



PCCA
WEST

Philadelphia Council for Community Advancement

Empowering Households and Communities Since 1962

Comprehensive Housing Counseling | Financial Education | Community Development Services

INTAKE/CLOSE OUT FORM FOR PRE-PURCHASE

DATE FILE OPENED: _____ DATE FILE CLOSED: _____

PHFA: _____ PRFC _____ CHCI _____ HUD _____ DHCD _____

APPOINTMENT DATE: _____ APPOINTMENT DATE: _____ APPOINTMENT DATE: _____

TIER 1 _____ TIER 2 _____

CLIENT(S) NAME: _____ SS# _____ DOB _____

CLIENT(S) NAME: _____ SS# _____ DOB _____

ADDRESS: _____

CITY: _____ PA ZIP CODE: _____

PHONE NUMBER: HOME _____ CELL _____

E-MAIL ADDRESS: _____

Do you have a pre-approval from a mortgage company: Yes No

LOAN TYPE: CONV FHA VA OTHER

Do you have an "Agreement of Sale?" Yes No

Do you have a "Mortgage Commitment Letter?" Yes No

Do you have a "Settlement Notice?" Yes No

CLOSING DATE: _____ Mortgage Company: _____

REALTOR NAME'S: _____ REAL ESTATE COMPANY NAME: _____

Home Inspector: _____ Company: _____

Appraisal Company: _____

FINAL RESOLUTION: _____

COUNSELOR'S NAME: _____ DATE: _____



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Client/Counselor Agreement

Homeowner and Counselor agree to provide the following services:

- Development of a savings/spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communication with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services
- Provide housing counseling services such as Mortgage & Property Tax Foreclosure Mitigation, Home Repair Loans, Pre-Purchase, Credit & Budgeting and Couponing Counseling after which I will receive a written action plan consisting of recommendations for handling my finances.

I/We, _____ agree to the following terms of services:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We authorize PCCA to obtain a copy of my/our credit history report.
- I/We understand that breaking this agreement may cause the counseling organization to terminate its services assistance to me/us
- I/We may be referred to other housing or social services organization, as appropriate, which may be able to assist with any particular concerns that have been identified. However, I understand that I am not obligated to use any of the services offered to me.
- I/We understand that our counselor may answer and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance and I give permission for PCCA, DHCD and HUD program administrators and/or their agents to share my personal information with the legal representatives.

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

City of Philadelphia Division of Housing and Community Development

Foreclosure Prevention Counseling Form

Housing Counseling Agency: PHILADELPHIA COUNCIL FOR COMMUNITY ADVANCEMENT

I, housing counselor, _____ 215-567-7803, certify that I provided and explained the following information as part of pre-purchase counseling.

The **Housing Counseling agencies** listed on the flip-side of this page can assist you with the filling of a HEMAP or Loss Mitigation application, and/or arriving at a workout plan with the lender.

Delinquency Notices (Legal fees incurred). Besides letter/notices that you have not paid your mortgage, you will receive:

- Act 6 Notice/Notice of Intention to Foreclosure – Notice is sent when you are 60days behind in your mortgage payments. Call your mortgage company to try to make a repayment plan (forbearance agreement). Sometimes this notice is attached to the Act 91 Notice.
- Act 91 Notice – Notice is sent when you are three (3) months delinquent, advising you to apply for a HEMAP loan.

Homeowners Emergency Mortgage Assistance Program (HEMAP): Conventional Loans Only

- Administrated by the Pennsylvania Housing Finance Assistance Agency. Homeowners may apply for a loan up to \$60,000 but not to exceed 24 months of the delinquency. Homeowners must be at least 90 days delinquent on their mortgage payment and have received and Act 91 notice. Default must have occurred through no fault of the homeowner plus client must a good prospect for repayment.

Loss Mitigation Program: Primarily for FHA insured loans, to obtain a viable repayment agreement

- Forbearance Agreement/Repayment Plan – Allows additional time to repay past due payments
- Partial Claim – the loan must be at least 4 months but no more than 12 months delinquent. The loan may not be in foreclosure
- Loan Modification – Extends the term of your mortgage; may lower your interest rate or monthly payment
- Refinancing – Getting a new loan to extend the term of your mortgage or lower your interest rate

Chapter 13 Bankruptcy

- Allows you to repay past due payments through a 3 to 5 year plan. You must resume your regular mortgage payments and make a monthly payment to the court. There is a filing fee and Trustee's fees.

Consider Selling Your Home

- If you have equity in your property, selling your home prevents sheriff sale

Client Signature: _____ Date: _____

WAIVER OF PRIVACY and HOUSING COUNSELING INFORMATION FORM

***MORTGAGE *REFINANCE*TENANT*PROPERTY TAXES*DELINQUENCY*HOME IMPROVEMENT
(CIRCLE ONE ABOVE)**

Agency Name: Philadelphia Council for Community Advancement Phone: 215-567-7803

Client Name: _____ Phone: _____

Waiver of Privacy: I hereby authorize PCCA to release information about my case, when appropriate, in any third party negotiations necessary to resolve my case.

