

Washington County Housing and Redevelopment Authority

MORTGAGE FORECLOSURE PREVENTION PROGRAM (MFPP)

321 Broadway Avenue, St. Paul Park, MN 55071 (651) 458-0936

Office Hours: Monday-Friday 8:00 a.m. – 4:30 p.m.

PLEASE BRING THE FOLLOWING DOCUMENTS TO YOUR APPOINTMENT:

****Be advised that if you do not bring the necessary documents to your appointment, the counselor has the right to reschedule. We can only help if you provide us with your necessary information.**

- 1. Proof of All Household Income for one month period (pay stubs, reward letters for Social Security, Profit and Loss statement for self-employed, most recent tax returns)**
- 2. Copies of your two most recent bank statements**
- 3. Mortgage documents from closing\contract for deed (we can make copies here)**
- 4. Copies of most recent letters from your lender(s) regarding the delinquency on your mortgage(s)\contract for deed and the most recent mortgage statement available**
- 5. Hardship letter**
- 6. Income and Expense Statement (budget)**

Please remember that this is a program application. The main focus of the program is to provide information, education, and counseling.

If you have any other questions, you may contact one of the counselors (651-458-0936):

- Pao Yang: ext.551 or pyang@wchra.com
- Nicola Viana: ext.553 or nviana@wchra.com
- Corina Serrano: ext 582 or cserrano@wchra.com

Counselor:

Time:

Date:

Directions to the Washington County HRA Office

If you are coming from the North:

Travel down on **494** Southbound/Westbound
Take exit **63B** to merge onto **US-10 E/US-61 S**
towards Hastings
Take the **CR-22** Exit towards St. Paul Park/70th Street
Turn **right** onto 70th Street
At the 4-way stop, turn **right** onto Broadway Avenue
Go down four blocks and we are on the **right** hand side
of the road
We are located between Park Café and Carbone's
Pizzeria
You can park on the street

If you are coming from the South:

Travel north **US-10 W/US-61 N** towards St. Paul
Take the **CR-22** Exit towards St. Paul Park/70th Street
Turn **left** onto 70th Street
At the 4-way stop, turn **right** onto Broadway Avenue
Go down four blocks and we are on the right hand side
of the road
We are located between Park Café and Carbone's
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Washington County Housing and Redevelopment Authority
MORTGAGE FORECLOSURE PREVENTION PROGRAM (MFPP)

Program Description and Participation Process

The purpose of the Mortgage Foreclosure Prevention Program (MFPP) is to help homeowners address past due mortgage payments to prevent the loss of their home. The primary program services of MFPP include information and referral services, financial management, and advocacy on your behalf with your lenders and/or mortgage company.

In order to be eligible for our program, you must be a homeowner and resident of Washington County, Minnesota.

What can you expect from MFPP?

- **Straight talk.** Sometimes the answers are hard and solutions mean lifestyle changes.
- **Review** of your whole financial picture based on your income, bills, and spending habits
- **Guidance** as you sort through your financial issues and explore solutions.
- **Direction** to other community resources that may be a part of the solution to your financial situation.
- **Information** about the foreclosure process so that you understand what will happen & when.

How does MFPP work?

1. First, the Homeowner submits an application, including the necessary documentation.
2. We will contact your Mortgage Company, look at your credit report and gather information about your property. This information is used to develop a plan to prevent foreclosure.
3. We will review your application with you and help you come up with a reasonable plan to resolve the delinquency and avoid foreclosure. MFPP will provide advocacy with your mortgage company, information about the foreclosure process, help to locate community resources, and help to identify solutions, which may include lifestyle changes.
4. We will assist you to understand and get control of your finances by providing financial counseling. This includes looking at your income and expenses over the past several months and deciding how to budget for the future.

The Mortgage Foreclosure Prevention Program adheres to three mission-driven goals:

- To stabilize homeowners at risk of losing their homes to foreclosure;
- To strengthen neighborhoods by preventing vacant and boarded homes; and
- To save public and private dollars by preventing foreclosures.

