



Tampa Bay Community Development Corporation

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 APPLICATION

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.

You MUST include the following documents for your application to be processed:

- Hardship Letter (must be signed, 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 full bank statements for each bank account held by the borrower and/or borrower(s) all pages, all accounts. No summary No Transactions
- Copies of most recent utility bills (electric preferably)
- Current mortgage statement AND most recent correspondence received from your lender and/or court papers

DO NOT SEND ORIGINAL DOCUMENTS OR PHOTOS

In addition to the documents listed above, please sign date, and return the completed application to Tampa Bay Community Development Corporation via mail, 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 from all three Bureaus 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 \$24.91 fee per applicant.** We accept money order, personal check or pay online (www.tampabaycdc.org).

Thank you and we look forward to being of service,

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Post-Purchase Counseling

Date of Appointment: _____

Rec'd Date:

ID#

APPLICANT INFORMATION

Applicant Name: _____

First

MI

Last

Current Address: _____ City/ Zip: _____

(P.O. Box Not Accepted)

Name of Apartment Complex (if applicable): _____

Marital Status: Single Engaged Married Divorced Widowed

Race/National Origin: American Indian/Alaskan African American Asian American
 White Other

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Gender: Male Female Other 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: _____

(If same as above, list "Same")

Name of Apartment Complex (if applicable): _____

Marital Status: Single Engaged Married Divorced Widowed

Race/National Origin: American Indian/Alaskan African American Asian American
 White Other

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Gender: Male Female Other 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? _____



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Applicant's Name: _____

First Lender's Name: _____ Acct # _____

Loan Bal. \$ _____ 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. \$ _____ Type of loan (FHA, Conventional, or 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 directly either 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-Applicant's 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

HUD Other _____



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AUTHORIZATIONS TO RELEASE PERSONAL & FINANCIAL INFORMATION

LENDER'S INFORMATION

Lender's Name: _____

Account Number: _____

Attention: _____

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, 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



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MONTHLY INCOME AND EXPENSES

Applicant: _____ **Date:** _____

Co- Applicant: _____

Net Monthly Income

Monthly Expenses

Member 1	Actual	Rent or Mortgage	
Salary		2 nd Lien	
Over time / Part-time		HOA	
Pension / Soc. Sec / V.A		Electric	
Alimony / Child Support		Water / Sewer / Trash	
Public Assistance		Cell Phone	
Self-Employment		Cable / Internet / Phone	
		Car Loan 1	
Member 2		Car Loan 2	
Salary		Car Insurance	
Over time / Part-time		Gasoline	
Pension / Soc. Sec / V.A		Child Care	
Alimony / Child Support		Alimony / Child Support	
Public Assistance		Life Insurance	
Self-Employment		Groceries	
		Eating Out	
Other Income		Credit Cards (Minimum Payments)	
Rental		Student Loans	
		Personal Loans	
		Medical (Not Covered)	
		Entertainment	
		Clothing	
		Pets	
Total		Total	
		Deficit / Surplus	

Applicant: _____ **Date:** _____

Co-Applicant: _____ **Date:** _____

Counselor: _____ **Date:** _____



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Action Plan

CLIENT ID: _____

<u>Client Name:</u>
<u>Loan Number:</u>
<u>Lender:</u>

<u>Counselor Name:</u>
<u>Mode of Counseling:</u>
<u>Date:</u>

Why homeowner is delinquent? (Check all that apply)

Loss of Income <input type="checkbox"/>	Increase Expenses <input type="checkbox"/>
Unemployed <input type="checkbox"/>	Under employed <input type="checkbox"/>
Illness <input type="checkbox"/>	Bankruptcy <input type="checkbox"/>
Other <input type="checkbox"/>	

Foreclosure Alternatives (Check all that apply)

Partial claim <input type="checkbox"/>	Refinance <input type="checkbox"/>
Bankruptcy <input type="checkbox"/>	Loan Modification <input type="checkbox"/>
Foreclosure <input type="checkbox"/>	Referral to Legal <input type="checkbox"/>
Deed-in-Lieu <input type="checkbox"/>	Assistance <input type="checkbox"/>
Short Sale <input type="checkbox"/>	

Actions and Additional Counselor Notes

Client Actions: _____

Counselor Actions: _____

Follow-up: _____

TPP: _____

Modification: _____

Applicant's Signature: _____ **Date:** _____

Co-Buyer's Signature: _____ **Date:** _____

The Home Ownership Center wishes you the best of luck!

Counselor Signature: _____ **Date:** _____



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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.

SOCIAL SECURITY NUMBER COLLECTION POLICY DISCLOSURE

Effective October 1, 2007

Please be advised that Tampa Bay CDC and its government 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.

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



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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 housing counseling agency. We provide education workshops and a full spectrum of housing counseling services including pre-purchase, financial management, budget, credit repair, foreclosure prevention and non-delinquency post-purchase counseling. TBCDC, in partnership with Community Service Foundation, builds, rents and sells affordable housing. 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.

Client and Counselor Roles and Responsibilities:

____/____/____ Initials

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 your 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, and providing requested paperwork in a timely manner. • Notifying Tampa Bay CDC or your counselor when changing housing goals. • Attending education workshop (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 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>	

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, Florida Housing Finance Corporation, Pinellas County, Pasco County, The City of Clearwater, The City of Largo, The City of St.Petersburg, and banks including but not limited to Bank of America, Wells Fargo. I agree that Tampa Bay CDC may release information about my membership, to the proper officials, in compliance with these contracts.

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 use 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.



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Referrals and Community Resources: If asked for 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 bank, 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.

____/____
Initials

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

Errors, 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.

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.

____/____
Initials

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 authorize TAMPA BAY COMMUNITY DEVELOPMENT CORP. I understand that depending on the type of service received, the information may be shared with realtors 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 Closing 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.

____/____
Initials

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.

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 Social Security #

Applicant: _____

Date _____

Co-Applicant: _____

Date _____

Counselor: _____

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/OIGWAForm/>.



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: _____