

## **KCCD-HCA Foreclosure Prevention & House Preservation Counseling**

KCCD provides group counseling sessions for home owners who are having difficulty making their mortgage payments. Counseling sessions consist of an extensive review and assistance in document preparation. During the group session, each client will be able to meet with counselors and review the documents together. Upon client's request, KCCD counselor can engage into negotiation with lender for best possible workout solution. Please note that all of our Counseling and Lender Workout Negotiation services are FREE of charge.

### **Group Counseling Schedule:**

**Tuesday – 10AM / Wednesdays – 2PM / Thursdays – 5PM**

**Location:** 3550 Wilshire Blvd. #736, Los Angeles, CA 90010

Dates and times are subject to change without prior notice. KCCD no longer takes appointments. Please come to office on time. Counseling sessions are conducted in English and Korean. Upon your request, Thai translators may be available. For clients outside the Los Angeles area, please submit your documents via postal mail to our office. Also you must have email account to communicate with the counselors. Please cooperate for these rules.

### **Counseling Document Preparation**

Requirements for 2 Sets of Document Copies – You need to submit 1<sup>st</sup> set to KCCD. 2<sup>nd</sup> set of copy is your copy.

- 1) **Intake Form – Download Intake Form [PDF]**
- 2) **Signatures on ALL documents where applicable (including tax return)**
- 3) **Hardship Affidavit**
- 4) **Lender's Application (specific application from your lender)**
- 5) **HAMP Application (4506T-EZ and RMA form)**
- 6) **Dodd Frank**
- 7) **Hardship Letter**
- 8) **Copy of most recent tax return (or proof of extension)**
- 9) **Copy of most recent mortgage statements/Copy of Property Tax Bill/Hazard Insurance Invoice**
- 10) **HOA invoice (if necessary)**
- 11) **Copy of most recent Bank Statements (3 Months)**
- 12) **Copy of any other documents related to your mortgage(s)**
- 13) **Copy of the Most Recent Pay Stubs (must have last 3 Months) or if you own business a profit and loss statement (last 3 Months and signed)**
- 14) **Copy of Most Recent Utility Bill**

### **Guidelines for Hardship Letter**

- Loan Number
- About yourself (Name, Address, Contact Number)
- Family Introduction
- When the property was purchased
- Beginning of the financial hardship
- Future Plans (Long term and/or Short term)
- From when you defaulted on mortgage payment
- How long the financial difficulty will last
- Want to keep or sell the property (if you want to keep the property, what are your plans)
- When you will be able to make mortgage payments regularly (or have a stable income)
- Proposed Payment Amount (PITI) after the modification
- How you want the bank to help you
- Signature and Date on the bottom of the letter

### **Credit Reports & Counseling**

KCCD is required to obtain a credit report for each borrower on the loan contract

Step 1: Download and Complete Intake Form above

Step 2: Pay \$10 Credit Report Fee (\$20 if there is a co-borrower)



# KOREAN CHURCHES FOR COMMUNITY DEVELOPMENT

Rev. 0.95

## CLIENT COUNSELING AGREEMENT

I agree to participate in (pre- post purchase counseling, budget/credit counseling, financial literacy, homebuyers education workshop, foreclosure/ loss mitigation) counseling sessions to improve my ability to address my housing and/or financial needs. **KCCD does not guarantee any results from the counseling sessions.**

I understand the following:

A. KCCD staff counselors may discuss information on my credit history, personal financial circumstances, employment, or related problems as it may be necessary to seek a solution to my identified housing/credit problems with representatives of other firms or agencies as is necessary to seek a solution to my problem(s).

B. Information I provide are accurate to the best of my knowledge at the time of counseling. I will advise any incorrect information or anything that has been changed immediately.

C. Information about my personal circumstances will be treated with total confidentiality and that at no time will information be released to any third party without my express written consent (i.e. release of information).

D. I agree to work with KCCD counselors to develop a case management plan to resolve my housing and/or financial problem(s). Further, I also agree to perform in a timely manner, any and all tasks assigned to me in developing this case management plan.

