

Project Sentinel
1490 El Camino Real
Santa Clara, CA 95050
A HUD Approved Housing Counseling Agency

Tel: (408) 720-9888

Website: www.housing.org

Project Sentinel is approved by HUD to provide housing counseling. Our certified foreclosure prevention counselors will review your mortgage and financial status and provide an assessment of potential options and programs that may be available to you. In order to properly assess your options, we will need the following information. Please complete and mail or drop off the following intake packet and the documents listed below:

1. ___ Complete all pages of the Intake Packet entirely.
2. ___ Provide a copy of your most recent loan statement
3. ___ Provide documentation of all household income; Payroll stubs, unemployment, social security disability etc.
4. ___ Provide a Profit and Loss statement if self employed – Year to Date
5. ___ Provide a copy of a Notice of Intent to Accelerate, Notice of Default or Notice of Trustee Sale (if applicable)
6. ___ Provide past due letters from lender (if applicable)
7. ___ If your loan is with Bank of America, Citi Mortgage, Aurora Loans or GMAC you must complete their release form which you can download from our website, www.housing.org – mortgage authorization forms

ATTENTION: All sections must be completed in their entirety. Our ability to assess options is contingent on providing accurate and complete financial information. Incomplete packets will not be processed. Packets are considered incomplete if the documents listed above are not included with your loan number provided on each page. Only single sided, full page copies will be accepted. Additional documents will be requested as needed.

In order for Project Sentinel to provide complete counseling to you, we need you to:

1. **Complete this intake packet and provide all of the requested documents – Keep a copy for yourself**
2. **Meet with your Housing Counselor to review your documents and options (such as loan modifications, Keep Your Home California, short sale, deed-in-lieu)**
3. **Keep in contact with your Housing Counselor**
4. **Keep in contact with your Mortgage Company**

COMPLETED PACKETS SHOULD BE MAILED or WALKED IN TO PROJECT SENTINEL

Santa Clara Office: 1490 El Camino Real, Santa Clara, CA 95050, Hours 9-12 & 1- 4 M-F

Modesto Office: 1231 8th Street, Modesto, CA 95354, 209-236-1577, Hours 9-2 M-F

Faxed or emailed packets will not be accepted

Providing the above information does not guarantee that a solution will be developed to avoid foreclosure, the final decision to modify a loan is based on lender and program guidelines.

Your signature acknowledges that you have read the above information and that you understand the role of Project Sentinel and your housing counselor.

Signature _____ Signature _____

Thank you for contacting Project Sentinel regarding your questions and concerns relating to your mortgage.

PROJECT SENTINEL HOUSING COUNSELING STAFF

Tell Us About Yourself Print clearly. Use additional sheets if necessary.

Information will not be shared with any third party (e.g. credit agency or lender) without your explicit signed authorization.

Date:	Borrower	<input type="checkbox"/> Co-Borrower or <input type="checkbox"/> Contributor
Last Name		
First Name & initial		
e-mail Address		
Phone Numbers	Home: _____ Other: _____	Home: _____ Other: _____
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> English <input type="checkbox"/> Spanish
	Property Address	Mailing address if different
Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Date of birth		
Social Security #		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Level of Education	<input type="checkbox"/> Primary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Primary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Choose not to respond
Household	Household size _____ # of dependents _____	Household size _____ # of dependents _____
Marital Status	<input type="checkbox"/> Married with dependents <input type="checkbox"/> Married without dependents <input type="checkbox"/> Male Single Parent Head of Household <input type="checkbox"/> Female Single Parent Head of Household <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce <input type="checkbox"/> Other	<input type="checkbox"/> Married with dependents <input type="checkbox"/> Married without dependents <input type="checkbox"/> Male Single Parent Head of Household <input type="checkbox"/> Female Single Parent Head of Household <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce <input type="checkbox"/> Other
Other (if applicable)	<input type="checkbox"/> US Veteran <input type="checkbox"/> I am 62years of age or older <input type="checkbox"/> Disabled	<input type="checkbox"/> US Veteran <input type="checkbox"/> I am 62years of age or older <input type="checkbox"/> Disabled
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Race – Check all that apply	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other

REFERRED BY: **LENDER,** **FRIEND, FAMILY, CO-WORKER,** **WORD OF MOUTH,**
 MEDIA, **AGENCY WEBSITE,** **HUD WEBSITE,** **FORECLOSURE PREVENTION EVENT,**
 ATTORNEY, **NON PROFIT AGENCY,** **SOCIAL SERVICE AGENCY,** **AGENCY OUTREACH**
 REAL ESTATE AGENT, **OTHER:**

