



Foreclosure Prevention Counseling 2020 Application

Dear Homeowner,

We understand how hard it can be when you are faced with a hardship that may cause or has already caused you to fall behind on your mortgage payments. We promise to work as hard as you do to find a resolution to your situation. We have provided a list of documents, an application and other forms that must be read and filled out completely prior to your appointment. Make sure to fill them out as truthful as possible so the counselor can get the most accurate picture of your situation.

You **MUST** first attend a 2 hour workshop to get an appointment and receive the application. We will then schedule your first one-on-one appointment that will last two hours. Please arrive on-time, we have many other families that are in the same position as you and the demand for our service is high. We often schedule appointments back-to-back so if you arrive late **WE WILL have to reschedule your appointment.**

Once you have:

1. Attended the workshop
2. Reviewed the packet
3. Filled out the application and other documents **COMPLETELY**
4. **Gathered & MADE COPIES** of all documents that relate to your situation.

(The list of documents is on the 2nd page of the application)

WE WILL THEN SCHEDULE YOUR 1ST ONE-ON-ONE COUNSELING SESSION

Please try to arrive at least 10 minutes prior to you appointment, have all COPIES MADE & be prepared to remain here at least 2 hours.

Thank you for your time, see you soon!

	Intake Document	Purpose
1.	Agency Intake Application	Collects information needed by agency for intake
2.	Monthly Expenses	List of homeowner's expenses. Used for comparison purposes by counseling agency and provides a financial snapshot to the homeowner
3.	Third Party Authorization Form	Allows counseling agency to share financial information with necessary people and organizations
4.	Hardship letter	Explains the homeowner's situation in their own words.
5.	Counselor/Client Agreement	Outlines the roles and responsibilities of the counseling agency and the homeowner
6.	Copy of ID's/DL & Social security Cards	Need copies for all people living in home
7.	Copy of most recent mortgage statement, coupons or billings	Identifies the payment amount(s)
8.	Copy of correspondence from the servicer or attorney	Helps the counselor understand the legal status of the loan
9.	Copies of pay stubs for the last four weeks	Verifies homeowner income
10.	Copies of award letters – SSI, SSDI, pension, retirements, Child Support TANF and/or SNAP	Verifies homeowner benefit income
11.	Written documentation for any other income	Verifies homeowner income
12.	Copy of last 2 year's tax returns	Used for verification and comparison of other information, such as income and home ownership
13.	Copy of last two months bank statements	Used for verification of income and helps counselor identify spending patterns
14.	Copies of latest utility bills	Verifies residency and helps with budgeting
15.	Copies of statements for credit cards, car loan, student loan, & other consumer debt statements	Verifies payments and status of debts
16.	Copy or sent via email Credit Report (all 3 reports https://www.annualcreditreport.com/index.action jvasquez@projectbravo.org	Verifies all debt that will be reviewed by your lender https://www.annualcreditreport.com/index.action
17.	Bankruptcy Authorization	Need authorization from Bankruptcy attorney in order to with on your case.

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OFFICIAL USE ONLY
FAMILY ID:

PART ONE –APPLICANT (HEAD OF HOUSEHOLD) INFORMATION

NAME	First:	Last:	Middle:
PHYSICAL ADDRESS	Street:		City : Zip Code:
MAILING ADDRESS (IF DIFFERENT)	Street/Box Number:		City : Zip Code:
Primary Phone Number: ()		Alternate Phone Number: ()	E-mail address:

Are you related to anyone who is employed with Project BRAVO? Yes ☐ No ☐ If yes, please list their name(s) :

PART TWO – HOUSEHOLD MEMBERS INFORMATION (LIST ALL MEMBERS INCLUDING APPLICANT)

NAME (FIRST MI LAST)	RELATION TO YOU	SOCIAL SECURITY NUMBER	DOB MM/DD/YYYY	SEX M/F	RACE (Asian, Black, Hawaiian, White, Native American or Multi, etc.)	HISPANIC (YES/NO)	LAST GRADE or HIGHEST DEGREE	NAME OF HEALTH INSURANCE	VETERAN (YES/NO)	DISABLED (YES/NO)
1.	SELF									
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

Total Number of Members in Household: If there are more than 10 members in your household, please use and attach an additional sheet of paper.

