

Credit Coalition's Counseling Disclosure

IMPORTANT INFORMATION ABOUT HOUSING COUNSELING

The Credit Coalition, a HUD Approved Housing Counseling Agency, is not a loan or mortgage company or a real estate broker nor are we a licensed attorney or tax advisor/accountant and we do not guarantee any specific results or outcomes. We cannot guarantee that you will be able to qualify for a loan product or refinance and/or modify your existing loan.

The information presented in your housing counseling session and in any follow-up communications is based on information you provided and other factors. We do not guarantee the applicability, accuracy, availability or your eligibility for any product, service or program mentioned.

Housing counseling is NOT a substitute for legal advice from a licensed attorney or tax and financial advice from an accountant. If you need help understanding how the law applies to your particular circumstances and what is best financially for you and your family, you should seek the information from a qualified attorney or accountant.

If you prefer assistance in a language other than English, please let us know and we will assist you to locate a Housing Counseling Agency that can assist you in that language.

If you are currently a homeowner:

Not all homeowners qualify for refinancing or mortgage loan modifications. Any decision to refinance your home or modify your mortgage will be made by your lender and will vary depending upon individual situations such as the current terms of your mortgage and your ability to meet the terms of the modified or new mortgage.

Please continue to communicate with the servicer of your loan or the lender you are interested in refinancing with, as they will determine your eligibility and they will render and decisions on programs for which you may qualify.

We recommend that homeowners continue making mortgage payments until refinancing or a loan modification, if available and applicable, is approved.

Any new mortgage or loan modification is not a guarantee against foreclosure if you fail to meet the terms of your new or modified mortgage.

Certain credit reporting and tax consequences may result if any portion of your mortgage debt is forgiven. You should consult your tax advisor.

Credit Coalition
3300 Lyons Ave. #203A
Houston, TX 77020

713-224-8100 office www.creditcoalition.org 713-224-8102 fax 866-346-8100 toll-free

Information for Your First Foreclosure Intervention Counseling Session

Please use this checklist to collect the following documents to bring (or send prior) to our first appointment:

- ☐ 1. Completed Intake Packet with your signature(s) and pages dated
- ☐ 2. Any correspondence from the mortgage company or its attorney, even if it is unopened
- ☐ 3. Any documentation from the courts, lender or law firm regarding a foreclosure
- ☐ 4. Monthly mortgage statement(s) from all loans
- ☐ 5. Statements for homeowner association fees, condo fees or a signed statement declaring you do not have a mandatory homeowner's association
- ☐ 6. Your closing folder from the Title Company that includes copy of your Deed of Trust, copy of your Note (and Riders), and HUD-1 Settlement Statement
- ☐ 7. Documentation and statements for recent loans secured by home (example: home improvement, pool loans)
- ☐ 8. Statement for any second or third liens owed
- ☐ 9. Most Recent Two (2) months of pay stubs for all family members over 18 years of age
- ☐ 10. Statements, award letters for other forms of income (examples: social security, disability, pension, etc.)
- ☐ 11. Last Year's Tax returns (Signed p. 2 and all schedules) with W-2(s) and/or 1099(s)
- ☐ 12. If self-employed, Profit and Loss Statement YTD
- ☐ 13. Last Two (2) months bank statements for all accounts (all pages)
- ☐ 14. A recent utility bill that includes your name and address
- ☐ 15. Copies of recent credit reports: www.annualcreditreport.com
- ☐ 16. Current Driver's License or other photo ID for all persons obligated on the mortgage and listed on the deed (title)
- ☐ 17. Detailed hardship letter (rough draft is OK): The purpose of writing a hardship letter is to explain to your lender your 'unique' situation. You provide a reason for the problem and a solution.

When we contact you, we will set up a time for the first appointment.

I can work with you using email, fax and mail.

If you have any questions during this entire process, please do not hesitate to call, 713-224-8100, (toll free 866-346-8100), FAX 713-224-8102 or email us at sherrie@creditcoalition.org.

