



Tampa Bay Community Development Corporation

Housing Counseling Services

2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765

Phone: (727) 442-7075 • Fax: (727) 446-8727 www.tampabaycdc.org

A Non-Profit, HUD-Approved Housing Counseling Agency

FLORIDA POST PURCHASE COUNSELING PROGRAM

Please find enclosed our Foreclosure Prevention and Intervention Program Application. It is important that you complete the application in full so that we may be better prepared to discuss ways to assist you. Since time is critical in preventing the possibility of Foreclosure, you must complete and return the application as soon as possible. Due to the high volume of applications, please note that processing time may take 1 - 3 weeks.

You MUST include the following documents for your application to be processed:
(INCOMPLETE applications will not be processed!)

- Hardship Letter (each borrower must sign, print, and date the letter)
- **Pay stubs** for most recent **60 days** earnings for each borrower
- Award Letter evidencing the receipt of SSI/SSDI, pension, child support, alimony OR other public assistance received by borrower(s)
- **Two** most recent bank statements for each bank account held by the borrower and/or borrower(s) all pages, all accounts
- Copies of most recent utility bills (electric preferably)
- Current mortgage statement AND most recent correspondence received from your lender

DO NOT SEND ORIGINAL DOCUMENTS

In addition to the documents listed above, please sign, date, and return the completed application to Tampa Bay Community Development Corporation via mail, email, fax or hand delivery. In order to conduct a proper evaluation of your present situation, we must obtain a credit report prior to your initial appointment. You may submit a recent copy of your credit report along with your completed application (report date must be within 30 days of your initial appointment). **Should you not have a recent copy of your credit report TBCDC can order your credit report at time of initial appointment for a \$5.80 fee per applicant. CREDIT REPORT(s) are necessary for all initial appointments.** We accept cash, money order, or personal check. After your completed application is received and processed, we will contact you to schedule the initial appointment with one of our advisors.

Thank you and we look forward to being of service,

Joseph Goulart

Management

Tampa Bay Community Development Corporation

A non-profit housing counseling program providing guidance, education and support to Tampa Bay area residents.



Client Information Form



For Tampa Bay CDC Use Only

- Pre-Purchase Homebuyer Counseling, Post Purchase / Foreclosure Counseling, Credit Repair, Budgeting/Debt Reduction

APPLICANT INFORMATION

Applicant Name: First MI Last
Current Address: City/ Zip:
Name of Apartment Complex (if applicable):
Marital Status: Single Engaged Married Divorced Widowed
Race/National Origin: American Indian/Alaskan African American Asian American Hispanic/Latino White Other
Gender: Male Female Head of Household: Yes No Active Military Veteran Disable
Age: Date of Birth: Household Size - Number of Adults: Number of Children:
Home Phone: Cell Phone: Work Phone:
E-mail: How Did You Hear about Us?

CO-APPLICANT INFORMATION

Co-Applicant Name: First MI Last
Current Address: City/ Zip:
Name of Apartment Complex (if applicable):
Marital Status: Single Engaged Married Divorced Widowed
Race/National Origin: American Indian/Alaskan African American Asian American Hispanic/Latino White Other
Gender: Male Female Head of Household: Yes No Active Military Veteran Disable
Age: Date of Birth: Household Size - Number of Adults: Number of Children:
Home Phone: Cell Phone: Work Phone:
E-mail: How Did You Hear about Us?



Tampa Bay Community Development Corporation

Housing Counseling Services

2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765

Phone: (727) 442-7075 • Fax: (727) 446-8727 www.tampabaycdc.org

A Non-Profit, HUD-Approved Housing Counseling Agency

Applicant's Name: _____

First Lender's Name: _____ Acct # _____

Loan Bal. \$ _____ Original Date of Loan _____ Original Amount of Loan \$ _____

Type of loan (FHA, Conventional, Adjustable) _____ Interest Rate _____

Current Monthly Payment \$ _____ # of Months Past Due _____ Total Amount Past Due \$ _____

Does Payment Include Taxes and Insurance? _____

Second Lender's Name: _____ Acct # _____

Loan Bal. \$ _____ Original Date of Loan _____ Original Amount of Loan \$ _____

Type of loan (FHA, Conventional, Adjustable) _____ Interest Rate _____

Current Monthly Payment \$ _____ # of Months Past Due _____ Total Amount Past Due \$ _____

Predatory Loan Review

* When you purchased your house, do you feel you were a victim of loan fraud or abusive lending? Yes No