IN ORDER TO PROPERLY REVIEW YOUR OPTIONS, ALL QUESTIONS MUST BE ANSWERED

	Mortgage Company	Loan #	Loan Balance	Payment Amt	Interest rate
1 st					
2 nd or HELOC					
Is your mortgage payment current? <input type="checkbox"/> yes <input type="checkbox"/> no			If delinquent, #of months ___ Amount \$ _____		
Property Value (estimate) \$ _____			In what year did you purchase property: _____		
<input type="checkbox"/> Property is a single family residence <input type="checkbox"/> Condominium Owner Occupied <input type="checkbox"/> Duplex <input type="checkbox"/> Tri-plex <input type="checkbox"/> Four-plex					

	Yes	No		Yes	No
Does your pmt. include property taxes?	<input type="checkbox"/>	<input type="checkbox"/>	Is your interest rate adjustable?	<input type="checkbox"/>	<input type="checkbox"/>
Does your pmt. include Homeowner Ins?	<input type="checkbox"/>	<input type="checkbox"/>	Will your payment increase within 12months?	<input type="checkbox"/>	<input type="checkbox"/>
Is this your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	Is your payment interest only?	<input type="checkbox"/>	<input type="checkbox"/>

Keep Your Home California KYHC eligibility questions

Have you previously applied for KYHC?	<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Has your hardship been resolved?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, do you need help bringing loan current?	<input type="checkbox"/>	<input type="checkbox"/>
Gross income borrower 1 \$ _____			Gross income borrower 2 \$ _____		

Have you filed for bankruptcy? Date filed _____ Chapter 13 <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Discharge date ____	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone offer to help you modify your mortgage	<input type="checkbox"/>	<input type="checkbox"/>
Were you asked pay an advance fee, is yes how much did you pay? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
If you paid a fee, would you like further information or assistance regarding scam activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked with another loan modification agency/company?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a notice of intent to accelerate your loan? (If so, date filed _____)	<input type="checkbox"/>	<input type="checkbox"/>
Has a notice of default (foreclosure) been file? (If so, date filed _____)	<input type="checkbox"/>	<input type="checkbox"/>
If in foreclosure, have you received a date for your trustee sale? (if so, date of sale _____)	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently being reviewed for a loan modification?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been denied for a loan modification (if yes provide date _____)	<input type="checkbox"/>	<input type="checkbox"/>
Has your loan previously been modified? (if yes provide date _____)	<input type="checkbox"/>	<input type="checkbox"/>
If your loan has been modified, is your lender requiring additional housing/debt counseling? (if yes, please provide a copy of the letter you received requiring the additional counseling)	<input type="checkbox"/>	<input type="checkbox"/>

How many properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? *additional properties will require completion of additional financial paperwork

What is the primary cause of your default? (please check all that are applicable)

<input type="checkbox"/> Reduction in income	<input type="checkbox"/> Poor budget/management skills	<input type="checkbox"/> Loss of income
<input type="checkbox"/> Medical Issues	<input type="checkbox"/> Increase in Expense	<input type="checkbox"/> Divorce/Separation
<input type="checkbox"/> Death in Family	<input type="checkbox"/> Business Venture Failed	<input type="checkbox"/> Increase/Adjustment of Payment
Please provide a brief description of your hardship:		

Financial Information

Borrower Employer:	Start Date:
Title :	Business Type:
Co-Borrower/Contributor Employer:	Start Date:
Title :	Business Type:

Income		Expenses		Assets	
Gross Income Borrower 1	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Gross Income Borrower/Contributor 2	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Commission, Bonus, Tips, other income	\$	Homeowner Insurance monthly payment If not included in mortgage payment	\$	Savings/Money Market	\$
Self employment income	\$	Property Tax monthly payment If not included in mortgage payment	\$	CDs	\$
Rent received	\$	Car payment – 1 st car	\$	Stocks/Bonds	\$
Unemployment	\$	Car payment – 2 nd car	\$	Other Cash on Hand	\$
Child Support/ Alimony (please circle)	\$	Alimony – child support payments	\$	Value of Real Estate except Principal residence	\$
Disability or Social Security (please circle)	\$	Total minimum monthly credit card payment(s) - all cards combined	\$	Other	\$
Income from Public Benefits Benefit:	\$	Total monthly medical expenses	\$		
Retirement Income: Pension, Annuity, IRA, 401K, 403B	\$	Total monthly grocery expense	\$		
Overtime	\$	Total monthly utilities expense – include gas, electric, water, sewer & garbage	\$		
		Total monthly phone, cable & internet expenses	\$		
		Total monthly transportation expenses	\$		
		Total monthly auto insurance payments	\$		
		Other expenses	\$		
		Federal & State Tax, & FICA withheld from payroll	\$		
		Other deductions 401k, etc	\$		
		Net rental property expenses	\$		
		Other Mortgages on additional properties	\$		
		Personal Loans	\$		
		HOA/Condo Fees/Property Maintenance	\$		
		Dependent care expenses	\$		
		Student Loans	\$		
TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY EXPENSES	\$	TOTAL OF ALL ASSETS	\$

