



MONROE-UNION COUNTY
COMMUNITY DEVELOPMENT CORPORATION
RAISING THE QUALITY OF LIFE THROUGH HOME OWNERSHIP
PO Box 887 - 549 E. Franklin Street. Monroe, NC 28111
Phone: (704) 283-8804 Fax: (704) 292-1037

Greetings Homeowner,

Thank you for considering Monroe-Union County Community Development Corporation to help you with your mortgage related situation. Please complete the steps below so that we may assist you with foreclosure prevention counseling services.

1. Complete the entire intake form. Make sure that you sign and date disclosures, authorizations and complete the monthly budget form. If there is a co-applicant, make sure that all of their information is provided and they have signed as well.
2. Please make copies of all pertinent documents listed on the document list enclosed and pay special attention the following documents:
 - a. If you are receiving income from Social Security, Retirement, SSI, Child Support, Disability, Rental, etc., please provide documentation.
 - b. Include a letter of explanation for any gap of employment and any adverse credit issues.
 - c. Write a one-page hardship letter stating the reason(s) why you are unable to pay the mortgage payments and please **Do Not** include specific medical issues or medical documentation.
3. Submit the application and support documents to the office by drop off: 349 East Franklin Street, Monroe, NC 28112 or mail it to: P.O. Box 887, Monroe, NC 28111. **We DO NOT accept documents via email or fax.**

Once the intake packet and support documents have been received, please call 704-283-8804 to schedule an appointment.

Sincerely,

Monroe-Union County
Community Development Corporation

Monroe-Union County Community Development Corporation

Privacy Policy

Monroe-Union County Community Development Corporation is committed to assuring the privacy of individuals and/or families we serve. Information about your personal circumstances given orally and in writing will be treated as totally confidential. Unless authorized by you, no information about you and your family will be accessible to any third party.

Your personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Case Faile and Counseling Agreement. We may also use anonymous aggregated case file information and designing future programs.

Types of information that we may gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assists, employment and income.
- Information about your creditors, account balances, payment history, parties to transactions and credit card usage; and
- Information we receive from credit reporting agency, such as 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 creditors, lenders, real estate agents, etc.), that is, direct us no to make those disclosures.
- If you choose to “opt-out”, we will not be able to answer any questions from those third parties. If at any time, you wish to change your decision with regard to your “opt-out”, you may send an email to your Housing Counselor and or come in the office and sign the authorization form.

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 will be most beneficial 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 customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Whitin the organization, access to your information is restricted and access is given only to those employees who need to know to provide adequate services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your personal information.

Date: _____

Client's Signature: _____

******* Counseling Agreement Disclosure *******

I/We agree to participate in counseling sessions with Monroe-Union County Community Development Corporation to help me/us to improve mu/our housing situation (please select with a check mark):

- ☐ Pre-Purchase Counseling (Homeownership Prep.).
- ☐ Homebuyer's Education Class.
- ☐ Mortgage Delinquency & Default Resolution (Assists homeowners in avoiding foreclosure).
- ☐ Rental Housing Counseling (Counseling addresses tenants' and tenancy's rights).
- ☐ Post Purchase Counseling & Home Rehabilitation (Addresses non delinquency and housing improvement issues).
- ☐ Financial Management/Budget (Review and improvement of money management skills).
- ☐ Fair Housing (Review of Fair Housing Laws to determine if discriminatory actions have impacted client's situation)

I/We understand and give authorization to Monroe-Union County Community Development Corporation for the Following:

1. To discuss information, release/receive related to credit history, financial situation, employment and other family problems.
2. To discuss with us any information related to our personal circumstances as may be necessary to help us secure our full legal right in our attempts to secure or improve housing.
3. To use my email address: _____.

I/We understand and agree to the following:

1. Information about our circumstances will be treated as totally confidential and that NO information about me/us will be accessible to any party who is not directly involved in our situation.
2. I/We are free to choose lenders, lending products, realtor, closing attorney, and homes regardless of the recommendations made by the housing counselor.
3. The Housing Counselor will make no decision(s) and take no action(s) without my/our knowledge and consent. At all times Housing Counselor will act to protect the best interest of the applicant.
4. I/We understand that if preceding conditions and assignments are not met, services and/or benefits may be terminated or revoke.

