



WCCRC

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Date_____

Borrower 1 Name_____

Social Security Number_____

Borrower2 Name_____

Social Security Number_____

Home purchase date_____ Amount paid_____

If you had to sell your home today how much would you list it for? _____

Do you occupy the home? _____ Housing Type:_____ Single Family _____ Multi-Family

Do you have rental income? _____ If yes, amount each month? _____

Are property taxes escrowed? _____ Are property taxes current? _____

Name of original lender_____

Name of the current servicer_____

Date of original loan_____ Original loan amount_____

Type of mortgage:_____ Fixed _____ Adjustable

Current interest rate %_____ Current balance_____

How many months are you behind?_____

Do you have more than one lien on the property?_____

Have you filed for bankruptcy protection?_____

If yes to the last question, please elaborate

What caused you to fall behind on your mortgage(s)?

Release and Authorization

I (we) certify that all the above information is accurate and true to the best of my (our) knowledge. I (we) understand that false or misleading information may be detrimental to the counseling I (we) receive, may negatively affect the overall outcome, or result of the counseling provided by WCCRC, Inc and may result in the closing of my (our) file.

I (we) will provide all requested documentation (within reason) to assist the Housing Counselor in providing the most comprehensive and thorough counseling possible. I (we) understand that with my (our) willing participation there are no guarantees written or implied, that I (we) will be approved for housing/ housing assistance by individuals, companies or agencies or mortgage(s) by any lender; private, State or Federal.

I (we) understand that the purpose of housing counseling is to provide one-on-one counseling to help clients fix problems that prevent affordable homeownership and/or rental housing. The counselor will analyze my (our) financial and credit situation, identify barriers preventing me (us) from obtaining affordable housing and develop a plan to remove those barriers. I (we) understand that the counseling provided by WCCRC, Inc is comprehensive but may not address or foresee all issues that may present themselves during or after counseling; WCCR, Inc will not provide or give any legal advice. I (we) will provide additional accurate information as my (our) case evolves and is necessary to bring my (our) case to closure.

I (we) understand that depending upon the type of counseling I (we) am requesting, WCCRC, Inc may request a tri-merged credit report from the three major reporting agencies to accurately determine my (our) credit history. This report will not be requested without my (our) prior written authorization. The counselor will also provide assistance in debt-load management with the preparation a monthly and manageable budget plan. I understand that it will not be the responsibility of the counselor to fix the problem for me (us), but rather to provide guidance and education to empower me (us) in fixing those issues that prevent affordable homeownership and/or rental housing. I (we) understand that I (we) have the right and freedom to choose any loan product or to purchase or rent any property regardless of the information that is provided to me (us) by this agency and that there is no obligation to receive any services other than those discussed today.

I (we) understand that WCCRC, Inc is not a funding source or financial institution that provides any emergency housing or cash assistance. I (we) understand the counselor will provide me (us) with any necessary community referrals or resources that are available.

HUD (Housing and Urban Development) will follow strict rules to protect your confidentiality. The personal data collected, such as name and address are protected by the Privacy Act.

You will never be named in any reports Although your responses may be looked at individually by HUD, or contractors hired by HUD to collect and analyze the data, your name will not be reported.

Contractors to HUD are covered by the same requirements to protect privacy as HUD staff and must be demonstrated that they have systems in place to protect against data disclosure.

By signing below, you are giving authorization to WCCRC, Inc to share information with HUD for the purpose of grant oversight and HUD Housing Counseling compliance. I (we) certify that all the information provided on this intake form is correct, accurate and true to the best of my (our) knowledge. I (we) understand that false or misleading information may be grounds for termination of assistance. Furthermore, I (we) understand that the completion of the Intake Form in no way guarantees me (us) that WCCRC will be able to assist or bring to successful conclusion my (our) housing issue.

I (we) have read and received a copy of this Release and Authorization form.

Primary Client Signature Date

Secondary Client Signature Date

Housing Counselor Date