I. Pre-Purchase counseling: I understand I will cooperate with the counselors for any update of my income / debt situation. I will cooperate for the complete intake and counseling procedures. Intake process will be consist of (1) completing the intake form, including all required signatures, (2) providing full budget information, and (3) providing other supporting documents requested by housing counselor. As needed, I will provide all necessary documents for pre-approval qualification. **I understand KCCD counselors will give recommendation to the best of their knowledge and I am making final decision.**

II. Foreclosure Prevention (F/C) counseling: I understand that I will cooperate with the counselors for complete intake process. The intake process will consist of (1) completing the intake form with ALL signatures, (2) providing budget information, (3) providing hardship letters and the full packet required by the counselor and/or lender, and (4) providing other supporting documents requested by housing counselors. I understand that I will not seek any counseling without the full cooperation. **I understand KCCD counselors will give recommendation to the best of their knowledge with the provided information. I agree to do ALL necessary actions according to the action plan, and it might include preparation of hardship packet, submitting the hardship packet to the lender, and updating KCCD counselors for any changes of my situation.**

E. KCCD does not offer any legal advice.

F. All materials and information obtained in assisting me is the property of KCCD.

G. I agree to hold KCCD, its representatives, collaborative agencies and organizations harmless for any misinterpretations by myself of information provided.

H. I understand that I am NOT obligated to receive any other services offered by KCCD (First Time Home Buyer Program) or its partners (KCCD does not currently have any financial relationship between any industry partners). I have right to use loan products other than those offered by KCCD and purchase or rent properties other than those owned by KCCD.

I. I understand that KCCD staffs and counselors will provide me with tools to make sound decisions and they are not my agents or legal representatives.

\_\_\_\_\_ Initial

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's signature

\_\_\_\_\_  
Date



# KOREAN CHURCHES FOR COMMUNITY DEVELOPMENT

Rev 0.95

Date \_\_\_\_\_

Expiration Date: Dec. 31, 2012

1<sup>st</sup> Lender Name: \_\_\_\_\_ Loan #: \_\_\_\_\_

2<sup>nd</sup> Lender Name: \_\_\_\_\_ Loan #: \_\_\_\_\_

Borrower Name: \_\_\_\_\_ Social Sec #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Co-Borrower Name: \_\_\_\_\_ Social Sec #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Property Address: \_\_\_\_\_

### Authorization of Release of Information

I (we) authorize Korean Churches for Community Development Housing Counseling Agency (KCCDHCA) and its representatives named below to discuss, forward, and receive copies of information pertinent to the processing of services in regard to my assistance provided to me by KCCDHCA.

**Eunice Im**  
Name of Representative

**Will Quay**  
Name of Representative

**Joanne Chu**  
Name of Representative

**Heyoung You**  
Name of Representative

### LENDER/NMFC RELEASE AUTHORIZATION

I/We authorize KCCD with regard to the property listed above. I/We authorize our lending institution/mortgage company to fax, mail, or email any items requested by KCCD in reference to our mortgage delinquency immediately. I understand that KCCD receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation. (a) I/we authorize KCCD to submit our information to the National Foreclosure Mitigation Counseling Program, which may: (b) open files to be reviewed for program monitoring and compliance purposes; pull our credit record solely for program evaluation purposes a minimum of two times between this day and June 30, 2011;(c) and to conduct follow-up with us related to program evaluation. \_\_\_\_\_ Initial (opt-out of (c) only). Pursuant to Public Law 91-50B, Title VI, Section 604 (2) & (3) A & B and Section 610 (a) – (d), I/We hereby authorize any Credit Reporting Agency to disclose any consumer credit information to KCCD and hereby name KCCD as the authorized “person of my choosing.” Additionally, you may discuss my file with KCCD personnel (Law No. 1610 (d) 1).

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Co-Borrower Signature



**Authorization to Obtain Credit Information**

---

I hereby authorize Korean Churches for Community Development Housing Counseling Agency (KCCDHCA) to verify my past and present employment earnings record, bank accounts, stock holdings, and other asset balances that are needed to process my application. I further authorize KCCDHCA to order a consumer credit report and verify other credit information, including past and present landlord references. It is understood that a photocopy of this form will also serve as an authorization.

The information KCCDHCA obtains is only to be used in the processing of my application and can be shared with various agencies that fund the KCCDHCA programs.

To establish “proper identification”, as required by the Fair Credit Report Act, please complete the following identifying information and supply the consumer interviewer with two (2) pieces of proper identification.

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous address if less than two years:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

I am the person named above, and I understand that federal law provides that a person who obtains information from a consumer-reporting agency under false pretenses shall be fined not more that \$5,000.00 or imprisoned for not more than one year, or both.

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Date)



## DISCLOSURE

KCCD assists Clients through homebuyer counseling, foreclosure prevention education and financial literacy services and sometimes we will advise clients to use a licensed real estate broker or lender.

As a Client of KCCD, you have the option of utilizing the services of the licensed real estate brokers and lenders on the list we provide. You are under no obligation to utilize the services of the real estate brokers or lenders listed by KCCD to purchase or sell a property or to obtain a mortgage loan.

