

Cecil County Housing Agency
200 Chesapeake Blvd. Suite 1800
Elkton, MD 21921
Phone: 410-996-8216
Fax: 410-996-5256

Dear Homeowner,

Cecil County Housing Agency is a HUD-certified Housing Counseling Agency. Cecil County Housing Agency does not provide any direct monetary assistance in relation to a delinquency of mortgage at this time. Our office provides budget counseling and loss mitigation services, assisting clients in working out solutions to maintain homeownership when possible. Please fill out this packet and bring with you to your appointment.

Please bring copies of the following items when you meet with the Housing Counselor:

1. A detailed explanation of your current situation and reason(s) for default (see preparing a hardship letter below). Include any documentation to support your hardship.
2. Most recent monthly mortgage statement
3. Most recent correspondence from lender
4. 1 month proof of income for household: monthly pay stubs, award letters, etc.
5. 2 months bank/credit union statements, all pages
6. 2 years Federal tax returns signed and include W2's. If you do not file taxes, a signed and dated statement stating that you do not file taxes and the reason.
7. HOA Information if applicable
8. Most recent utility bill to prove occupancy
9. Documentation of any other mortgage or loans
10. Copies of documentation or packet you sent to your loan servicer regarding your mortgage

Steps that you should be taking are: 1. Start a communication log by keeping track of every conversation that you have with the mortgage company (including the date, person you spoke to and the result),
2. Start saving.

Prepare a hardship letter. The letter needs to state your intentions to remain in your home, the reason you fell behind, the date you fell behind in the payments, and how the situation has changed or will change so you will be able to afford a repayment or modified plan.

If you have any questions please do not hesitate to call me at 410-996-8216.

Sincerely,

Joyce VanZile

Housing Counselor



Cecil County Housing Agency
Mortgage Default and Delinquency Counseling

Date of call: _____ Time: _____ Appointment Date/Time _____

Are you working with any other foreclosure counseling organization? Yes No

Demographic Information

Demographic information is collected for statistical purpose for the Department of Housing and Urban Development only and will be maintained in strictest confidence.

Borrower: _____ SSN: _____ Birthday: _____

Co- Borrower: _____ SSN: _____ Birthday: _____

Borrower's Education: _____ Co-Borrower's Education: _____

Property Address: _____

City: _____ State: Maryland Zip Code: _____

Mailing Address (if different than property address): _____

E-mail address: _____

Phone #: _____ Cell: _____

Marital Status: Single Married Widower Divorced Separated

Ethnicity: Hispanic Non-Hispanic

Single Race

Multiple Race

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian
- White
- Undisclosed

- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian & Black
- Other multiple race _____

Total Number of people living in household: _____, # of Adults: _____, # of Children: _____

Number of people on the Deed _____

Referral Source

- Agency/Organization
- Lender/Mortgage Company
- Realtor
- Media
- HUD website
- Other _____
- Internet
- Friend/Relative

Mortgage Information

1st Mortgage

Date of purchase _____ Purchase price \$ _____

Refinanced Yes No # of times refinanced _____ Date of last refinance _____

Reason for refinancing _____

Mortgage Company _____ Loan Number _____

Interest Rate _____% Fixed ARM - ARM Reset Date _____

Interest Only P & I FHA Conventional VA

Monthly Payment _____ Principal Balance _____

Taxes & Insurance escrowed? Yes No Taxes _____ Insurance _____

Mortgage delinquent Yes No # of Months Delinquent _____

Date of Last Payment _____ Amount Delinquent \$ _____

Reason for delinquency _____

Lender Contacted Yes No Results _____

Previous mortgage delinquency Yes No Delinquency workout solution _____

(NOI sent) Foreclosure notice Yes No Date _____ Attorney Name _____

Sale Date set Yes No When _____

2nd Mortgage

Mortgage Company _____ Loan Number _____

Interest Rate _____% Fixed ARM - ARM Reset Date _____

Interest Only P & I FHA Conventional VA

Monthly Payment _____ Principal Balance _____

Second Mortgage delinquent Yes No # of Months Delinquent _____

Date of Last Payment _____ Amount Delinquent \$ _____

Reason for delinquency _____



Authorization to Release Information

Borrower: _____ Last Four Digits of SSN _____

Co- Borrower: _____ Last Four Digits of SSN _____

Property Address: _____

Telephone #: _____ Cell #: _____

Lender:/Servicer: _____ Loan Number: _____

Conventional () FHA () VA () Fannie Mae () Freddie Mac ()

