

# Homestead Solutions, Inc.

Non-Profit Housing Counseling Agency

Dear Homeowner,

We are happy to hear that you have decided to explore all the options available to you to prevent your home from being sold at a Sheriff's Auction as the result of a foreclosure judgment.

Our goal is to provide you with the information, tools and assistance to stop the foreclosure on your home. It is very important that you begin right away because the earlier we lay out a plan and begin a dialogue with your lender, the better chance we have of achieving your goals. **This is a very lengthy process and can take some time, so please be patient as we attempt to work out a resolution.**

Enclosed you will find the following forms:

1. **Scope of Services** – This explains what our agency does and how we do it.
2. **Agency Disclosure Form** – This explains you are not obligated to use our services.
3. **Authorization to Release Information** – This will allow us to pull your credit and speak with your lender to look at the options that will suit your needs. **Please fill out completely; missing information will delay activity on your file.**
4. **Hardship Letter** – When writing your Hardship Letter be truthful and concise, keep it to one page. Provide exact dates and details about your situation. If you have supporting information (doctors notices, unemployment papers, etc.) please provide copies. After reading, the lender should understand your reason for falling behind and what you are doing to overcome the situation. Refrain from placing blame. This is a very important part of your paperwork. You may handwrite it or you may type it. Please sign and date it. **Please refer to our website for examples of Hardship Letters.**
5. **Financial Statement** – It is critical to include all expenses and be as accurate as possible as we use this information to create your Action Plan. Use bank statements to verify your expenses and if you need to estimate, do so on the high-end. If you make payments quarterly or annually, please divide by the appropriate number to get a monthly amount.
6. **Level 1 Action Plan** – This document outlines the first steps that need to be taken. It is important that you follow it closely and notify our office if you are unable to provide any of the requested documentation or if you have any questions about the Level 1 Action Plan.

**Please understand with the high volume of calls, we may not be able to speak with you right away. We do return all calls within 24 hours. This is a process that takes time and we will be working hard towards the best solution for your situation.**

We look forward to working with you and congratulations on taking the initial step to preventing foreclosure!

Sincerely,

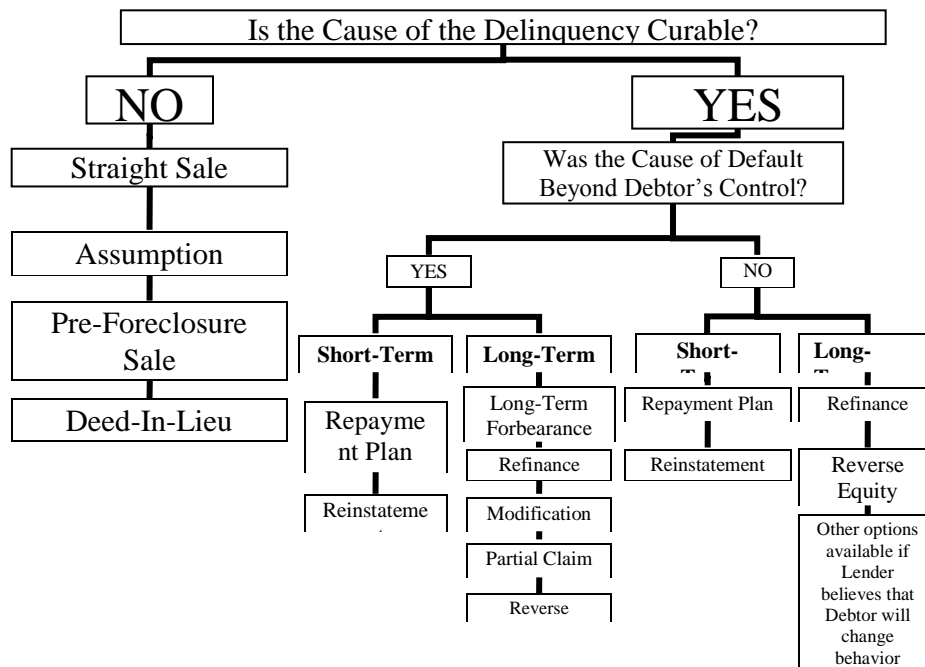
Homestead Solutions, Inc.  
Foreclosure Intervention Advisors

# Scope of Services

Our goal is to educate individuals who are at risk of losing their homes due to delinquent payments or expected delinquent payments to their lender.