**There are many real estate brokers, mortgage lenders and mortgage brokers and you, as a Client of KCCD, are free to choose whomever you please to provide these types of services to you.**

KCCD does from time to time receive grants or donations from various lending institutions in order to provide free services to the public. KCCD does not endorse nor recommend any real estate broker or mortgage lender. KCCD provides a list of real estate brokers and lenders for the purpose of informing the public only.



### Acknowledgment

**I/we have read this disclosure form, and understand it.**

\_\_\_\_\_  
Client DATE \_\_\_\_\_

\_\_\_\_\_  
Client DATE \_\_\_\_\_



## **KCCD Public Relations Release Agreement**

By signing this agreement, I, \_\_\_\_\_, give permission for KCCD to use any photos, video clips, statements, background information, my story, and any other identifying information, to be used for public relations and promotional purposes by KCCD. In the case that I successfully purchase a home through the KCCD Housing counseling Agency, I also agree to cooperate and participate in press conferences and media interviews.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# HOUSEHOLD BUDGET WORKSHEET

**Directions:** The "Household Budget" worksheet works best when used on a per month basis. If necessary it is suggested that each person use a separate "Household Budget" worksheet. Please fill out each section as best as you can. If you are unsure, please estimate. Personal expenses are important when reviewing your case.

\*\*REQUIRED (if applicable)

Name: \_\_\_\_\_

Monthly Income	Borrower	Co-borrower/ Additional Occupants
**Pay stub (Gross Income)		
**Self Employer (P&L) (Net Income)		
**SSI		
**Retirement Fund		
**Rental Income		
**Family Contribution		
Other		
Other		
<b>**Total Income</b>		
Monthly Expenses	Typical Budget	Crisis Budget (for emergency)
**1st Mortgage (P&I)		
**2nd Mortgage or Home equity		
**Extra Property Mortgage or Rent		
**Major Credit Card (Min Payment)	Mo(    ) Bal(    )	Mo(    ) Bal(    )
**Automobile	Mo(    ) Bal(    )	Mo(    ) Bal(    )
Automobile	Mo(    ) Bal(    )	Mo(    ) Bal(    )
Automobile	Mo(    ) Bal(    )	Mo(    ) Bal(    )
<b>**Property Tax – Please write monthly amount</b>		
**Home Owners Association (HOA)		
**Homeowner’s Insurance – please write monthly		
**Utility(water, electric, gas, trash)		
**Automobile (Maintenance, Repair, Fuel, ETC.)		
**Automobile Insurance		
**Food / Personal		
**Entertainment		
**Medical Expense		
**Child Support		
**Cable / Internet / Cell Phone		
**Health / Life		
**Other/Miscellaneous		
<b>**Total Expenditure</b>		
<b>Total Income – Total Expense =</b>		

KCCD Use Only:

Client # \_\_\_\_\_

**Directions:** Please fill out the KCCD Intake Form as much as you can. If you are unsure, write the closest estimate. Sections marked with a \*\* are required. \* REQUIRED

Case Rating Ur Md Rx NOD Trustee Sale

In Time: \_\_\_\_\_

**Information About Client**

Language Selection: Korean Preferred  English Preferred

Rev. 0.95

**Borrower Name & Gender (M or F)	
**Borrower Social Security Number :	
**Borrower's Date of Birth:	
**Co-Borrower Name & Gender (M or F)	
**Co-Borrower's Social Security Number:	
**Co-Borrower's Date of Birth:	
**Mailing Address (with City, State/Zip)	
**What <i>county</i> is your home in? (i.e. Los Angeles, Ventura, etc)	
**Cell Phone	
**Home Phone	
**Email Address	
**Household Type ( <i>please circle one of the options to the right</i> )  **1. How many people are in your household? _____ 2. What is your family income \$ _____	*Female- headed single parent household *Male- headed single parent household *Married with Children *Married without Children *Single Adult *Other _____
<b>Race:</b> White / Black / American Indian / Hispanic / Asian or API / Other	
<b>Ethnicity:</b> Hispanic or Latino  Highest level of education?  Are you disabled?  Are you a victim of discrimination?  Are you a victim of predatory lending?  Are you a first time home buyer?	<b>Yes or No</b> _____  <b>Yes or No</b>  <b>Yes or No</b>  <b>Yes or No</b>  <b>Yes or No</b>
<b>**Borrower's Income:</b> Employer: _____ Start Date: _____ Title: _____ Monthly Gross Income: _____ Monthly Net Income: _____	<b>**Co-Borrower's Income:</b> Employer: _____ Start Date: _____ Title: _____ Monthly Gross Income: _____ Monthly Net Income: _____

