



POST-PURCHASE REGISTRATION

Client Information:

Name: First _____ Middle _____
Last _____

Co-Applicant Name: First _____ Middle _____
Last _____ Relationship _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Preferred method of contact: _____ Email _____ US Mail

Goal:

_____ Keep Home _____ Alternatives / Non-Retention Options

_____ Mediation (Winnebago & Boone County only)

_____ I-Refi (current on payments, but you owe more on the house than it is worth)

_____ Other foreclosure prevention services

Loan Information:

Lender: _____

Purchase Date: _____

Type of Loan: _____ FHA _____ Conventional _____ USDA _____ Home Equity _____ Reverse Mortgage

Delinquency Status: _____ months behind

In Active Foreclosure? _____ Yes _____ No

Is there a sale date? _____ Yes _____ No

If yes, then date: _____

Is there a 2nd Mortgage? _____ Yes _____ No If Yes, who with? _____

Has the loan been previously modified? Yes No If Yes, when? _____ (month/year)

Have you been offered a Trial Payment Plan within the last 6 months? Yes No

If Yes, did you complete the 3 Trial payments? Yes No

Other Important Information:

Is the property owner occupied? Yes No

Are all parties on the note living in the property? Yes No

If No, do you have: Recorded Quit Claim Deed
 Divorce Papers
 Other:

Is there income? Yes No

Have you been through bankruptcy? Yes No

If yes, was your home reaffirmed? Yes No

Are you working with another agency? Yes No

If yes, which one? _____

Are you working with an attorney? Yes No

Have you previously worked with one? Yes No

Any other information you wish to include: _____



Authorization to Speak to HomeStart

DATE: _____

RE: _____ PHONE #: _____
Client Name

_____ PHONE #: _____
Co-Client Name

Street Address

City, State, Zip

LOAN ACCT #: _____

CLIENT SSN: _____ CO-CLIENT SSN: _____

I/We am/are currently receiving foreclosure counseling from HomeStart, whose employees will review my situation, advise me of my options, and help me to prepare a corrective action plan to bring my mortgage current.

I/We, (Client) _____ and (Co-Client) _____ give permission and authorization for (Mortgage Company) _____ to discuss my account with HomeStart and the following HomeStart employees:

- | | | | |
|-----------------|-----------------|-----------------|--------------------|
| Sarah Brinkmann | Melissa Radick | Cassidy Kraimer | Valerie Cunningham |
| Racheal Falzone | Hannah Saunders | Dina Knibbs | Alisa Rhodes |

This authorization will last for the life of the loan or until I expressly, in writing, revoke said authorization. If you have any questions, please contact any of the above-named employees at:

HomeStart
803 N. Church Street
Rockford, IL 61103
P: (815) 962-2011
F: (815) 962-2650

HomeStart
307 W. Main Street
Freeport, IL 61032
P: (815) 232-6197
F: (815) 235-3560