Most people have a lot of questions and we are here to help you find the answers. Below is an overview of our process so you know what to expect when you seek out our assistance.

1. An HSI Advisor will typically direct you to our website to fill out an intake form, or you may be interviewed over the phone if you do not have Internet access. You will be asked questions about your property and the finances related to that property. We assure you that the information provided will be kept confidential.
2. You will then download our client package from our website, or we will send one to you if you do not have access to a printer. This package contains information necessary to provide background to your counselor prior to your meeting and also advises you of our process and required paperwork to bring to the meeting. You may fax the required pages to us at 920.236.3313 or send it to us by mail. **It is important that this package is filled out as accurately as possible, missing information will delay negotiations and may be returned to you for completion.**
3. Once this package is returned to us, you will then become a client. A member of our staff will contact you to set up a meeting with your Advisor to go over all your options, answer any additional questions and allow you to choose which route you want to take to prevent the foreclosure. Below is a chart that outlines the basic options available:



# Homestead Solutions, Inc. Agency Disclosure Form

\_\_\_\_ (initial) You, the client, understand that Homestead Solutions, Inc. (HSI) is a fee-for-service agency. Please bring payment of \$1,000\* in certified funds to your meeting with your advisor. This fee is non-fundable and there are no guarantees, as each situation varies in circumstance and lender requirements. Your meeting will not be conducted without this payment and the appropriate paperwork provided to your advisor as outlined in the Level 1 Action Plan. (\*If necessary, you may pay \$500 at the time of your appointment and \$500 to execute the action plan.)

\_\_\_\_ (initial) Homestead Solutions, Inc. (HSI) is also notifying you that members of its management and/or Board of Directors may have a financial interest or ownership interest in the following companies: Mortgage Solutions Group, Inc.; Solutions Properties, Inc.; Solutions HomeBuyers, LLC; and/or Carter Brinley Realty. By signing this document you are asserting that you, as a Client of HSI, have been made aware of this fact and that you have made a choice as to whom you choose to assist you in your attempt to stop your foreclosure.

\_\_\_\_ (initial) **I have read the above disclosures and understand that I have a choice in how I proceed with my attempt to stop the foreclosure on my property.**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Authorization to Release Information

Mortgage Company Name(s): \_\_\_\_\_

Mortgage Loan/Account Number(s)#: \_\_\_\_\_

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

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

Authorization from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ (1 year)

I/We hereby authorize you to release to the following:

**Homestead Solutions, Inc (EIN# 56-2641741):**

**Romi Norton**

or its principals, agents, employees and assigns **any and all information** that they may require about my loan/account, including but not limited to balances, transfers, payoffs and servicing for the above referenced property. "Agents" shall include all real estate agents, attorneys, title agents and their assistants. You may reproduce this document to acquire reference from more than one source.

I/We authorize **Homestead Solutions, Inc. at 404 North Main, Suite 106, Oshkosh, WI 54901 (920) 230-3324**, its staff or representatives, to act on my/our behalf for the purpose of seeking a resolution with regard to the property listed above. I/We authorize our lending institution/mortgage company to fax, mail, or email any items requested by Homestead Solutions, Inc. in reference to our mortgage delinquency immediately. 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 Homestead Solutions, Inc. and hereby name the above staff as the authorized "person of my choosing." Additionally, you may discuss my file with Homestead Solutions, Inc. personnel (Law No. 1610 (d) 1). **I also agree to reimburse HSI for the expense of pulling my/our credit reports if required.**