Sherrie Young
Executive Director/Housing Counselor
Credit Coalition, A HUD Approved Housing Counseling Agency
3300 Lyons Ave. #203A, Houston, TX 77020
713-224-8100 office toll free 866-346-8100 713-224-8102 fax
sherrie@creditcoalition.org www.creditcoalition.org

01/2021

Credit Coalition Privacy Policy

The Credit Coalition is committed to assuring the privacy of individuals and/or families who have contacted us for assistance and/or information. We realize that the concerns you bring 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 **Authorization for Release of Information** and the **Client/Counselor Contract**. We may also use anonymous aggregated case file information for the purpose of evaluation 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 creditor, or others, such as your account balance, payment history, parties to transactions, and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:

1. You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. 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," you may call us at 713-224-8100 and do so.

Release of your information to third parties:

1. 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.
2. We may 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).
3. 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.

Client (printed) _____ Client (printed) _____
 Client (signed) _____ Client (signed) _____
 Date _____ Date _____

Please return to:
 Credit Coalition
 3300 Lyons Ave. #203A
 Houston, TX 77020

Office 713-224-8100
 Fax: 713-224-8102
 sherrie@creditcoalition.org

Credit Coalition**A HUD Approved Housing Counseling Agency****3300 Lyons Ave., #203A, Houston, TX 77020****Phone: 713-224-8100 866-346-8100 www.creditcoalition.org Fax: 713-224-8102****Authorization to Release Information****Borrower:** _____**Last 4 Digits of Borrower SS #:** _____ **Email:** _____**Co-Borrower:** _____**Last 4 Digits of Co-Borrower SS #:** _____**Property Address** _____**City:** _____ **State:** _____ **Zip Code:** _____**Home Phone Number:** _____ **Cell Phone Number:** _____**Email Address:** _____**Lender:** _____ **Loan Number:** _____**Loan Type:** Conventional FHA VA**Non Profit Agency:** CREDIT COALITION**Housing Counselor:** Sherrie Young**Counselor Email:** sherrie@creditcoalition.org**Counselor Phone Number:** 713-224-8100 866-346-8100 **Fax:** 713-224-8102

I/We authorize the Credit Coalition, A HUD Approved Housing Counseling Agency, (hereinafter "Non Profit Agency") and its representatives to speak with my/our lender and with whomever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan.

I/We also authorize the lender and/or servicer handling my/our loan to notify the Credit Coalition in the event that my/our loan payments become delinquent in the future, if the lender or servicer chooses to provide such notification.

The Credit Coalition agrees to maintain the confidentiality of borrower(s) information.

This authorization will not be valid unless signed below by all borrowers and co-borrowers named above and will remain valid only until revoked in writing by any borrower or co-borrower named above.

Borrower Signature_____
Date_____
Co-Borrower Signature_____
Date_____
Housing Counselor Signature_____
Date

(6)

CREDIT COALITION
Client/ Counselor Contract

CREDIT COALITION and its counselors agree to provide the following services:

Assist you to develop or review your 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 communicating 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

I/WE _____
agree to the following terms of service:

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 will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.

I/WE will call within 6 hours of a scheduled appointment if I/WE will be unable to attend an appointment.

I/WE will contact the counselor about any changes in our situation immediately.

I/WE understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

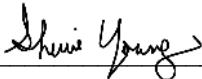
Client (printed) _____

Client (signature) _____ Date _____

Client (printed) _____

Client (signature) _____ Date _____

Counselor (printed) SHERRIE YOUNG _____

Counselor (signature)  _____ Date _____

Credit Coalition: 2021 Agency Disclosure

This disclosure statement is provided by the Credit Coalition to all clients seeking services from us. The Credit Coalition does not charge any fees for any of the services we offer.