**Directions:** Please fill out the KCCD Intake Form as much as you can. If you are unsure, write the closest estimate. Sections marked with a \*\* are required. \* REQUIRED

**About Your Home**

Property Address (if different) \_\_\_\_\_

**\*\*What is your reason for your default: (circle all that apply)**

Reduction in income      Poor budget management skills      Medical issues      Increase in expenses

Divorce / Separation      Death of Family      Business venture failed / slowed      Increase in loan payment

Other \_\_\_\_\_

**Year Purchased	
**Original Purchase Price	
Estimate of Current Value	
Number of Bedrooms / Bathrooms	
Sq. Footage of the living area	
**Owner Occupant:	Yes / No
Multi-Family Home	Yes / No
If yes, list the names of tenants and rent received	
Any Major Repairs Needed	
**Property Type: <i>(please circle what type of property you own)</i>	Co-Op Multiplex 2-4 Units Single Family Townhouse/Condo Other _____
**Number of Mortgages:	
Other Liens:	
**Is Your Property for Sale	Yes / No
If yes, listing date / Price	
Realtor Name and contact info	

**Important Deadlines (\*\*if necessary)**

Please list any important deadlines to keep track. (Notice of Sales Date, Default Date..)

Deadline 1: \_\_\_\_\_ Note: \_\_\_\_\_

Deadline 2: \_\_\_\_\_ Note: \_\_\_\_\_

Deadline 3: \_\_\_\_\_ Note: \_\_\_\_\_

**Directions:** Please fill out the KCCD Intake Form as much as you can. If you are unsure, write the closest estimate. Sections marked with a \*\* are required. \* REQUIRED

1 <sup>st</sup> Mortgage	
**Loan Type ( <i>please circle one of the options to the right</i> )	Conv / FHA / EqLn / Other _____
**Loan Account Number	
**Default Since ( <i>indicate how many months you are behind</i> )	No / Yes, Months Behind _____
**Year of Mortgage Financed	
**Current Lender or Servicer	
**Original Amount	
Original Lender and Loan number if available	
**Terms of the Loan ( <i>select one of the options to the right</i> )	Fix / ARM / HyB / IO / Grad
Notes _____	Rate _____% PMT Rate _____% Term _____
**Principal and Interest monthly payment	
**Tax and insurance monthly payment	
**Past Due Amount	
**How many months remaining on your loan?	Months _____
2 <sup>nd</sup> Mortgage or Line of Credit	
**Loan Type	Conv / FHA / EqLn / VA Other _____
**Loan Account Number	
**Default Since ( <i>indicate how many months you are behind</i> )	No / Yes, Months Behind _____
**Year of Mortgage Financed	
**Current Lender or Servicer	
Contact Information:	
**Original Amount:	
**Terms of the Loan ( <i>select one of the options to the right</i> )	Fix / ARM / HyB / IO / Neg/ Grad
Note _____	Rate _____% PMT Rate _____% Term _____
**Past Due Amount	
**How many months remaining on your loan?	Months _____

**Directions:** Please fill out the KCCD Intake Form as much as you can. If you are unsure, write the closest estimate. Sections marked with a \*\* are required. \* REQUIRED

**CLIENT ACTION PLAN:**

**\*\*Borrower's Intention: (What would you like to do?)**

**1. Please circle one:**

Loan Modification / Short-sale / Other :

**2. (Only If Loan Modification is selected) Proposed Payment Amount (PITI) after the Modification**

PITI \$ \_\_\_\_\_

**Comments :**

Credit Score _____	Excellent _____
Source of Credit Score _____	Good _____
	Fair _____
	Poor _____
Mode of Counseling	Face to Face _____
	Phone _____
Counseling Level	Email _____
	Other _____

\_\_\_\_\_

KCCD STAFF ONLY			
[Counselor] Counseling Summary	Post Purchase		Loss Mitigation Counseling
[Counselor] Recommended Actions	1. 2. 3.		
Income Category AMI	A / B / C / D		
Counseling Outcome Explanation			
Counseling Outcome Code	1 / 2 / 3 / 4 / 5 / 15 / 16 / 17 / 18 / 51 / 52 / 53 / 54 / 55 / 56 / 57 Outcome Date: _____		
Counseling Mode	1 / 2 / 3 / 4 / 5		
Group Counseling Hours Spend			
Individual Counseling Hours Spend			