TYPE OF HOUSEHOLD (CHECK ONE) : SINGLE PARENT-FEMALE ☐ SINGLE PARENT-MALE ☐ SINGLE PERSON ☐ TWO PARENT HOUSEHOLD ☐ TWO ADULTS NO CHILDREN ☐ OTHER ☐

TYPE OF FAMILY (CHECK ONE): THREE GENERATIONS TOGETHER ☐ GRANDPARENTS RAISING GRANDCHILDREN ☐ REGULAR ☐

PART THREE- INCOME SOURCES AND WORK STATUS (CHECK ALL THAT APPLY FOR ALL HOUSEHOLD MEMBERS 18 AND OVER)

INCOME SOURCES:

VA BENEFITS ☐ UNEMPLOYMENT BENEFITS ☐ SSI/SSDI/RSDI ☐ PENSION ☐ SOCIAL SECURITY ☐ EMPLOYMENT/WORK ☐ TANF ☐ FOOD STAMPS (SNAP) ☐

CHILD SUPPORT ☐ CASH CHILD SUPPORT ☐ SELF-EMPLOYED ☐ OTHER ☐

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PART FOUR- HOUSEHOLD INCOME (LIST INCOME RECEIVED IN THE LAST 30 DAYS BY ALL HOUSEHOLD MEMBERS)

NAME OF PERSON RECEIVING INCOME	TYPE OF INCOME	HOW OFTEN PAID?	TOTAL MONTHLY GROSS INCOME

If there are more than 5 members with income in your household, please use and attach an additional sheet of paper.

PART FIVE -HOUSING INFORMATION

WHAT TYPE OF HOME DO YOU LIVE IN? HOUSE ☐ MOBILE HOME ☐ APARTMENT ☐ ROOM RENTED ☐

DO YOU RENT OR OWN THIS HOME? RENT ☐ OWN ☐ WHAT IS YOUR MONTHLY RENT OR MORTGAGE PAYMENT? \$ _____

IF YOU RENT, PLEASE PROVIDE YOUR LANDLORD'S INFORMATION BELOW :

NAME : _____ PHONE NUMBER: _____

IF YOU RENT, ARE UTILITIES INCLUDED IN THE RENT? YES ☐ NO ☐

DO YOU LIVE IN PUBLIC OR SUBSIDIZED HOUSING? YES ☐ NO ☐ IF YES, WHAT TYPE? SECTION 8 ☐ HUD ☐

PART SIX – UTILITY SERVICE INFORMATION

ELECTRIC ACCOUNT # : _____ GAS ACCOUNT # : _____

PROPANE COMPANY : WEST TEXAS ☐ DENMAN ☐ FERRELL ☐ PEREZ ☐ SERVIGAS ☐ SUN CITY ☐ RIO PROPANE ☐

TYPE OF AIR CONDITIONER USED : EVAPORATIVE COOLER ☐ CENTRAL UNIT/REFRIGERATED AIR ☐ WINDOW UNIT ☐ NONE ☐

TYPE OF HEATER USED : CENTRAL HEAT ☐ WALL FURNACE ☐ ELECTRIC HEATER ☐ FIRE PLACE ☐ WOOD BURNING STOVE ☐ OTHER ☐ NONE ☐

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Please review and initial next to each statement.

- _____1. I understand obtaining an appointment will not guarantee assistance for any of Project BRAVO programs.
- _____2. I attest the information provided in this application is true and correct to the best of my knowledge and belief.
- _____3. I understand my household income has been annualized, at the time of application, according to pre-established agency procedures.
- _____4. I understand I may appeal a denial of eligibility.
- _____5. I authorize the Texas Department of Housing and Community Affairs and its contracted agency Project BRAVO to solicit/verify information provided on this application (ex. utility consumption).
- _____6. I am aware that I am subject to prosecution and/or fines up to \$10,000 for providing false or fraudulent information.
- _____7. I authorize Project BRAVO to share my information with Community Partners for the purpose of increasing my access to programs and services and confirming my outcomes.
- _____8. I understand that payments provided to my accounts are issued based on funding availability and may be cancelled during the year.
- _____9. I understand that if I contact any media, Project BRAVO board member, TDHCA staff, or elected official in regards to my case, I grant Project BRAVO permission to discuss the details of my case with the media, Project BRAVO board member, TDHCA staff, or elected official in order to resolve the complaint.
- _____10. I understand that my appointment date is granted using a priority point system.
- _____11. I understand that if I applied for the WAP/HVAC program, that services are granted using a priority point system.