Monroe-Union County Community Development Corporation is a HUD Approved Counseling Agency and as such receives funding from various sources including but not limited to: US Department of Housing and Urban Development, NC Housing Finance Agency, City of Monroe, and include but not limited to: Wells Fargo Bank, Bank of America, Pinnacle Bank and therefore your file may be subject to review for program compliance.

I/We acknowledge that I/We have received a copy of the Monroe-Union County Community Development Corporation's counseling agreement and privacy policy.

Date: _____

Signature: _____

Date: _____

Counselor's Signature: _____

Credit Report Authorization

I hereby authorize and instruct the Monroe-Union County Community Development Corporation to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by the Monroe-Union County Community Development Corporation. I understand and agree that the Monroe-Union County Community Development Corporation intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home.

My signature below also authorizes the release to the credit reporting agencies of financial or other information that I have supplied to the Monroe-Union County Community Development Corporation in connection with such an evaluation. Authorization is granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I ___ authorize / ___ do not authorize, the Monroe-Union County Community Development Corporation, to share with potential mortgage lenders my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information.

Date of Authorization: _____ Joint ___ / Single: ___ Fee \$: _____

The above information was disclosed to client(s), prior to client (s) signing authorization.

Counselor's Signature: _____

.....

Applicant (Please print)

Name : _____

Address : _____

Social Security Num. : _____ - _____ - _____

Date of Birth : _____

Identification : _____

Signature : _____

Co-Applicant (Please print)

Name : _____

Address : _____

Social Security Num. : _____ - _____ - _____

Date of Birth : _____

Identification : _____

Signature : _____

TEN IMPORTANT QUESTIONS TO ASK YOUR HOME INSPECTOR

1. What does your inspection cover?

The inspector should ensure that their inspection and inspection report will meet all applicable requirements in your state if applicable and will comply with a well-recognized standard of practice and code of ethics. You should be able to request and see a copy of these items ahead of time and ask any questions you may have. If there are any areas you want to make sure are inspected, be sure to identify them upfront.

2. How long have you been practicing in the home inspection profession and how many inspections have you completed?

The inspector should be able to provide his or her history in the profession and perhaps even a few names as referrals. Newer inspectors can be very qualified, and many work with a partner or have access to more experienced inspectors to assist them in the inspection.

3. Are you specifically experienced in residential inspection?

Related experience in construction or engineering is helpful, but is no substitute for training and experience in the unique discipline of home inspection. If the inspection is for a commercial property, then this should be asked about as well.

4. Do you offer to do repairs or improvements based on the inspection?

Some inspector associations and state regulations allow the inspector to perform repair work on problems uncovered in the inspection. Other associations and regulations strictly forbid this as a conflict of interest.

5. How long will the inspection take?

The average on-site inspection time for a single inspector is two to three hours for a typical single-family house; anything significantly less may not be enough time to perform a thorough inspection. Additional inspectors may be brought in for very large properties and buildings.

6. How much will it cost?

Costs vary dramatically, depending on the region, size and age of the house, scope of services and other factors. A typical range might be \$300-\$500, but consider the value of the home inspection in terms of the investment being made. Cost does not necessarily reflect quality. HUD Does not regulate home inspection fees.

7. What type of inspection report do you provide and how long will it take to receive the report?

Ask to see samples and determine whether or not you can understand the inspector's reporting style and if the time parameters fulfill your needs. Most inspectors provide their full report within 24 hours of the inspection.

8. Will I be able to attend the inspection?

This is a valuable educational opportunity, and an inspector's refusal to allow this should raise a red flag. Never pass up this opportunity to see your prospective home through the eyes of an expert.

9. Do you maintain membership in a professional home inspector association?

There are many state and national associations for home inspectors. Request to see their membership ID, and perform whatever due diligence you deem appropriate.

10. Do you participate in continuing education programs to keep your expertise up to date?

One can never know it all, and the inspector's commitment to continuing education is a good measure of his or her professionalism and service to the consumer. This is especially important in cases where the home is much older or includes unique elements requiring additional or updated training.