Please note: This authorization allows PCCA to act on our behalf in any third party negotiations with lenders, landlords or other appropriate entities to resolve the current or possible future problems related to this transaction. All information pertaining to your case is kept confidential and shall not be disclosed to any entity without your authorization. It is understood that funding sources may review the information contained in the counseling agency file, and lenders files, as part of a random review process.

Additionally, demographic information is provided to funding sources on each client.

Mortgage Applicants: this form must be submitted to lender at time of application.

Counselor Signature: _____ Phone: 215-567-7803

Applicant Signature: _____ Phone: _____

Address: _____

Purchase Address: _____

COUNSELED/REFERRED

(Please check response(s) that apply to this applicant)

*Eligible for DHCD Settlement Grant? Yes _____ No _____ (Subject to changes)

* _____ **Counseled:** The counselor asserts that the agency provided to the client complete counseling, including but not limited to employment evaluation, credit review, savings budget analysis, and settlement instruction, and the client is WILLING, ABLE, and READY for a Mortgage, loan or tenant status.

* _____ **Referred and Recommended:** Client has not received full counseling, but is referred for a mortgage.

* _____ **Referred and Not Recommended:** Client is not prepared at this time; additional counseling is needed.

* _____ **Post Purchase:** The counselor asserts that the agency provided to the client counseling which includes but limited to communication with lender to avoid foreclosure, assessment of future financial status and budget, and referrals to mortgage assistance programs if the client is eligible.

* _____ **Default and Delinquency:** Counselor asserts that the agency provided to the client counseling which includes but is not limited to communication with the lender to avoid foreclosure, assessment programs if the client is eligible.

Monthly Expense Sheet

Name: _____ Social Security#: _____

Indicate the average monthly amount spent for each applicable expense.

(Note: Annual or quarterly expenses will need to be divided accordingly to provide average monthly figures)

<u>Housing Expenses</u>		<u>Living Expenses</u>			
<u>Mortgage (1st)</u>		<u>Groceries/ Toiletries</u>		<u>Home Maint/ Alarm</u>	
<u>Mortgage (2nd)</u>		<u>Lunches</u>		<u>Auto Payment</u>	
<u>Mortgage (3rd)</u>		<u>Pet Care</u>		<u>Auto Insurance</u>	
<u>Real Estate/ Property Taxes</u>		<u>Pet Food</u>		<u>Auto Repair</u>	
<u>Hazard Ins.</u>		<u>Tobacco/Alcohol</u>		<u>Bus/Parking/ Tolls</u>	
<u>Condo Fees</u>		<u>Hair Cuts</u>		<u>Prescriptions/ meds supplies</u>	
<u>Assoc. Dues</u>		<u>Laundry/ Dry Cleaning</u>		<u>Co-pays</u>	
<u>Others (specify)</u>		<u>Clothing</u>		<u>Day Care</u>	
<u>Electric</u>		<u>Cell Phone</u>		<u>Church/Donations</u>	
<u>Gas</u>		<u>Home Phone</u>		<u>Entertainment</u>	
<u>Oil</u>		<u>Cable/Dish/TV</u>		<u>Newspaper/ Mag/Subscriptions</u>	
<u>Water</u>		<u>Internet Services</u>		<u>Clubs/gifts</u>	
<u>Sewer</u>		<u>Student Loan</u>		<u>Credit Card</u>	
<u>Trash</u>		<u>Parent Plus Loan</u>		<u>Credit Card</u>	

TOTAL HOUSING EXPENSES: _____ TOTAL LIVING EXPENSES: _____

USE YOUR AGENCY NAME, ADDRESS AND LOGO HERE

Client Name _____ Session Date(s) _____
 Client ID _____ Financial Well-Being Measurement Questionnaire Y/N _____
 Reason for Counseling _____ Reason for Delinquency _____
 Counselor Name _____ Counselor Phone # _____
 Counselor Email _____

Goals/Needs	Initial Goals/Needs	Updated Goals/Needs
SAVINGS		
Savings-General/Emergency ¹		
Savings-Asset Purchase ²		
Savings-Other/Not listed above ³		
CREDIT & DEBT		
Credit Building-Establishing Credit ⁴		
Credit Building-Credit Improvement ⁵		
Debt Management ⁶		
HOUSING		
Homeownership		
Rental housing attainment or improvement ⁷		
Housing Instability Mitigation – owner and renter ⁸		
Housing - Other		
GENERAL FINANCIAL MGT/FINANCIAL ACCESS		
Budgeting/Improved Personal Financial Management ⁹		
Accessing New Financial Product(s) ¹⁰		
Accessing Improved Financial Product(s) ¹¹		
RETIREMENT¹²		
OTHER NOT LISTED ABOVE		

See instruction sheet for explanation of goals/needs topics

Assessment of client's current situation/updates
Recommendations to achieve goals/needs/updates
Topics of Financial Education covered during appointment
Referrals/updates – if applicable

Action Step(s) to be taken to achieve goals/needs	Timeframe (target date)	Progression/Action Step
Counselor will:		

NOTE: This is page 1 of a two page document