* Did you understand all the Terms and Conditions of the loan? Yes No

Loan Modification / Foreclosure Rescue Scams

* Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer/postcard? Yes No

* Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payments? Yes No

EMPLOYMENT INFORMATION

Applicant:

Name of Employer _____

Position _____

Gross Annual Income \$ _____

Dates of Employment _____

Co-Applicant:

Name of Employer _____

Position _____

Gross Annual Income \$ _____

Dates of Employment _____

Other Household Income:

Name of Recipient _____

Source _____

Gross Annual Income \$ _____

Total Gross Household Income: \$ _____ hourly weekly bi-weekly monthly yearly
(Include all sources of income: Salary, SSI/SSD, Unemployment, Child Support, etc. from ALL household members.)

**I CERTIFY THIS INFORMATION
TO BE TRUE AND CORRECT.**

Applicant's Signature

Date

Co-Applicants Signature

Date

FOR TAMPA BAY CDC USE ONLY

MFI CALCULATION: HH SIZE _____ TOTAL HH INCOME \$ _____ MFI _____

GROSS _____ NET _____

FUNDING SOURCE: Pinellas County City/Clearwater City/Largo City/St. Pete

FHFC HUD Other _____



Tampa Bay Community Development Corporation

Housing Counseling Services

2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765

Phone: (727) 442-7075 • Fax: (727) 446-8727 www.tampabaycdc.org

A Non-Profit, HUD-Approved Housing Counseling Agency

AUTHORIZATIONS TO RELEASE PERSONAL & FINANCIAL INFORMATION

LENDER'S INFORMATION

Lender's Name: _____

Account Number: _____

Attention To: _____

Fax Number: _____

BORROWER'S INFORMATION

Borrower's Name: _____

Borrower's Address: _____

City, State, Zip _____

Borrower's SS #: _____

To Whom It May Concern:

With receipt of this written authorization, I (we) hereby authorize you to release personal or financial information, which may be contained in your files regarding the above, named persons or accounts. Release of information may be verbal, written, email or by FAX transmission and released to representatives of:

Tampa Bay Community Development Corporation
2139 N.E. Coachman Rd., Suite 1
Clearwater, FL 33765

I further authorize Tampa Bay CDC to obtain all information necessary, including a credit report, to assist me/us in an evaluation of our present situation. I understand that the information may be shared with volunteer advisors and/or lenders in an effort to determine eligibility for a workable solution to prevent foreclosure.

Tampa Bay CDC is a HUD certified counseling agency, providing services in Florida, and I am requesting their assistance in resolving a current or threatened mortgage deficiency problem. Your cooperation with them in this matter will be greatly appreciated.

Borrower's Signature

Co-Borrower's Signature

Date



Tampa Bay Community Development Corporation

Housing Counseling Services

2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765

Phone: (727) 442-7075 • Fax: (727) 446-8727 www.tampabaycdc.org

A Non-Profit, HUD-Approved Housing Counseling Agency

MONTHLY INCOME AND EXPENSES

Applicant's Name: _____

Co-Applicant's Name: _____

Monthly "Take Home" Income		Monthly Expenses	
Applicant:		Mortgage (P&I)	\$
Salary (1st job)	\$	Taxes	\$
2nd job/PT/Overtime	\$	Insurance	\$
Pension/SS/VA	\$	2nd Lien	\$
Alimony/Child Support	\$	Water/Sewer/Trash	\$
Public Assistance	\$	Electric	\$
Other Income	\$	Phone	\$
		Cell Phone	\$
Co-Applicant:		Cable	\$
Salary (1st job)	\$	Internet	\$
2nd job/PT/Overtime	\$	Car Payment #1	\$
Pension/SS/VA	\$	Car Payment #2	\$
Alimony/Child Support	\$	Car Insurance	\$
Public Assistance	\$	Gasoline	\$
Other Income	\$	Medical	\$
		Life Insurance	\$
Other Income		Groceries	\$
Self Employed Income	\$	Entertainment	\$
Rental Income	\$	Clothing	\$
Other household members	\$	Child Care	\$
		Child Support	\$
		Student Loans	\$
		Loans(s)	\$
		Credit Card(s)	\$
		Other #1	\$
		TOTAL EXPENSES	\$
TOTAL NET INCOME	\$	Surplus/Deficit	\$