In addition to Housing Counseling which includes Reverse Mortgage Counseling, Mortgage Delinquency and Default Resolution Counseling, Pre-purchase Counseling, Rental Housing Counseling, Non-Delinquency Post Purchase Workshops, and Pre-purchase Homebuyer Education Workshops, **below is the Complete List of other services provided by the Credit Coalition:**

NONE

Description of any financial relationships between Credit Coalition and any other Industry Partners:

Effective June 17, 2020, as a sub-grantee of Housing Options Provided for the Elderly (HOPE), we were awarded HUD HECM Counseling Funds for Reverse Mortgage Clients counseled during the period May 1, 2020 thru March 31, 2021 and we may receive additional HUD HECM Counseling Funds in 2021.

The Credit Coalition has NO Additional Financial Relationships with any other industry partners.

As a client of the Credit Coalition, you are not obligated to receive any other services offered by the Credit Coalition or its industry partners.

1. I understand that the Credit Coalition provides information and education on numerous loan products and housing programs. I further understand that the service that I receive from the Credit Coalition does not obligate me to choose any of these particular loan products or housing programs.
2. I understand that the Credit Coalition will not make referrals to specific agencies, but will provide me information about area resources and I will make my own decisions whether to choose to use their services.

The Credit Coalition certifies that its staff who will provide housing counseling has no conflicts of interest due to any other relationships with servicers, real estate agencies, mortgage lenders, and/or other entities or industry partners (whether identified or not) that may stand to benefit from particular counseling outcomes.

Sherrie Young
Executive Director, Credit Coalition

Signature

Date

Signature

Date

Updated 01/01/2021

NAME: _____ DATE: _____

Number in Household: _____

CATEGORY	\$\$\$\$	CATEGORY	\$\$\$\$	BALANCE
INCOME (MONTHLY)		TRANSPORTATION:		
Monthly GROSS Wages		Car Payments		
Bonus/Overtime		Fuel		
Social Security/SSI		Auto Repairs/Maintenance/Fees		
Unemployment Income		Auto Insurance		
OTHER Income:		Other (tolls, bus, rail, taxi)		
A: GROSS Income Subtotal				
INCOME TAXES WITHHELD:		DEBT PAYMENTS:		
Federal Income Tax		Credit Cards (min. payments) _____ ; # of Accounts _____		
Social Security		Student Loans		
Medicare Tax		Other Loans		
Income Taxes Subtotal				
B: Net Monthly Income		ENTERTAINMENT/RECREATION:		
MONTHLY EXPENSES:		Cable TV/Videos/Movies		
HOME:		Subscriptions and Dues		
Mortgage or Rent		Hobbies		
Homeowners/Renters Insurance				
Property Taxes		PETS:		
Home Repairs/Maintenance		Food		
HOA Dues		Grooming, Boarding, Vet		
UTILITIES:				
Electricity		CLOTHING:		
Water and Sewer		INVESTMENTS AND SAVINGS:		
Natural Gas		401(K) or IRA		
Telephone (Land Line)		Stocks/Bonds/Mutual Funds		
Telephone (Cell)		College Fund		
Internet		Savings		
FOOD:		Emergency Fund		
Groceries		MISCELLANEOUS:		
Eating Out, Lunches, Snacks		Toiletries, Household Products		
		Gifts/Donations		
FAMILY OBLIGATIONS:		Grooming (Hair, Make-up, Other)		
Child Support		Miscellaneous Expense		
Day Care, Babysitting		Tuition		
HEALTH AND MEDICAL:		School Expenses		
Insurance (medical, dental, vision)		Bank Fees		
Out-of-Pocket Medical Expenses		D: SUB-TOTAL Column 2 MONTHLY EXPENSES		
Fitness (Yoga, Massage, Gym)		E: TOTAL Monthly EXPENSES: (C + D)		
C: SUB-TOTAL Column 1 Monthly EXPENSES		Net Monthly Income - Total Monthly Expenses (B - E = surplus or deficit?)		

Assets

Home: Balance on mortgage		Value of home:	
Other Real Estate:			
Auto #1: Model	Year:	Balance owed:	Value of auto:
Auto #2: Model	Year:	Balance owed:	Value of auto:
Other Transportation:			
Amount in Checking accounts:		CASH on hand:	
Amount in Savings accounts:			