I authorize Project Sentinel to release the verified financial information to my mortgage company

Signature _____ Date _____ Signature _____ Date: _____

Project Sentinel Foreclosure Mitigation Counseling Agreement

1. I understand that Project Sentinel provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that I will not be charged any fee for the services described in this Agreement, and that Project Sentinel receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program, Housing and Urban Development (HUD), and Keep Your Home California (KYHC), and, as such, is required to share some of my personal information with program administrators from these government agencies or their agents or other grant program representatives for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Project Sentinel's Housing Counseling Privacy Policy, which is attached to this Agreement as Exhibit A.
5. I understand that as part of Project Sentinel's counseling, 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.
6. A Project Sentinel counselor may answer questions and provide information relevant to my housing concerns, but the counselor will not give legal advice. If I want legal advice, I will be referred for appropriate assistance, or I will seek legal counsel through other means.
7. I understand that Project Sentinel is not a financial or real estate service program or provider, and that it provides information and education on numerous financial products and housing programs solely as part of its overall counseling service, and I further understand that the housing counseling I receive from Project Sentinel in no way obligates me to choose any of these particular financial products or housing programs, nor does Project Sentinel endorse or recommend any specific product or program or provider, regardless of whether it is described or mentioned during counseling activities.
8. I understand that Project Sentinel also receives funding from The City of Gilroy and Foundation grants from Community Foundation of Silicon Valley, San Francisco Foundation, CitiBank, Chase and Wells Fargo.

Client's signature _____

Date _____

Client's signature _____

Date _____

EXHIBIT A

Project Sentinel Housing Counseling Privacy Policy

Project Sentinel is committed to assuring the privacy of individuals and/or families who have contacted us for assistance, and we will protect the confidentiality of your files and personal information. We realize that the concerns you bring to us are highly personal in nature. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be maintained as confidential and will be provided to creditors, program monitors, and others only with your authorization and signature on an appropriate Release of Confidential Information form. We may also obtain information from various credit reporting service providers pursuant to an appropriate Credit Report Authorization and Acknowledgment form. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 408-720-9888 or 1-888-331-3332 and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as required by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard the confidentiality of your nonpublic personal information.

Project Sentinel
HUD Approved Housing Counseling Agency
1490 El Camino Real
Santa Clara, CA 95050

RELEASE OF CONFIDENTIAL INFORMATION

Date: _____

Lender: _____

Department: _____

Fax #: _____

Last 4 numbers of social security # _____

This letter is to confirm that Project Sentinel, the HUD Certified Mortgage Counseling Agency, has my permission to discuss and/or receive documentation from you concerning the status of my mortgage. This release encompasses all financial information and documentation relating to this mortgage.

Loan Number: _____

Borrower: _____

ADDRESS: _____

Borrower Signature

Print Name

Date

Co-Borrower Signature

Print Name

Date

This release is effective for 180 days.

HUD Counselors: Jo Ann Parrott, Sharleen Kilgore, Maritza Wong, Lorraine Lam, Brenda Cortez, Shayna Crawford, Cherie Tefertiller

408-720-9888

Project Sentinel
HUD Approved Housing Counseling Agency
1490 El Camino Real
Santa Clara, CA 95050

CREDIT REPORT AUTHORIZATION and ACKNOWLEDGMENT

I hereby give permission to Project Sentinel, a non-profit HUD Counseling Agency, to obtain and review confidential financial information regarding myself and my family, including credit reports and credit scores, obtained from third party financial information services. I understand that this information will be used solely for purposes of providing housing counseling services to me.

Borrower Print Name

Borrower Signature

Date

Date of Birth: _____ Social Security Number: _____

Current Address: _____

Co-Borrower Print Name

Co-Borrower Signature

Date

Date of Birth: _____ Social Security Number: _____

Current Address: _____

I understand that obtaining a credit report through Project Sentinel will not affect my credit score