APPLICANT'S SIGNATURE

If you need ADA-related or special accommodations, please notify the secretary at your center upon submitting your application.

Client/Counselor Agreement (MAKE SURE TO READ COMPLETELY)

Project BRAVO, Inc _____ **and its counselor agree to provide the following services:**

1. Confidentiality, honesty, respect and professionalism in all services
2. Timely completion of promised action
3. Explanation of the lender's collection procedures and the state foreclosure process
4. Presentation and explanation of reasonable options available to the homeowner based on an analysis of the homeowner's financial situation
5. Guidance in developing a realistic spending plan, based on homeowner decisions and choices in spending
6. Assistance in submitting a loss mitigation package to the mortgage company
7. Explanation of the loss mitigation plan offered by the mortgage company
8. Assistance in escalating any legitimate issues with the mortgage company (This does not include assistance in escalation of cases where the homeowner disagrees with the mortgage company's decision but there is no factual basis for escalation.)
9. Assistance in developing a foreclosure intervention action plan
10. Identification of assistance resources that may be available to the homeowner
11. Referrals to needed resources

I/We, _____ **agree to the following terms of service:**

1. I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
2. I/We will respond to any phone calls or emails from my/our counselor within 24 hours of delivery of call or email
3. I/We will provide all necessary documentation and follow-up information within the timeframe requested to the counselor and our mortgage company.
4. I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will be rescheduled.
5. I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
6. I/We will contact the counselor about any changes in our situation immediately.
7. I/We will contact the counselor when the mortgage company contacts us with questions or loss mitigation offers, such as a trial period plan or modification.
8. I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

9. I/We will make sure to keep in contact with counselor at least every 14 days

10. I/We will make sure to also keep in contact with our mortgage company for updates on our case while it is in review.

In Addition

1. I acknowledge I have received a copy of Project BRAVO Inc.'s Privacy Policy.
2. I understand the Project BRAVO Inc. will close my case file after three attempts to communicate with me via email, telephone, and/or U.S. postal mail. I also understand that I have the option to request a copy of my file.
3. I understand I am not obligated to utilize any of the services offered me and may be referred to other services offered by the agency or to an outside agency to assist with concerns that may have been identified.
4. Counselors may answer questions and provide information, but will not give legal advice. If I want legal advice, recommendation will be that I seek legal assistance from the appropriate entities.
5. I understand Project BRAVO, Inc. will not make referrals to specific agencies, but will provide me a list of agencies and I will make my own decision.

Hold Harmless Agreement

I give Project BRAVO, Inc. permission to use my name in any current and future publications or reporting. Furthermore, in view of the fact that Project BRAVO, Inc. is a non-profit organization, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against Project BRAVO, Inc. and its employees.

Homeowner

Date

Homeowner

Date

Counselor

Date

PERSONAL SPENDING AND SAVING PLAN

<u>Expense</u>	<u>Monthly Payments</u>	<u>Income</u>	<u>Amount per month</u>
Rent/Mortgage		Gross wages	
Gas/Oil		Self-Employment	
Electric		Unemployment	
Water/Sewage		Social Security	
Phone & Cable TV		SSI/Disability	
Life Insurance		Pension	
Car Insurance		VA Benefits	
Taxes (if not included in mortgage)		Retirement	
Homeowner's/Tenant Insurance (if not included in mortgage)		Child Support	
Credit Cards/Loans		Rental	
Car Loan/Payment		Food Stamps	
Food-Grocery Store		Other	
Gasoline/Transportation			
Medical (doctor, eye care, prescriptions)			
Daycare			
Lunches/snacks, coffee, etc.			
Pet expenses			
Barber/hair salon			
Entertainment (including babysitting expense)			
Fast Food			
Other Expenses			
Savings _____			
<u>TOTALS</u>			

_____ - _____ = \$ _____
 Total Net Income Total Expenses Balance

Hardship Letter

Date: _____

Servicer Name: _____

Loan Number: _____

Borrower(s) Name(s): _____

Address: _____

Dear _____, I am submitting a loss mitigation package because I am:

☐ Interested in keeping my home ☐ Interested in pursuing a short sale

My hardship was caused by:

☐ Unemployment ☐ Underemployment ☐ Medical

☐ Divorce ☐ Death ☐ Disability

☐ Other _____

Hardship Status:

☐ My hardship has been resolved. ☐ My hardship has not been resolved.

