



We are participating in a grant program to help individuals who are at risk of foreclosure, recovering from a foreclosure or residents in distressed communities recovering from foreclosure.

Our foreclosure intervention department works with homeowners in default on their mortgages or who are at risk of defaulting. We cannot guarantee that foreclosure will be avoided but we want to educate our clients about the foreclosure process and how to avoid it if possible. Furthermore we want to assist our clients to stabilize their finances and build a stronger financial future.

We can be the coach but our clients have to be the players. As with coach player relationship, we want to help develop skills to win. In this case, winning is having a sustainable mortgage payment, other bills paid, savings in the bank and a strategy for a financially stable future.

It will take work on both of our parts.

We look forward to working with you!

Beyond Housing Foreclosure Intervention Coaches/Counselors



6506 Wright Way
St. Louis, MO 63121
314-533-0600

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.

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
6506 Wright Way Pine Lawn, MO 63121
email: lingram@beyondhousing.org or mchapel@beyondhousing.org
phone: 314-376-5852
fax: 866-634-4391



6506 Wright Way
St. Louis, MO 63121
314-533-0600

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, Michele 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.
- You can visit HUD.gov 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

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: _____

Primary Mortgage

2nd 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)

Have you filed bankruptcy since you owned your home? _____

Are you currently in bankruptcy? _____

Have you received any letters from a foreclosure attorney? _____

FINANCIAL STATEMENT

Borrower's Name: _____

Co-Borrower's Name: _____

Loan #: _____

| BORROWER MONTHLY DEBTS | | |
|-------------------------------|------------------------|--|
| 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. | |
| TOTAL | | |

| 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 _____ | | |
| TOTAL | | |

| SURPLUS/DEFICIT | | |
|--|--|---|
| Write total net income in the space below | Write total expenses in the space below | Subtract "expenses" from "net income" and write number below |
| | | |

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 Project Reinvest: Financial Capability 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: _____



Financial Capability Counseling/Coaching Authorization

1. I understand that Beyond Housing provides financial capability counseling/coaching 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 submits client-level information relating to the Project Reinvest: Financial Capability grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.
3. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
4. I give permission for Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
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 acknowledge that I have received a copy of Beyond Housing's Privacy Policy.

Client's signature _____

Date _____

Client's signature _____

Date _____



CFPB FINANCIAL WELL-BEING SCALE

Questionnaire

Part 1: How well does this statement describe you or your situation?

| This statement describes me | Completely | Very well | Somewhat | Very little | Not at all |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I could handle a major unexpected expense | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am securing my financial future | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Because of my money situation, I feel like I will never have the things I want in life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I can enjoy life because of the way I'm managing my money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am just getting by financially | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I am concerned that the money I have or will save won't last | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 2: How often does this statement apply to you?

| This statement applies to me | Always | Often | Sometimes | Rarely | Never |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I have money left over at the end of the month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I am behind with my finances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. My finances control my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 3: Tell us about yourself.

11. How old are you? 18-61 62+
12. How did you take the questionnaire? I read the questions Someone read the questions to me



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