Nonprofit Agency: **Cecil County Housing Agency** Counselor: **Joyce VanZile**

Address: **200 Chesapeake Blvd., Suite 1800, Elkton, MD, 21921**

Telephone: **410-996-8216** Fax: **410-658-5256** Email: **jvanzile@ccgov.org**

I/we authorize Cecil County Housing Agency and its representatives to speak with my/our lender and with whoever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan.

I/we authorize the lender and/or servicer handling my/our loan to discuss my/our loan with Cecil County Housing Agency including notification of loan modification status or future default or delinquency.

Cecil County Housing Agency agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize Cecil County Housing Agency and/or lender and/ or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I/we further authorize Cecil County Housing Agency and/or lender and /or servicer handling my/our loan to access my/our credit report file(s) for debt/expense verification in conjunction with my/our foreclosure counseling or qualifications for loan refinance or modification.

This authorization will not be valid unless signed below by borrower and co-borrowers named above and will only remain valid until revoked in writing by any borrower or co-borrower named above.

Borrower Date

Borrower Date

Housing Counselor Date



CECIL COUNTY HOUSING AGENCY

200 Chesapeake Boulevard, Suite 1800, Elkton, MD 21921

Phone: 410-996-8216

E-mail: jvanzile@ccgov.org

Default Housing Counseling Services Disclosure Form

1. Cecil County Housing Agency provides housing counseling to anyone, regardless of income, at no charge.
2. Cecil County Housing Agency provides one-on-one default counseling. The counselor will assess the situation, identify the cause, and then based on that assessment, explore with the homeowner what options are available and develop strategies to correct the default.
3. The counselor will explain the foreclosure process to the client.
4. The counselor will help the homeowner to create a realistic and workable budget.
5. The counselor will contact lenders for loss mitigation and will assist the client with the workout package.
6. The counselor will do follow up with the lender.
7. I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
8. Cecil County Housing Agency receives funds through the Department of Housing and Urban Development (HUD) and Maryland Department of Housing and Community Development (MD,DHCD) and is required to share some of my personal information with both MD,DHCD and HUD program administrators or their agents for purpose of program monitoring compliance and evaluation.
9. I understand that there is no guarantee that Cecil County Housing Agency will be able to find a workout option to keep my home. I understand that my willingness to participate and provide timely truthful information to Cecil County Housing Agency will impact their ability to advocate on my behalf.
10. 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.
11. The client has freedom of choice and the client is not obligated to receive, purchase, or utilize any other services offered by the organization in order to receive housing counseling services.
12. It is the policy of Cecil County Housing Agency that no staff member or immediate family have any financial interest in any companies that Housing Agency may partner with.
13. Staff members and immediate family members are prohibited from accepting a gift, promotional item, refund, rebate or any type of compensation from any lender, or any party involved in any service recommended by the Cecil County Housing Agency involving a third party.
14. The counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
15. **Privacy policy;** Cecil County is committed to maintain your privacy. We will only release your information with your specific authorization. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard you personal information.

Client's signature _____

Date _____

Client's signature _____

Date _____

Income

Source	Net Pay		Net amount		Gross Amount	
	Pay /	Frequency	Month /	Year	Month /	Year
Total						

Expenses & Money Available to pay towards mortgage

Monthly expenses	Monthly	Outstanding balance	notes
Monthly Housing Expenses			
1 st Mortgage			
2 nd Mortgage			
Property taxes - if not escrowed			
Homeowners Insurance - if not escrowed			
Association dues			
Other Monthly expenses			
Utilities: (electric, water, trash, cable/internet)			
Phone:			
Health Care: (out of pocket, routine Rx's)			
Health Care: (out of pocket, routine Rx's)			
Food/household			
Child Care			
Other discretionary spending: (pets, entertainment, cigarettes, etc.)			
Total Expenses:			
Net Surplus (or Loss):			