \$



LIABILITIES:

(For ALL Household Members 18 and Over)

List Credit Card Debt, and Automobile, Real Estate and Mortgage Loans, etc.

Type: (Credit/Loan, etc.)	Creditor's Name	Balance Owed	Monthly Payment
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
		Total Monthly Payments: \$	

ETHNICITY/SPECIAL NEEDS:

(For reporting purposes only, please check all that apply for Head of Household only):

☐ White	☐ Black	☐ Hispanic	☐ Asian/Pacific Islander
☐ Native American	☐ Farmworker	☐ Disabled or Disabled Minor	
☐ Elderly	☐ Homeless	☐ Other: _____	

I/We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/We further understand that any willful misstatement of information will be grounds for disqualification. I/We certify that the application information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/We agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Applicant Signature

Date

Co-Applicant Signature

Date



LOAN INFORMATION

Purchase Date	
Purchase Price	
Name of Originating Lender	
Original Loan Number	
Name of Current Loan Servicer	
Loan Number Assigned by Servicer	
2 nd Mortgage or Home Equity Line of Credit	
Name of Second Lender	
Loan # of 2 nd Mortgage or Home Equity Line of Credit	
Total Monthly First Mortgage Payment	
2 nd Mortgage Payment Amount	
Current Credit Score / Source	☐ Trans Union ☐ Equifax ☐ Experian ☐ Tri- merge Report Credit Score _____
Type of Loan Product for Primary Lender	☐ Fixed Rate > 8 % ☐ Fixed Rate 8 % or greater ☐ ARM > 8 % ☐ ARM 8% or greater ☐ Hybrid Arm (2/28 or 3/27) ☐ Option ARM ☐ Interest Only (☐ Yes or ☐ No) ☐ VA Fixed Rate ☐ FHA Fixed Rate ☐ FHA Arm ☐ VA ARM
Privately Held	☐ Yes ☐ No ☐ Unknown ☐ Other:
Seeking counseling for Primary Mortgage?	☐ Yes ☐ No
Seeking counseling for Second Mortgage?	☐ Yes ☐ No
Seeking counseling for property taxes?	☐ Yes ☐ No
If loan is an ARM of any kind, has the interest rate reset?	☐ Yes ☐ No
Loan Status	☐ Current ☐ 30 -60 days late ☐ 61 – 90 days late ☐ 90 – 120 days late ☐ 120 + days late / Unknown or Unsure
Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer?	☐ Yes ☐ No
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 title to your property, or stop making loan payments?	☐ Yes ☐ No
Have you filed bankruptcy? If so, please provide case # and filing date	☐ Yes, Case #: _____ Filing Date: _____ ☐ No



BUDGET WORKSHEET

Category	Budget Amount	Amount Verified / Notes
Monthly Income		
Wages and Bonuses		
Interest Income		
Investment Income		
Miscellaneous Income		
Income Subtotal:		
Expenses:		
<i>Home :</i>		
Primary Mortgage		
Second Mortgage / Home Equity Line of Credit		
Homeowners Insurance		
Property Taxes		
Maintenance/ HOA Dues		
<i>Utilities :</i>		
Electricity		
Water & Sewer		
Natural Gas or Oil		
Telephone Land Line		
Cell Phone		
<i>Food :</i>		
Groceries		
Eating Out, Lunches, Snacks		
<i>Family Obligations :</i>		
Child Support / Alimony		
Day Care / Babysitting		
<i>Health and Medical:</i>		
Insurance (medical, dental, vision)		
Out-of-Pocket Medical Expenses		
Co-Payments		
Prescriptions / Medications		
<i>Transportation:</i>		
Car Payment # 1		
Car Payment # 2		
Gasoline/ Oil / Diesel		
Auto Repairs/Maintenance/ Fees		
Auto Insurance		
Other (tolls, bus, subway, taxi)		



Budget Worksheet – Continued		
Debt Payments:		
Credit Card # 1		
Credit Card # 2		
Credit Card # 3		
Student Loan		
Personal Loans		
Entertainment /Recreation:		
Cable TV		
Computer Expense		
Internet		
Investments & Savings:		
401 (K) or IRA		
Stocks/Bonds/Mutual Funds		
College Fund		
Savings		
Miscellaneous:		
Toiletries, Household Products		
Judgments		
Wage Garnishments / Liens		
Other		
Other		
Total Investments and Expenses		
Surplus / Shortage (Spendable income minus expenses & investments)		

I/ We certify that the information listed on the budget is accurate to the best of my knowledge. I have provided the agency with supporting documents for the items contained on the budget.

Client Signature

Date

Co-Client's Signature

Date

Counselor Signature

Date



Loan #		Last 4 Digits of SS#	
Client Last Name			
Client Address			
Servicer			

THIRD PARTY AUTHORIZATION FORM

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the City of Tampa and their representatives to share information regarding my family and me. I understand that this information is for the purpose of assessing our needs for housing counseling and/or other services.

The information may consist of the following:

- My financial situation, to include the amount of my income, and any savings of money and/or food stamps I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and members of my household.
- Any credit report inquires or sharing of any of my credit information with the servicers or any other assistance agencies.
- Any verification regarding employment earnings, bank accounts, stock & bonds or any other asset balance information.

I UNDERSTAND THAT:

- The partner agencies have signed agreements to treat my information in a professional and confidential manner.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- This authorization will remain in effect for twenty four months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement.
- If I revoke my authorization, all information about me already in the database will remain.

Client Signature

Date

Co-Client's Signature

Date

Housing Counselor

Date

306 E. Jackson St., 3N, Tampa, FL 33602
Phone: (813) 274-7954 Fax: (813) 274-7945 or 274-7941