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

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

\_\_\_\_\_  
**Social Security#**

\_\_\_\_\_  
**Birth date**

\_\_\_\_\_  
**Printed Name:**

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

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

\_\_\_\_\_  
**Social Security#**

\_\_\_\_\_  
**Birth date**

\_\_\_\_\_  
**Printed Name:**



## CLIENT FINANCIAL STATEMENT

MONTHLY GROSS INCOME						
Income	Borrower1	Borrower2	1 <sup>st</sup> Mortgage Co.		2 <sup>nd</sup> Mortgage Co.	
Frequency	_____	_____	Mortgage Type	_____	Monthly Payment	_____
Gross Wk 1	_____	_____	Interest Rate	_____	Months	_____
Gross Wk 2	_____	_____	Purch/Refi Date	_____	Delinquent	_____
Gross Wk 3	_____	_____	Monthly Payment	_____	Total Loan	_____
Gross Wk 4	_____	_____	Months	_____	Balance	_____
Child Supp.	_____	_____	Delinquent	_____	<b>How many people</b>	_____
Social Security	_____	_____	Total Loan	_____	<b>in the household</b>	_____
Other	_____	_____	Balance	_____	<b>Total number of</b>	_____
Hourly rate	_____	_____	Estimated Value	_____	<b>dependants</b>	_____
Gross Annual Income	_____	_____				

MONTHLY LIVING EXPENSES	CLIENT	CRISIS BUDGET (office only)	PROJECTED BUDGET (office only)
<b>Housing:</b> 1 <sup>st</sup> Mortgage _____ <input type="checkbox"/> includes escrow for taxes & ins 2 <sup>nd</sup> Mortgage _____ Homeowners Insurance _____ Property taxes _____			
<b>Utilities:</b> Electric _____ Gas _____ Heat _____ Water _____ Cable _____ Home Telephone _____ Cell _____ Garbage _____			
<b>Food:</b> Groceries _____ Meals out _____ Delivered Goods _____ School Lunches _____ Work Lunches _____			
<b>Health:</b> Pharmacy _____ Doctors _____ Dentist _____ Medical Bill Balance _____			
<b>Insurance:</b> Auto _____ Hosp./Health _____ Life _____ Home Owners _____ Mortgage _____ Renters _____			
<b>Transportation:</b> Gas _____ Maintenance _____ Parking _____ Tolls _____ Bus _____ Taxi _____ Registration _____			
<b>Family:</b> Allowance _____ Daycare _____ Baby Sitter _____ Dues _____ Child Support _____ Alimony _____			
<b>Clothing:</b> Personal/Spouse _____ Children _____ Other _____ Laundry _____ Dry Cleaning _____			
<b>Education:</b> Lessons _____ Tuition _____ Supplies _____ Books/Magazines _____ Newspaper _____ School Sports _____			
<b>Personal:</b> Beauty Shop _____ Haircuts _____ Toiletries _____ Household items _____			
<b>Donations:</b> Religious _____ Other _____			
<b>Entertainment:</b> Sports _____ Videos _____ Lottery _____ Hobbies _____ Gifts _____ Alcohol _____ Tobacco _____ Health Club _____			
<b>Misc.:</b> Bank Service Charges _____ Postage _____ Pets/Food _____ Rental and Lease Items _____ P.O./Safety Deposit Box _____			
<b>Other:</b> Car Pmts _____ Car Pmt Balance _____ CC Pmts _____ CC Balances _____ Other Loan Pmts _____ Other Loan Pmt Balance _____ OTHER _____			
<b>TOTAL MONTHLY LIVING EXPENSES:</b>			
<b>Current Budget Total Gross Income \$ _____ - Expenses \$ _____ = Dollars Left _____</b>			
<b>Crisis Budget Total Gross Income \$ _____ - Expenses \$ _____ = Dollars Left _____</b>			
<b>Projected Budget Total Gross Income \$ _____ - Expenses \$ _____ = Dollars Left _____</b>			

Borrower1 Signature \_\_\_\_\_ Date \_\_\_\_\_ Borrower2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Borrower 1 Printed Name \_\_\_\_\_ Borrower2 Printed Name \_\_\_\_\_

# LEVEL ONE ACTION PLAN

This outlines the steps that need to be taken prior to meeting with your Foreclosure Intervention Advisor.

