



4156 Manchester Ave., St. Louis, MO 63110  
(314) 533-0600 ext. 22

**In order to schedule an appointment to assist you, we must have the following documents in addition to Beyond Housing intake forms:**

- Brief hardship letter stating your current situation (sign and date)
- Last 30 days of pay stubs if employed
- Proof of any other income (SSI, SSDI, unemployment, pension, food stamps, child support, etc.)
- If self-employed: Year to Date profit and loss statement
- Last 2 months of bank statements (**all pages**)
- Most recent mortgage statement
- Foreclosure sale/ default letters/ attorney letters
- One (1) recent utility bill
- Photo ID

You may mail, email, fax or drop off the paperwork.

**We must have these documents before scheduling an appointment.**

Note: While we will work hard on your behalf, Beyond Housing cannot guarantee that your situation will be resolved. The ultimate solution rests with you, the homeowner, and the lender/servicer of your loan.

Location: Beyond Housing / Foreclosure Intervention  
4156 Manchester Ave., St. Louis MO 63110  
email: [lingram@beyondhousing.org](mailto:lingram@beyondhousing.org)  
phone: 314-533-0600 ext. 43  
fax: 866-870-9255



4156 Manchester Ave., St. Louis, MO 63110  
(314) 533-0600 ext. 22

**HUD CERTIFIED COUNSELING AGENCY #81120  
EIN#510179471**

Date: \_\_\_\_\_ Fax # \_\_\_\_\_

I hereby authorize the Foreclosure Intervention Department of Beyond Housing to discuss my mortgage and current situation with regard to delinquency, on my behalf, with the lender/servicer and/or foreclosing trustee of my mortgage loan. Members of the department include Linda Ingram, Michelle Chapel, and Eric Zegel.

In addition, I hereby authorize Beyond Housing to release/exchange information with other institutions, companies and agencies that may provide assistance in resolving a mortgage default.

I acknowledge that I may revoke this consent at any time. I also acknowledge that this consent expires one year from the date above.

**Before signing this Third-Party Authorization, beware of foreclosure rescue scams**

- It is expected that a HUD approved housing counselor, HFA representative or other authorized third party will work directly with your lender/mortgage servicer.
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

Name: (Print) \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Lender: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Last Four Digits of SS#: \_\_\_\_\_

# Client Intake

Date: \_\_\_\_\_

Lender: _____	Investor: _____
Lender Phone Number: _____	Loan # _____
Last 4 #s of Social Security #: _____	

## Homeowner(s) listed on the mortgage:

### Homeowner #1

### Homeowner #2

Full Name:	_____	_____
Property Address:	_____	_____
City, State:	_____ Zip: _____	City/ County: _____
Social Security #:	_____	_____
Home Telephone:	_____	_____
Cell phone/Alt. #:	_____	_____
Best time to call:	_____	_____
E-Mail address:	_____	_____
Date of Birth:	_____	_____
Race:	_____	_____
Gender:	<input type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE / <input type="checkbox"/> FEMALE
Marital Status	_____	_____
Educational Level	_____	_____
Number in household	_____	Ages: _____
Contact Person not living with you:	_____	Phone Number: _____
Disabled	_____	Veteran _____
		Foreign Born _____
		Hispanic _____

## Homeowner(s) Employer information:

### Homeowner #1

### Homeowner #2

Employer:	_____	_____
Address:	_____	_____
City, State, Zip & County:	_____	_____
Phone:	_____	_____
Hire Date:	_____	_____

# Mortgage Information / History

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When did you purchase your home? \_\_\_\_\_ Original purchase price? \_\_\_\_\_

Type of loan :( FHA/Conventional/VA): \_\_\_\_\_

Have you ever refinanced? (Y/N) \_\_\_\_\_ How many times have you refinanced? \_\_\_\_\_

When did you last refinance your home? \_\_\_\_\_ Loan amount of the refinance? \_\_\_\_\_

**Have you ever received a modification? (Y/N)** \_\_\_\_\_ **If so When:** \_\_\_\_\_

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## Primary Mortgage

## 2<sup>nd</sup> Mortgage (if applicable)

Lender Name: \_\_\_\_\_

Loan #: \_\_\_\_\_

Current Payment: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ %(fixed or ARM) \_\_\_\_\_ %(fixed or ARM)

Loan balance: \_\_\_\_\_

Loan Type: \_\_\_\_\_  
(FHA, VA, Conventional)

