

**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

## 1<sup>st</sup> 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 \_\_\_\_\_

## 2<sup>nd</sup> 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](mailto: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
<b>Total</b>						

## Expenses & Money Available to pay towards mortgage

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