Client's Signature: _____

Date: _____

Housing Counselor's Signature: _____

Date: _____



State Home Foreclosure Prevention Project THIRD PARTY AUTHORIZATION AGREEMENT

Loan Servicer: _____ Loan Number: _____

Borrower Name: _____ Co-Borrower Name: _____

Property address: _____

I/we, _____, the undersigned Borrower do hereby authorize **servicer** to release any and all information about any and all of my account(s) to any representative of the **North Carolina Housing Finance Agency** and

Name of Third Party Authorized Agency: **Monroe-Union County CDC**
 Agency Address: **PO Box 887 Monroe, NC 28111**
 Telephone Number: **704-283-8804**
 Relationship to Borrower: **Housing Counseling Agency – Carlos Santiaqo & Isabelle Gillespie**

and its representatives. I understand that this information is needed so that I can receive counseling assistance. The information released by **servicer** may include, but is not limited to, information relating to my loan amount and payment transactions and/or provision of copies of any and all loan documents and communication history associated with my account(s) in the possession of **servicer**. Under no circumstances will I hold **servicer** responsible for any claims, liabilities or damages that may arise as a result of or in connection with **servicer's** provision of information pursuant to the terms of this Agreement.

I/We further authorize **servicer** to speak with any representative of the **North Carolina Housing Finance Agency** and any third party authorized agency indicated herein and its representatives regarding all aspects of my account(s) and account history, including information provided by any prior servicer.

I/We also authorize **servicer** to notify the **North Carolina Housing Finance Agency** and any third party authorized agency indicated herein in the event that my/our loan payments become delinquent in the future, or if a loss mitigation workout is discussed, implemented, completed and/or results in default. The **North Carolina Housing Finance Agency** and any third party authorized agency indicated herein agrees to maintain the confidentiality of borrower(s) information in accordance with NCGS § 45-106.

I acknowledge that this authorization will remain in effect for the duration of time that **servicer** serves as the loan servicer for my account(s). I also acknowledge that should I wish to terminate this authorization, I will notify **servicer** in writing. This authorization will not be valid unless signed below by borrower and all co-borrowers named above.

Primary Borrower (Print Name): _____ Last 4 Digits of Social Security Number: _____

Signature: _____ Date: _____

Co-Borrower (Print Name): _____ Last 4 Digits of Social Security Number: _____

Signature: _____ Date: _____

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1. Client are not obligated to receive, purchase or utilize any other services offered by the organization, or its exclusive partners to receive housing counseling services.
2. Monroe Union County CDC partners include governmental and non-governmental agencies. Additionally, we partner with for profits and not for profit organizations that offers various housing programs. Some of those programs do provide a fee for service and clients are not obligated in any way to use those programs and or services to utilize the housing counseling services provided by Monroe Union County CDC.

Signature & Date:

Board Members: Franklin Deese, Chairman
Sharon Talford, Secretary
Anna McRae
Penny McClendon
Richard Brown

Staff: Isabelle Gillespie, Executive Director
Carlos Santiago, Certified Housing Counselor

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Ineligible Participant's Policy

Purpose: To ensure compliance with HUD regulations regarding ineligible participants in the HUD Housing Counseling Program and to maintain program integrity.

Scope: This policy applies to all agency staff, including employees and volunteers, involved in providing HUD housing counseling services.

Policy Statement:

An agency provides HUD-approved housing counseling services in compliance with all applicable regulations, including those concerning ineligible participants. All individuals seeking HUD housing counseling services are screened to identify and exclude those ineligible according to HUD guidelines.

Definition of Ineligible Participant:

An individual is considered an ineligible participant in the HUD Housing Counseling Program if currently suspended or disbarred from federal programs.

Screening Procedures:

1. **Initial Inquiry:** Application will ask if an individual seeking HUD housing counseling services has ever been suspended or disbarred from participating in federal programs.
2. **Review of Information:** If an individual indicates suspension or disbarment, or if staff suspects ineligibility, the individual is informed of potential ineligibility for HUD-funded housing counseling.
3. **Verification (if necessary):** Documentation may be requested to verify an individual's status regarding suspension or disbarment from federal programs.
4. **Referral (if applicable):** Individuals ineligible for HUD housing counseling due to suspension or disbarment will be informed and, if appropriate, referred to alternative resources or counseling services not funded by HUD.

Signature & Date: _____

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