# of payments missed: \_\_\_\_\_

Date of last payment: \_\_\_\_\_

How much will it take to bring your mortgage current? \_\_\_\_\_

What is the estimated current value of property? \$ \_\_\_\_\_

What condition is the property in? : **EXCELLENT, GOOD, FAIR** or **POOR**. (circle one)

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**Have you filed bankruptcy since you owned your home?** \_\_\_\_\_

**Are you currently in bankruptcy?** \_\_\_\_\_

**Have you received any letters from a foreclosure attorney?** \_\_\_\_\_

# FINACIAL STATEMENT

Borrower's Name: \_\_\_\_\_

Co-Borrower's Name: \_\_\_\_\_

Loan #: \_\_\_\_\_

<b>BORROWER MONTHLY DEBTS</b>		
Housing Expenses	1st Mortgage	
	2nd Mortgage	
	Property Taxes	
	Homeowners Insurance	
	Neighborhood/Condo Fee	
Utilities	Gas	
	Electric	
	Water	
	Sewer	
	Trash	
	Cell Phone	
	Home Phone	
	Cable	
	Internet	
Food/Supplies	Groceries	
	Household Supplies	
Transportation	Car Maintenance	
	Car Payment	
	Car Insurance	
	Gas for car	
Insurance	Med/Dent Insurance	
	Life/Disab Insurance	
Monthly Debts	Credit Cards	
	Personal Loans	
	Student Loans	
Other	Child Care/Education	
	Medical Expenses	
	Entertainment	
	Gifts	
	Misc.	
	<b>TOTAL</b>	

## BORROWER MONTHLY INCOME

	Gross	Net
Wages, Job 1		
Wages, Job 2		
Wages, Job 3		
Wages, Job 4		
Self employed, job 1		
Self employed, job 2		
Social Security 1		
Social Security 2		
Social Security 3		
Social Security 4		
Pension 1		
Pension 2		
Child Support/Alimony		
Food Stamps		
Unemployment		
Other _____		
Other _____		
<b>TOTAL</b>		

## SURPLUS/DEFICIT

<b>Write total net income in the space below</b>	<b>Write total expenses in the space below</b>	<b>Subtract "expenses" from "net income" and write number below</b>

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_



## **PRIVACY POLICY**

Beyond Housing 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 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 (314-533-0600) 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FORECLOSURE MITIGATION COUNSELING AGREEMENT**

1. I understand that Beyond Housing 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 Beyond Housing receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Beyond Housing's 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 Beyond Housing provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Beyond Housing in no way obligates me to choose any of these particular loan products or housing programs.

Client's signature \_\_\_\_\_

Date \_\_\_\_\_

Client's signature \_\_\_\_\_

Date \_\_\_\_\_





**CREDIT REPORT AUTHORIZATION**

**Name** \_\_\_\_\_

**First**                      **Middle**                      **Last**

**Spouse** \_\_\_\_\_

**First**                      **Middle**                      **Last**

**Address** \_\_\_\_\_

\_\_\_\_\_

**City**                                      **State**                                      **Zip**

**Social Security #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Spouses Social Security #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**I/We hereby give permission Beyond Housing to pull my/our credit report to assist the counselor in evaluating my/our situation in regards to my/our home or mortgage loan.**

**All information will be kept confidential. I further understand that Beyond Housing will be held harmless for information received in this credit report.**

***(Both Signatures are required if joint report is requested)***

\_\_\_\_\_

**Signature**                                      **Date**

\_\_\_\_\_

**Spouses Signature**                                      **Date**



**RESOLUTION DISCLOSURE**

**I acknowledge and understand that the services provided by Beyond Housing are free services. The goal of my counselor is to assist me to avoid foreclosure if possible. In most cases funds are not available.**

**I understand that it is my responsibility to follow through with the mortgage lender/servicer and that any solution is determined by the agreement made between the lender and me.**

**There are no guarantees of a resolution.**

**Homeowner 1:\_\_\_\_\_Date:\_\_\_\_\_**

**Homeowner 2:\_\_\_\_\_Date:\_\_\_\_\_**



**CLIENT/COUNSELOR CONTRACT**

**Beyond Housing and its counselors agree to be advocates for our clients and to provide the following services:**

- 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
- Explanation of “collection” and “foreclosure” process
- Development of spending plan
- 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 24 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. I also understand that there are no guarantees that my situation can be resolved and that the ultimate solution rests with my decisions and those of the lender/servicer of my loan.**

\_\_\_\_\_  
Homeowner Date

\_\_\_\_\_  
Homeowner Date

\_\_\_\_\_  
Counselor Date

\_\_\_\_\_  
Counselor Date