Client Signature

Co-Client Signature

Demographic Tracking Information

LOAN #: _____ MORTGAGE CO: _____

HOMEOWNER	CO-HOMEOWNER
Name: _____	Name: _____
Street Address: _____	Street Address: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Phone #: _____ Alt. Phone #: _____	Phone #: _____ Alt. Phone #: _____
Email Address: _____	Email Address: _____
SSN: _____ Birth Date: _____	SSN: _____ Birth Date: _____
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> No answer	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> No answer
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No answer	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No answer
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No answer	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No answer
Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Source: <input type="checkbox"/> Agency <input type="checkbox"/> Lender <input type="checkbox"/> Mailer <input type="checkbox"/> Realtor <input type="checkbox"/> Walk-in <input type="checkbox"/> Internet <input type="checkbox"/> Word of Mouth	Referral Source: <input type="checkbox"/> Agency <input type="checkbox"/> Lender <input type="checkbox"/> Mailer <input type="checkbox"/> Realtor <input type="checkbox"/> Walk-in <input type="checkbox"/> Internet <input type="checkbox"/> Word of Mouth
PROPERTY INFORMATION	
Type of Property: <input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> 2-4 Unit <input type="checkbox"/> Cooperative <input type="checkbox"/> Mobile Home	
Condition of Home: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Age of Home: _____ Date of Purchase: _____	
HOMEOWNER HISTORY AND OTHER INFORMATION	
Household Type (please check only ONE box) <input type="checkbox"/> Married with Children <input type="checkbox"/> Married without Children <input type="checkbox"/> Single Adult <input type="checkbox"/> Single Parent - Female <input type="checkbox"/> Single Parent - Male <input type="checkbox"/> 2 or More Unrelated Adults <input type="checkbox"/> Other <input type="checkbox"/> Grandparent(s) Raising Grandchild(ren)	Reason for Default (please check only ONE box) <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Death of Family Member <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Reduction in Income <input type="checkbox"/> Increase in Expenses <input type="checkbox"/> Increase in Loan Payment <input type="checkbox"/> Loss of Income <input type="checkbox"/> Medical Issues <input type="checkbox"/> Poor Budget Management
Education (please check only ONE box) <input type="checkbox"/> Primary <input type="checkbox"/> High School or Equivalent <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> None	Marital Status (please check only ONE box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
First Time Homebuyer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number in Household: _____
Annual Household Income: _____	Female Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER COUNSELING	
Have you contacted another counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide: Agency Name: _____ Agency Phone #: _____	
Have you received a workout plan, modification, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide: Type of Workout: _____ Date: _____	

Monthly Expense Sheet (What You Pay on a Monthly Basis)

Monthly Household Income		Total Medical	
Income One		Dentist	
Income Two		Doctor Visits	
Overtime		Medications	
Interest & Dividends		Utilities	
Other Income		Television	
Bonuses		Cell Phone	
Commission		Telephone	
Social Security Income		Water/Sewer/Electric/Gas	
Child Support		Total Food & Groceries	
AFDC		Alcoholic Beverages	
Alimony		Groceries	
Unemployment		Restaurants	
Other/SNAP		Miscellaneous	
Withholding		Auto Repairs	
Auto		Gasoline	
Auto Insurance		License/Tags/Taxes	
Auto Loan		Clothing	
Fixed Expenses (Paid Out of Pocket)		Laundry/Cleaning	
Child Support		Hobbies	
Alimony		Movies	
Credit Card Min. Payments		Newspapers/Magazines	
Housing Payment		Vacations	
1 st Mortgage		Charitable Donations	
2 nd Mortgage		Gifts	
Other Mortgage		Home Maintenance	
Home Owner Association		Pocket Money	
Home Equity Line		Pet Supplies	
Homeowners Insurance		Children's Allowances	
Property Tax		Childcare	
Rent		Hair Care	
Installment Loans		Toiletries	
Student Loans		Misc.	
Other Loans		Misc.	
Insurance (Paid Out of Pocket)		Public Transportation	
Life Insurance		Savings	
Health Insurance		Monthly Savings Plan	
Other Insurance		Other Savings	
		Totals	
		Gross Income	
		Net Income	
		Total Expenses	

Please describe what caused you to call our office:

Client Signature

Co-Client Signature

Client Printed Name

Co-Client Printed Name

Date

Date



307 W Main St, Freeport, IL 61032
 803 N. Church St. Rockford, IL 61103
 P: (815) 962- 2011 F: (815) 962- 2650

Homeownership Counseling Disclosure Statement and Agreement

DISCLAIMER

The purpose of the assistance, including counseling, workshops and/or online training, provided by HomeStart is for education and counseling regarding a mortgage loan. The written action plan will have recommendations for handling my finances. However, I am not required to act on them, nor will HomeStart act on them without my permission. If HomeStart does not offer services I need I might be referred to other agencies but not to specific agencies. However, I am not obligated to use any of those services or any loan program that I may qualify for. HomeStart provides information regarding foreclose and bankruptcy but offers no legal advice. For legal advice I need to consult with an attorney. HomeStart does not have the authority to approve or deny anything regarding a mortgage loan and is not an agent for the lender. I have the right to submit an application to my lender even if HomeStart believes I may not qualify. The completion of HomeStart counseling and educational opportunities and referrals do not constitute a commitment on the part of HomeStart or a particular lender to offer me a workout solution. Any such commitment should be in writing.