Mortgage Foreclosure Prevention Program

APPLICATION FORM

Name: _____
First MI Last

Address: _____

City: _____ State: _____ Zip: _____

Social Security: _____ - _____ - _____

Birth date: mo. _____ day _____ year _____

In school now? YES NO

Vocational Training? YES NO

Highest Level of Education Completed: _____

Race/ethnicity: _____ (optional)

E-Mail: _____

Please check one: Married Divorced Separated Single Unmarried couple

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Co-Applicant

Name: : _____
First MI Last

Social Security: _____ - _____ - _____

Birth date: mo. _____ day _____ year _____

Relationship to Applicant: _____

Cell Phone: _____ Work Phone: _____ E-Mail: _____

In school now? yes/no

Vocational Training? yes/no

Highest Level of Education Completed: _____

Race/ethnicity: _____ (optional)

Household Composition:
 # of Adults (18 or older): _____
 # of Children: _____

Name	Age	Relationship to Applicant

Work History	Applicant	Co-Applicant
CURRENT EMPLOYER		
Address		
Job Title		
Dates employed		
Net monthly salary		
Gross monthly salary		
Hours/Rate of pay per week		
Gross income last year		
PREVIOUS EMPLOYER		
Address		
Job Title		
Dates employed		
Net monthly salary		

LIST ALL OTHER FORMS OF MONTHLY INCOME

Person Receiving Income	Type of Income/Source of Income	Monthly Amount

Washington County Housing and Redevelopment Authority
Mortgage Foreclosure Prevention Program
 List of Assets

Date: _____

Applicant Name: _____

Co-Applicant Name: _____

<u>ASSET</u>	YES	NO	VALUE
Cash on hand	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Checking account	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Savings account	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Certificate of Deposits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Money Market Account	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
IRA Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Stocks/Bonds/Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real Estate/Contract for Deed (other than where you live)	<input type="checkbox"/>	<input type="checkbox"/>	Address: _____ \$ _____ \$ _____
Business/Business Equipment /Business Inventory	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other: (boat, motorcycle, etc.)	<input type="checkbox"/>		\$ _____
_____	<input type="checkbox"/>		\$ _____

Vehicle(s):
 Number of vehicles owned: _____

Year, Make & Model _____	\$ _____	Paid for: YES NO
Year, Make & Model _____	\$ _____	Paid for: YES NO
Year, Make & Model _____	\$ _____	Paid for: YES NO

Washington County Housing and Redevelopment Authority Mortgage Foreclosure Prevention Program

Authorization for Release of Information

321 Broadway Avenue, St. Paul Park, Minnesota 55071
Phone: (651) 458-0936 Fax: (651) 458-1696

I/We hereby authorize Washington County Housing and Redevelopment Authority (WCHRA), its agents or assigns to verify my/our past and present employment earnings, records, past and present employment status, bank accounts, obligations, and all other financial matters that are needed to process my/our application.

I/We also give my/our consent to contact my/our accountant, tax preparer, or the Internal Revenue Service, in the event my/our tax returns are needed to verify any reported income.

I/We further authorize WCHRA, its agents or assigns to order a consumer credit report and verify other credit information, including past and present mortgages and contracts-for-deed.

I/We also authorize WCHRA to exchange information with all pertinent parties in order to assist me with the best plan to resolve my immediate situation. It is understood that a photocopy of this form will also serve as authorization.

The information WCHRA, its agents or assigns obtains is to be used in the processing of my/our application for WCHRA's Mortgage Foreclosure Prevention Program (MFPP), I further allow WCHRA to contact my mortgage lender for a period of up to 36 months from the date of this application to inquire about the status of my/our mortgage, allowing the MFPP staff to track the long-term effects of the program.

Applicant Name *(please print)*: _____

Social Security Number: _____

Co-Applicant Name: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Signature: _____ **Date:** _____

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

Loan No: _____

Washington County Housing and Redevelopment Authority

Mortgage Foreclosure Prevention Program

ELIGIBILITY AGREEMENT – PLEASE READ CAREFULLY

The purpose of the Mortgage Foreclosure Prevention Program (MFPP) is to help you address the problems you are having with making your mortgage payments. An MFP counselor will work with you to determine your immediate needs and help you develop a plan to address those needs. Program services include information and referral services, in-depth counseling on the foreclosure process and its legal timeframes, assessment of the homeowners overall situation, advocacy and negotiations with mortgage lenders and servicers.

The following is a list of guidelines used in determining your eligibility for the Mortgage Foreclosure Prevention Program. Please note that each homeowner's situation is different; therefore, this list of guidelines is limited and other factors may be evaluated when deciding your eligibility.