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____



Tampa Bay Community Development Corporation

Housing Counseling Services

2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765

Phone: (727) 442-7075 • Fax: (727) 446-8727 www.tampabaycdc.org

A Non-Profit, HUD-Approved Housing Counseling Agency

POST PURCHASE COUNSELING AGREEMENT

1. I understand that Tampa Bay Community Development Corporation (TBCDC) 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 TBCDC 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.
3. I give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and the end of the program for the purposes of program evaluation.
4. I acknowledge that I have received a copy of TBCDC's Privacy Policy.
5. 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 Counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I understand that TBCDC provides information and education on other housing programs and I further understand that the housing counseling I receive from TBCDC in no way obligates me to choose any of these particular housing programs.
8. In addition, I agree to the following terms of service:
 - I will always provide honest and complete information to my counselor whether verbally or in writing.
 - I will provide all necessary documentation and follow-up information within the timeframe requested.
 - I will be on time for appointments and understand that if I am late for an appointment, the appointment will be rescheduled or will still end at the scheduled time.
 - I will call within 24 hours of a schedule appointment if I am unable to attend an appointment.
 - I will contact the Counselor about any changes in my situation immediately.
 - I understand that breaking this agreement may cause the counseling organization to sever its service assistance to me.

Applicant's Signature _____

Date _____

Applicant's Printed Name _____



Tampa Bay Community Development Corporation

Housing Counseling Services

2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765

Phone: (727) 442-7075 • Fax: (727) 446-8727 www.tampabaycdc.org

A Non-Profit, HUD-Approved Housing Counseling Agency

PRIVACY POLICY

Tampa Bay Community Development Corporation is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Counseling Agreement. 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; tax statements, bank statements; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is directed to us not to disclose.
- 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” decisions, you may contact us in writing at Tampa Bay CDC, 2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765.

Release of your information to third parties

- 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.
- We may also disclose any nonpublic personal information about you or former clients to anyone as permitted by law (e.g., if we are compelled by legal process).
- 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 your nonpublic personal information.

**PLEASE RETAIN THESE DISCLOSURES FOR YOUR RECORDS
DO NOT RETURN THIS FORM WITH YOUR APPLICATION**



Tampa Bay Community Development Corporation

Housing Counseling Services

2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765

Phone: (727) 442-7075 • Fax: (727) 446-8727 www.tampabaycdc.org

A Non-Profit, HUD-Approved Housing Counseling Agency



Tampa Bay Community Development Corporation – Disclosure Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: Tampa Bay Community Development Corporation (Tampa Bay CDC) is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling services including pre-purchase, financial management and budget, credit repair, foreclosure prevention, non-delinquency post-purchase, and reverse mortgage. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal Preparing a household budget that will help you manage your debt, expenses, and savings. Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. Neither your counselor, nor Tampa Bay CDC employees, agents, or directors may provide legal advice 	<ul style="list-style-type: none"> Completing the steps assigned to you in your Client Action Plan. Providing accurate information about your income, debts, expenses, credit, and employment. Attending meetings, returning calls, providing requested paperwork in a timely manner. Notifying Tampa Bay CDC or your counselor when changing housing goal. Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<p>Termination of Services: Failure to work cooperatively with your housing counselor and/or Tampa Bay CDC will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</p>	

/_____
Initials

Agency Conduct: No Tampa Bay CDC employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: Tampa Bay CDC has a financial affiliation with HUD, NeighborWorks America, Pinellas County, Pasco County, The City of Clearwater, The City of Largo, The City of St. Petersburg, The City of Tampa and banks including Bank of America, Wells Fargo, and JP Morgan Chase. I agree that Tampa Bay CDC may release information about my membership, to the proper officials, in compliance with these contracts. As a housing counseling program participant, you are not obligated to use the products and services of Tampa Bay CDC or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: You are not obligated to participate or use any programs and/or services while you are receiving housing counseling from our agency. Your participation in a Tampa Bay CDC program does not obligate or require you to you any series or products that may be suggested, offered, or recommended by Tampa Bay CDC. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Tampa Bay CDC and its exclusive partners and affiliates.



Tampa Bay Community Development Corporation

Housing Counseling Services

2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765

Phone: (727) 442-7075 • Fax: (727) 446-8727 www.tampabaycdc.org

A Non-Profit, HUD-Approved Housing Counseling Agency



Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Tampa Bay CDC, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Tampa Bay CDC's grantors such as HUD or NeighborWorks America.