## **Please follow the directions carefully.**

1. The following items in this packet need to be **filled out completely by all borrowers**, signed and mailed or faxed to Homestead Solutions as soon as you receive this Action Plan:
  - a. Agency Disclosure Form
  - b. Authorization to Release Information
  - c. Client Financial Statement
  - d. Hardship Letter

## **We cannot proceed until we receive items a, b, c, and d.**

2. When we receive a, b, c, and d in our office, our staff will set you up as a client and contact you within 72 hours to set up an appointment with an advisor.

**Bring COPIES of the items listed below to your session. We cannot accept original documents. If we need to make copies for you, there will be a \$.25 charge PER copy made. We may not have the ability to make copies at your appointment. You will be responsible for picking up copies from our office after they are made.**

**If you fail to bring these items with you, we may have to cancel your appointment. Please also let us know if you have any physical or mental handicaps, so we can accommodate you. We ask that no minors attend the appointments.**

- ✓ Last 2 years Tax returns with W-2's and/or 1099 (must be signed and dated, even if filed electronically.)
  - ✓ Last two months of bank statements.\*\* (Checking and/or Savings)
  - ✓ Last two months of ALL proof of income.\*\* (Check stubs and/or unemployment, SSI award letters, Disability, Food assistance, child support, rental income. All forms of income need written proof and verification.)
  - ✓ Proof of expenses (Utility bills, credit card statement, monthly bills)
  - ✓ Proof of Homeowner's Insurance Policy
  - ✓ Proof of residence. (Utility bill, credit card statement, etc.)
  - ✓ Recent mortgage statement and/or payment book.
- Optional:
- ✓ Any other direct mail pieces offering assistance with your foreclosure. (optional)
  - ✓ Any collection letters, foreclosure filings, etc. (optional but does help)
3. If any of the items listed are not available, please write a brief statement as to why and sign and date it. For example, if you did not file tax returns or don't have a checking/savings account you will need to let us know why.
  4. **Please bring a form of certified payment for \$1,000\*. (\*If necessary, you may pay \$500 at the time of your appointment and \$500 to execute the action plan.\***
  5. Start thinking about possible items in your current budget that can be reduced or eliminated if your goal is to remain in the property. If you have any questions, please feel free to contact our office. Also, start tracking your DAILY Expenses.

\*\*We will work hard to find you the best option based on your situation. Please understand we will request updated financial information from you (bank statements, proof of income), this is information that is required by your lender. If you delay in getting us this information, we are not able to work on your file until we get what we requested and your file may be closed if we don't get documents in a timely fashion.

**For your appointment, you **MUST BRING** the following:**

- ✓ Certified payment of \$1000\*. (\*If necessary, you may pay \$500 at the time of your appointment and \$500 to execute the action plan.)
- ✓ Copies of last 2 years Federal Tax returns with W-2's and/or 1099 (must be signed and dated)
- ✓ Copies of last two months of bank statements. (Checking and/or Savings – all accounts)
- ✓ Copies of last two months of ALL proof of income. (Check stubs and/or unemployment award letters, SSI award letters, Disability, Food assistance, child support, rental income, etc.)
- ✓ Copy of Homeowner's Insurance Declaration Page (just the first page)
- ✓ Copy of Utility Bill. (to verify proof of residence)
- ✓ Copy of most recent mortgage statement and/or payment book.
- ✓ Any other direct mail pieces offering assistance with your foreclosure. (optional)
- ✓ Any collection letters, foreclosure filings, etc. (optional but does help)

**Self employed clients must also bring:**

- ✓ Year to date profit and loss statement, broken down monthly

**Failure to bring these items to your appointment may result in a **CANCELLATION** with the need to reschedule. If you find that some of these items are unobtainable, please write a brief statement explaining why. Only **COPIES** will be taken at the time of your appointment. **NO ORIGINALS ARE ACCEPTED**. If we need to make copies for you, there will be a \$.25 charge PER copy made. We may not have the ability to make copies at your appointment. You will be responsible for picking up copies from our office after they are made.**