- You must be the homeowner and occupant, and your property must be located in Washington County.
- The cause for being delinquent with your Mortgage and/or Contract for Deed payments must be due to circumstances beyond your control, such as health, family, or employment problems.
- You must have sufficient family income to maintain your household expenses after your mortgage payments are brought current or after an acceptable repayment plan is worked out with your Mortgage/Contract for Deed holder.
- A long-term solution must be identified to eliminate any future threats to your continued ownership of your home.
- You must demonstrate a commitment to keeping your home.
- You must be willing to help the staff help you. You must agree to provide true and complete information and documentation and agree to counseling to help you get back on track.

To process your application and request for assistance, we will also look at your mortgage payment history, length of time you have owned your home, your credit history, and the amount and types of other debts you have.

Refusal to cooperate and comply in any way with the requirements listed above will immediately terminate your participation in the Mortgage Foreclosure Prevention Program.

I/We have read, understand and agree to all of the MFPP requirements listed above.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Washington County Housing and Redevelopment Authority

Mortgage Foreclosure Prevention Program

Combined Privacy Act Notice and Tennessee Warning (Authorization to Release Information)

We are committed to ensuring 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 the limitations of law.

Please read carefully the disclosures and acknowledgements, below.

Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Foreclosure Mitigation Counseling program if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

Other Private Data

Under Minnesota Statutes, your name and address are public data. All other data we may ask about you is private data on individuals. Except for your social security number, providing and agreeing to share your private data is mandatory for participation in this Foreclosure Mitigation Counseling Program under the terms of the federal grant from NeighborWorks that funds the program. If you do not agree to allow us to share the data with the entities identified below, we will not be able to provide foreclosure mitigation counseling.

We will share the data only with the following entities or their representatives for the purposes of program management, compliance monitoring, and program evaluation:

- Staff of this organization who need it to work on your case.
- NeighborWorks America, the entity mandated by Congress to account for how the program funds are used and determine the program's effectiveness, or its authorized representatives.
- The Minnesota Housing Finance Agency, the recipient of the grant for this program.
- The Minnesota Home Ownership Center, a contractor of the Minnesota Housing Finance Agency responsible for assisting program administration and reporting to NeighborWorks America.
- Any other entities properly authorized under law to view it.

If you agree to allow us to collect and share information as described above, please indicate your approval with your signature, below.

Client must sign if information was provided by face-to-face counseling session.

Client's Name (please print)

Client's Signature

Date

Client's Name (please print)

Client's Signature

Date

Verbal Authorization is acceptable if information was provided to client by non face-to-face counseling session.

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained herein and understood its nature and intended use of the released information.

Client's Name

Counselor's Signature

____/____/____
Date

Washington County Housing and Redevelopment Authority

Mortgage Foreclosure Prevention Program

Combined Privacy Act Notice and Tennessee Warning (Authorization to Release Information)- *continued*

Sharing Data with Creditors

Sharing some of your personal financial information with creditors may be necessary to effectively help you resolve your financial difficulties. If you agree that we may share private data, such as information on your total debt, income, living expenses and personal information concerning your financial circumstances with your creditors, program managers, and staff working on your case, please indicate your approval by signing below.

Client must sign if information was provided by face-to-face counseling session.

The undersigned has been fully informed of and understands the information contained herein, and authorizes release of above confidential information.

Client's Name (*please print*)

Client's Signature

Date

Client's Name (*please print*)

Client's Signature

Date

Verbal Authorization is permissible if information was provided to client by non face-to-face counseling session.

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained herein and understood its nature and intended use of the released information.

Client's Name

Counselor's Signature

____/____/____
Date

Washington County Housing and Redevelopment Authority Mortgage Foreclosure Prevention Program

Foreclosure Mitigation Counseling Agreement

I understand that Washington County HRA 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.

I understand that Washington County HRA receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and it is required to share some of my personal information with NFMC, the Minnesota Housing Finance Agency, the Home Ownership Center or their agents and other entities as described and acknowledged in the "Combined Privacy Act Notice and Tennesen Warning," for the purposes of program monitoring, management, compliance, and evaluation.

I understand that I may be referred to other 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.

I understand that a counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred to appropriate assistance.

I understand that the NFMC program also funds independent attorneys to provide legal advice. Specifically, the NFMC program has provided a grant to pay for attorneys to interpret loan documents, review case files, and provide advice to homeowners and counselors. The NFMC funds, however, are restricted and cannot be used for the purpose of filing a lawsuit or litigation. I authorize my housing counselor or the counseling agency to contact an NFMC funded attorney with questions related to my file. I also authorize my housing counselor or the counseling agency and an NFMC funded attorney to share information and documents related to my file. This information will be kept confidential.