Privacy Policy: I/we acknowledge that I/we received a copy of Tampa Bay CDC's Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree Tampa Bay CDC, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in Tampa Bay CDC counseling; and I hereby release and waive all claims of action against Tampa Bay CDC and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Authorization to Release Information: I/we hereby authorize Tampa Bay CDC to obtain all information necessary, including a credit report, to assist me/us in an evaluation of our capacity to successfully accomplish, or maintain homeownership. I understand that depending on the type of service received, the information may be shared with realtors, Title Company and/or lenders in an effort to determine eligibility for mortgage financing, and develop a plan to correct qualification deficiencies in the pursuit of a mortgage approval. I/we further authorize our first mortgage lender, Title Company and/or realtor to provide Tampa Bay CDC with copies of any documents from my/our mortgage or real estate file that would assist Tampa Bay CDC in the completion of my file.

Home Inspection Materials: (Home Buyer Education and/or Pre-purchase Counseling Only) By signing below, I/We certify that I/We received the following materials: "For Your Protection Get a Home Inspection" and "Ten Important Questions to Ask A Home Inspector" UNLESS seeking services other than Home Buyer Education or Pre-purchase Counseling in which case these materials are not applicable.

Social Security Number Collection Policy:

Tampa Bay CDC and its funding sources collect your Social Security number for the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.071(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes. I/we acknowledge receipt of the Social Security Number Collection Policy Disclosure.

By signing below, I/we acknowledge that I/we received, reviewed, and agree to Tampa Bay CDC's Program Disclosures as provided herein.

Applicant's Social Security #

Co-Applicant's Social Security #

Applicant's Date of Birth

Co-Applicant's Date of Birth

Applicant's Signature

Date

Co-Applicant's Signature

Date

Counselor Signature

Date



FLORIDA FORECLOSURE COUNSELING PROGRAM PRIVACY POLICY AND PRACTICES

We value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information about you to support our housing counseling program from the following sources:

- Information that we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates or others;
- Information we receive from a consumer reporting agency; and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you for the sole purpose of assisting you with your housing need and for program compliance and audit checks:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

Who We Disclose To

We are required to provide information about you to the Florida Housing Finance Corporation as the funding agency for the Foreclosure Counseling Program and its authorized agents for purposes of data reporting, program compliance and audit purposes.

Confidentiality and Security

We restrict access to your personal information to employees who need that information to help them provide services to you, including making loan decisions, aiding you in obtaining loans from others, and financial and foreclosure counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Monitoring for possible fraud

Monitoring for possible fraud requires the identification of processes, controls and other procedures to mitigate risk, including an effective and secure information system and appropriate monitoring and quality assurance activities. FCP has a fraud/waste reporting system for clients to use if they suspect inappropriate activities occurring. The system can be accessed at:

<https://apps.floridahousing.org/StandAlone/OIGWForm/>.



FORECLOSURE COUNSELING PROGRAM DISCLOSURE

Purpose of Housing Counseling

I/We understand that the purpose of the Foreclosure Counseling Program is to provide counseling and education to help customers address financial problems that put them at risk of losing their home. The counselor will analyze my/our financial and credit situation, identify problems preventing me/us from making my/our housing payments, and develop a plan to resolve those problems. The counselor will also provide assistance with debt-load management and preparation of a manageable monthly budget plan. I/We further understand that it is not be the counselor's responsibility to fix the problem for me/us but rather to provide guidance and education to empower me/us to pursue a loan modification or other resolution from my/our lender.

Loan Modification Assistance

As part of participation in the foreclosure counseling program, I/we understand that the counselor will help identify programs that best fit my/our needs. I/we understand that with my/our permission, my/our information will be submitted to my/our lender for consideration of a modification or other resolution options. I/We understand that the counselor will monitor my/our progress to ensure the process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive a loan modification or any other resolution from my/our lender.

Financial Management Education Classes

I/We understand that as part of the foreclosure counseling program, I/we will be required to complete financial management education classes.

Customer's Responsibility

I/We understand that it is my/our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

I/We have read and understand our rights and responsibilities detailed on this form.

Applicant's Signature

Co-Applicant's Signature

Date

Date

FCP Authorization

Borrower Name
Co-Borrower Name
Property Address
Mortgage Company Name
Loan Number

1. I authorize Tampa Bay Community Development Corporation to submit client-level information to the Florida Housing Finance Corporation for the Foreclosure Counseling Program.
2. I authorize the Florida Housing Finance Corporation to open files to be reviewed for program monitoring and compliance purposes.
3. I authorize the Florida Housing Finance Corporation to conduct follow-up with me related to program evaluation.

Borrower Signature

Date

Borrower Signature

Date