



Washington County Housing and Redevelopment Authority

Mortgage Foreclosure Prevention Program – A Free and Confidential Service

Main Office: 321 Broadway Avenue, St. Paul Park, MN 55071, (651) 458-0936, www.wchra.com
 Office Hours: Monday-Friday 8:00 a.m. – 4:30 p.m.

Hugo Appointments: Hugo City Hall, 14669 Fitzgerald Avenue North, Hugo, MN 55038, (651) 762-6300

Counselors:

Rae Thiede: ext. 551 rthiede@wchra.com
 Nicola Viana: ext. 553 nviana@wchra.com
 Nick Boettcher: ext. 582 nboettcher@wchra.com

Appointment: (Filled in by counselor at workshop)

Date: _____
 Time: _____ Location: _____
 Method: Phone In Person

Steps to follow:

1. ****You are registered for the workshop dated: _____ at _____ Library.**

2. Complete application and income and expense statement and gather the documents listed below.
3. Attend educational workshop. ****Required before counseling**** Schedule can be found on website or call a counselor.
4. Schedule an appointment with a counselor at the workshop. (Can be in-person or by phone).

****If you already have a sheriff sale date scheduled, call 651-458-0936, ext 542 ASAP!!**

CHECKLIST - BRING COPIES OF THE FOLLOWING DOCUMENTS TO THE WORKSHOP:

- ___ Proof of All Household Income
 - ___ Most recent tax returns
 - ___ Two most recent pay stubs if you receive a salary or hourly wage
 - ___ Benefit Statement/Letter if you receive Social Security, Disability, Pension, Unemployment
 - ___ Profit & Loss Statement for most recent quarter if you are self-employed/independent contractor
 - ___ Divorce decree if you receive child support and/or spousal maintenance
- ___ Two most recent bank statements
- ___ Recent letters from your lender(s) and foreclosure attorney regarding the delinquency on your mortgage(s)
- ___ Most recent mortgage statement(s)
- ___ Monthly Income and Expense Statement (see budget worksheet)
- ___ Hardship Letter: Provide reason for default. Explain, if applicable, how your situation has been resolved. Please keep to one page, typed on computer if possible. See sample letter on website: www.wchra.com
- ___ If you paid a company to help you with this service, bring documentation if you have it.
- ___ Other: _____



Application Form

Name: _____
First Middle Last

Birth date: _____
Month Day Year Current Age

Address: _____

Soc. Sec. #: _____ - _____ - _____

City: _____ State: _____ Zip: _____

Race/Ethnicity: _____

Home Phone: _____

Gender: Male Female

Work Phone: _____

Marital Status: _____

Cell Phone: _____

Single Head of Household? Yes No

E-mail: _____

Veteran? Yes No Disabled? Yes No

Number of People in Household: _____
18 & over Children

Education level: _____

Co-Applicant:

Name: _____
First Middle Last

Birth date: _____
Month Day Year Current Age

Relationship to Applicant: _____

Soc. Sec. #: _____ - _____ - _____

Work Phone: _____

Race/Ethnicity: _____

Cell Phone: _____

Gender: Male Female

E-mail: _____

Veteran? Yes No Disabled? Yes No

Education level: _____

How did you hear about us? _____

Assets and Liabilities

Cash on hand: \$ _____

Other Real Estate Value: _____

Checking Acct Balance: \$ _____

Vehicle #1 _____ \$ _____
Make Model Balance

Savings Acct Balance: \$ _____

Vehicle #2 _____ \$ _____
Make Model Balance

Retirement Savings: \$ _____

Vehicle #3 _____ \$ _____
Make Model Balance

Other Savings: \$ _____

Other: (boat, motorcycle) _____



Employment information: Please list **current** employment for **all** persons in your household that are employed. If you work more than one job, list them all.

	Job 1	Job 2	Job 3	Job 4
Employer				
Beginning Date	mo ___ day ___ yr ___	mo ___ day ___ yr ___	mo ___ day ___ yr ___	mo ___ day ___ yr ___
Job Title				
Who's Job?				
# of Hrs Per Week				
How often you get paid (circle one)	weekly, every other week, twice a month, monthly	weekly, every other week, twice a month, monthly	weekly, every other week, twice a month, monthly	weekly, every other week, twice a month, monthly
Gross Income (Before Taxes)	\$ per pay period	\$ per pay period	\$ per pay period	\$ per pay period
Net Income (After Taxes)	\$ per pay period	\$ per pay period	\$ per pay period	\$ per pay period

Do you, or ANYONE in your household, receive any of the following? Check a box for each.

Type	Yes	No	Who Receives It?	How Much?
Child Support				\$ per
Social Security				\$ per
Unemployment				\$ per
Worker's Comp				\$ per
Veteran's Benefits				\$ per
Disability				\$ per
Spousal Maintenance				\$ per
TANF or Food Stamps (Circle One)				\$ per

Is anyone in the household self-employed? Yes No

If Yes, who? _____

****Please provide a signed copy of last quarter's profit and loss statement**



If you have a 2nd mortgage, when was it taken out? _____
Month Year

Reason for 2nd mortgage: _____

When you bought your home, were you a 1st time homebuyer? Yes No
1st Generation Homebuyer? Yes No

Have you filed bankruptcy within the past 5 years? Yes, Date of Discharge: _____ No

Have you had a property foreclosed on in the past 5 years? Yes No

Have you fallen behind before? Yes No

Have you had a loan modification before? Yes No

Have you spoken to your lender(s) about your current situation? Yes No

What have you discussed?

Has anyone offered 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

If you paid a fee for mortgage assistance, how much did you pay? \$_____

Name of the agency you paid: _____ Contact Information: _____

What action have you taken? _____