☐ I have worked with a counseling agency to address any budgetary issues.

Explanation: _____

Thank you for your consideration.

Sincerely,

X _____ X _____



Loan# _____

To Whom It May Concern:

I, _____, and _____

Property address: _____.

I/We are giving authorization to **Jessie Vasquez** jvasquez@projectbravo.org (Project Bravo) HUD located on 2000 Texas Avenue in El Paso, Texas 79901 1-915-562-4100 ext. 130, to represent me on my behalf as my Housing Counselor Advisor.

This request is in regards to my mortgage loan with: _____, Loan# _____.

I am giving them permission to speak with you regarding my loan for the time period of 12 months ending March 2021. If you should have any questions feel free to contact me at phone number: _____.

Thank you,

X _____

Name: _____

Last 4 of social: XXX-XX- _____

X _____

Name: _____

Last 4 of social: XXX-XX- _____

Community Needs Assessment Questionnaire

The following survey lets us know what the most important needs your family is currently experiencing. The information will be used by your Community Services Advisor (CSA) to better identify what resources to connect you to during your appointment. Your CSA will provide you with referrals and contact information during your appointment based on your responses to this Needs Assessment. In addition, the information will be collected for future use in a Community Needs Assessment report that will be available to the public. Your name or personal information will not be connected to the responses you provide in this survey. Thank you in advance for your participation!

Circle the number that reflects your needs for each item:

Domain/ Category	Needs	Don't Know 0	Not Needed 1	Rarely Needed 2	Needed 3	Very Needed 4
<i>Employment</i>	Help finding a job with a living wage	0	1	2	3	4
	Job skills and job training in order to earn better wages	0	1	2	3	4
<i>Education</i>	GED classes	0	1	2	3	4
	English as a Second Language classes	0	1	2	3	4
	Education development programs	0	1	2	3	4
	Computer skills training	0	1	2	3	4
	Assistance to attend trade or technical school, or college	0	1	2	3	4
	Reading improvement and school readiness skills programs for children	0	1	2	3	4
	Childcare so that parent can attend school/work	0	1	2	3	4
<i>Income & Asset Building</i>	Assistance with financial goals and self-sufficiency	0	1	2	3	4
	Financial education/budgeting classes/credit repair	0	1	2	3	4
	Help with applying for Social Security, disability (SSDI), WIC, TANF, SNAP, etc.	0	1	2	3	4
<i>Housing</i>	Safe temporary shelter for homeless persons	0	1	2	3	4
	Affordable Housing	0	1	2	3	4
	Classes on how to buy an affordable home	0	1	2	3	4
	Help paying rent or mortgage	0	1	2	3	4
	Help with utility bills	0	1	2	3	4
	Help to make my home more energy efficient (weatherization)	0	1	2	3	4
<i>Health and Social/ Behavioral Development</i>	Nutrition education/healthy eating education workshops	0	1	2	3	4
	Assistance with major health conditions (examples diabetes, cancer, high blood pressure)	0	1	2	3	4
	Mental and behavioral health counseling or classes	0	1	2	3	4
	Programs and activities for Seniors	0	1	2	3	4
	Assistance for elderly and disabled and persons with chronic health conditions to stay at home	0	1	2	3	4
	Programs and activities for youth and/or adults to stay out of jail	0	1	2	3	4

<i>Civic Engagement & Community Involvement</i>	Leadership skills and community involvement programs	0	1	2	3	4
	Voter registration and/or education	0	1	2	3	4
	Community Revitalization programs such as neighborhood clean-up projects, crime prevention, recreational areas, etc. for my neighborhood	0	1	2	3	4
	Volunteer opportunities	0	1	2	3	4
	Citizenship classes	0	1	2	3	4
<i>Emergency Assistance</i>	Assistance getting affordable medications	0	1	2	3	4
	Affordable health insurance/medical care	0	1	2	3	4
	Help getting free or affordable food	0	1	2	3	4
	Affordable transportation	0	1	2	3	4
	Help finding resources in the community	0	1	2	3	4
	Child care assistance	0	1	2	3	4

Other Needs Not Listed Above:

End of Survey