COMPLETENESS OF APPLICATION

It is my responsibility to provide all required information and documentation if I decide to work with a counselor from HomeStart. If I am dissatisfied with their services, I may request a copy of HomeStart Complain Resolution Process. I may also request a copy of my file.

WITHOLDING OF SERVICES

HomeStart reserves the right to withhold its services if I use inappropriate language, adopt an inappropriate attitude or engage in inappropriate behavior. HomeStart may close my file after three (3) attempts to communicate with me.

CREDIT BUREAU AUTHORIZATION

I hereby authorize CoreLogic Credco, LLC (CREDCO) to obtain my consumer report/credit information and scores from the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the report to my housing counseling agency, HomeStart for the purpose of counseling and education. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C.1681b(a)(2).

I recognize that the accuracy, validity or completeness of the report provided by CREDCO is not guaranteed by CREDCO and I hereby release and affiliated companies, successors and assigns and their directors, officers, agents, employees, and independent contractors from any liability for any negligence in connection with the preparation of the report and from any loss, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the report.

CLIENT CONTRACT

I agree to provide honest and complete information to HomeStart both verbally and in writing, timely provide all the necessary documents, be on time for appointments, call at least six hours

Client Signature _____
 Client Printed Name _____
 Date _____

before my scheduled appointment if I need to cancel, report any changes of my situation in a timely manner, treat all HomeStart employees with respect, and not to use inappropriate language or engage in inappropriate behavior.

PRIVACY POLICY

HomeStart is committed to protecting your privacy. We realize your concerns are highly personal in nature. We treat this information in accordance with all legal and ethical guidelines. We may use your anonymous aggregated case file information for evaluation of our services, to gather valuable research, and to design future programs. Information that we gather about you includes: (1) information provided by you, such as your name, address, social security number and income; (2) information provided by your creditors and others, such as your loan balance; and (3) information from a credit reporting agency, such as your credit report.

You may refuse to allow HomeStart to disclose your nonpublic personal information to third parties and we will assist you to the best of its ability. However, if you refuse, HomeStart will not be able to answer questions from third parties. If you wish to change your disclosure status, please call us at 815-962-2011.

So long as you have not refuse disclosure, we may disclose some or all of the information that we collect to your creditors or third parties if we determine that this would be helpful to you, would aid us to provide efficient counseling, is required by the grants that make it possible to provide services to you, or if we are required to do so by law. We restrict access to your nonpublic personal information to employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal privacy regulations.

DISCLOSURE STATEMENT

HomeStart, in addition to homeownership counseling, provides the following services: financial, foreclosure prevention and post purchase education and credit counseling.

HomeStart has financial relationships with industry partners, including but not limited to Midland States Bank, Blackhawk Bank, Illinois Bank and Trust, JP Morgan Chase, Wells Fargo, Allstate Foundation, PNC, Bank of America and US Bank. As a client, you are not obligated to accept any of the services offered by HomeStart or its industry partners. Farrah Toepfer also works for Envoy Mortgage. HomeStart hereby certifies that the staff and volunteers who provide homeownership counseling have no conflict of interest due to any other relationship with any industry partner, whether identified above or not, that may stand to benefit from particular counseling outcomes.

*"Clients are provided with a variety of information and are encouraged to thoroughly evaluate: mortgage loan products and lenders, and are **free to choose** the lender, loan, realtor, home inspector, contractor and attorney for their home purchase/refinance regardless of any recommendations made by the housing counseling staff."*

Sarah Brinkmann, Executive Director of HomeStart