Please check here if you do not want your file or information shared with an NFMC funded attorney for the purpose of obtaining legal advice or analysis.

I acknowledge that I have received a copy of the Combined Privacy Act Notice and Tennesen Warning.

Please check here if you do not want to be contacted by NFMC for program evaluation purposes.

Client must sign if information was provided by face-to-face counseling session.

Client's Name (please print)

Client's Signature

Date

Client's Name (please print)

Client's Signature

Date

Verbal Authorization is permissible if information was provided to client by non face-to-face counseling session.

The undersigned verifies that the client was fully informed of the information contained herein and understood its nature. The client has given verbal authorization and acknowledgement.

Client's Name

Counselor's Signature

Date

Washington County Housing and Redevelopment Authority Mortgage Foreclosure Prevention Program

Authorization to Share Personal Information with the Minnesota Home Ownership Center

The Minnesota Home Ownership Center (“Center”) is a non-profit Minnesota corporation that develops educational programs and counseling services to help individuals achieve and maintain homeownership. The Center receives funding for these programs from a variety of businesses and foundations including banks and mortgage lenders. In turn, the Center provides periodic reports to its benefactors on program effectiveness.

I/We hereby authorize and direct the Washington County Housing and Redevelopment Authority (“WCHRA”), by and through the WCHRA’s Mortgage Foreclosure Prevention Program and WCHRA’s employees and agents (collectively referred to as the “WCHRA/ MFPP”) to disclose any and all information obtained in conjunction with my/our participation in the Foreclosure Prevention Assistance Program to the Center for the purposes of: 1) monitoring the performance and effectiveness of both the City and the counseling program and 2) providing reports about the program to the Center’s benefactors and 3) conducting follow up surveys with you to get feedback on the program effectiveness.

Refer to the back of this authorization form to review the data requested by MFPP. MFPP is required to enter this data into the CounselorMax database. If you decline to sign this authorization, your information will still be entered into the CounselorMax database however all personal identification fields will be blocked from the Center’s view.

A photocopy of this form will also serve as evidence of my/our authorization to share information with the Center. I/We may revoke this authorization by giving written notice. If I/we revoke this authorization, the Center will not be authorized to obtain any additional information about me/us, but may maintain and use information already obtained. The Center will treat all information collected with confidentiality.

This authorization will expire one (1) year from the below listed date without any further action or notice by me/us. After this date, the Center may maintain and use information already obtained.

(Applicant’s Signature) (Date) (Co-Applicant’s Signature) (Date)

Mortgage Foreclosure Prevention Program Release of Information

I/We hereby authorize Washington County HRA to release my/our MFP Program records to the Minnesota Housing Finance Agency (“MHFA”) or to the U.S. Department of Housing and Urban Development, as MHFA or HUD funds may be used in the administration of the MFP Program.

(Applicant’s Signature) (Date) (Co-Applicant’s Signature) (Date)

Minnesota Home Ownership Center Statement of Data Reporting

CounselorMax

CounselorMax is the online reporting system used by the Mortgage Foreclosure Prevention Program counseling organizations to report program activity via client data to the Minnesota Home Ownership Center (Center). CounselorMax is a secure web page and stores private data in encrypted form. It follows reasonable technical and management practices to protect the confidentiality, security and integrity of data stored on the system.

The rights for the Foreclosure Prevention Program (FPP) module in CounselorMax are owned by the Center. Use of this system is limited to organizations funded and supported by the Center.

| Type of data **|**

The type of data being reported to the Center is as follows:

- Contact information (name, address, phone number)
- Demographics and household composition
- Income, expense and debts
- Property and mortgage
- Outcomes

Data access

Direct access to this data is only available to authorized staff of the Center. Occasionally the Center will contract with a third party to conduct research. In such cases the name of program participants will be removed from the data and researchers are bound by the same confidentiality as the Center.

Uses of data

The data entered in CounselorMax will be used for the following purposes:

- Follow-up surveys with program clients to determine program effectiveness.
- Program and provider evaluation.
- Research on trends, outcomes and effectiveness.

| Reports **|**

Any and all reports generated by the use of this data contain aggregate information only.

Questions? Contact the MN Home Ownership Center at 651-659-9336 or visit their website at www.hocmn.org