



2569 US 23 S ♦ Alpena, MI 49707
989-358-4627 ♦ FAX 989-354-5909

Dear Homeowner:

Thank you for your interest in the Northeast Michigan Community Service Agency, Inc., (NEMCSA) Foreclosure Services Program. Our agency is a Department of Housing and Urban Development (HUD) and Michigan State Housing Development Authority (MSHDA) approved agency and can therefore provide these services to you free of charge. However, this requires us to obtain some necessary information in order to provide services to you.

Enclosed you will find an **“Applicant Checklist.”** This form lists documents that you will need to collect and make **copies** to be returned to our office for review (originals will not be accepted.)

Also included in this packet are required documents that need to be completed by you, co-applicant if applicable, signed and dated (incomplete documents will slow down the process). Documents enclosed that must be completed and returned are:

- Household Profile – Complete **all** three pages
- Counseling Agreement and Release of Information
- NEMCSA Release of Information
- Program Disclosure
- Budget Planner
- Credit Report Release
- Client/Educator Agreement – Agency staff will sign and copies provided to client.
- Hold Harmless Agreement
- Client Action Plan
- Hardship Letter

Northeast Michigan Community Service Agency (NEMCSA) obtains these documents to determine your eligibility within our Foreclosure Services Program and for services through MSHDA and other possible assistance programs. Information is also reviewed by NEMCSA staff prior to appointments being scheduled in order to ensure that relevant education and options are based on each client's individual needs. Once our agency receives your documents and completed forms we will be able to contact you to schedule an appointment.

Information can be returned to the above address, fax to 989-354-5909 or scanned and emailed to me at foreclosure@nemcsa.org. If you have any questions regarding these forms or documents, please contact me at 989-358-4627.

I look forward to working with you.

Sincerely,

Ashley Gagnon
Financial Coach

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our housing counseling program, please inform our housing counselor program staff so alternative accommodations may be arranged.



In accordance with Federal law and the US Dept of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (Voice and TDD) USDA is an equal opportunity provider and employer.





2569 US 23 S ♦ Alpena, MI 49707
989-358-4627 ♦ FAX 989-354-5909

Applicant Checklist

In addition to the completed forms, we will need **copies** of the following information:

- ☐ Mortgage documents
- ☐ Property Deed
- ☐ Your most recent monthly mortgage statement showing monthly mortgage payment and escrow amounts, interest rate, mortgage payoff balance, escrow balances, etc.;
- ☐ All pertinent correspondence you have received from your mortgage lender if you are either being threatened with foreclosure on your mortgage or if you are in the process of renegotiating your mortgage loan;
- ☐ Your most recent tax bill
- ☐ A copy of your credit report dated within 60 days
- ☐ Most recent household bills (Electric, water, gas, cell phone, cable, insurance, etc)
- ☐ Copy of the Social Security Card for all adult household members
- ☐ Income information:
 - Pay stubs for your last four (4) pay periods;
 - Social Security Benefit Award Letters (Retirement / Disability);
 - SSI Benefit Award Letters (Retirement / Disability);
 - Child Support Statements from the Friend of the Court (if applicable);
 - Unemployment Award Letter (showing current benefit information);
 - Workman's Compensation Awards / Decision Letters;
 - Department of Human Services Eligibility Determination Letters;
 - If you are self-employed: Year to Date Profit & Loss Statement
 - Any other household income information.

When all of your information has been received, we will use that information to determine your: (1) income over the next 12 months, (2) average monthly income, (3) current debt, and (4) mortgage loan capacity.

We understand that we are requesting a lot of information from you and that it may require a considerable amount of your time to collect and consolidate this material. Please be assured that our request is based on our experience in working with many mortgage lenders.

Our goal is to do the very best job we can to help you achieve your goals. We will work with you as quickly as possible, but please understand we cannot proceed without complete information. We will not be able to schedule an appointment unless we receive all the required documents.

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our housing counseling program, please inform our housing counselor program staff so alternative accommodations may be arranged.



In accordance with Federal law and the US Dept of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (Voice and TDD) USDA is an equal opportunity provider and employer.





Northeast Michigan Community Service Agency Financial Empowerment Housing Education Program Household Profile

Section I – Must be completed by client and co-client			County:	
Client Name (First, Middle Initial, Last):			Date of Birth :	
Street Address (do not use PO Box):		City:	State:	Zip:
Home or Cell Phone Number:	Email Address:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family		Are you a First-Time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself the Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Number of Household Dependents:		<input type="checkbox"/> I live in a rural area <input type="checkbox"/> Do not live in a rural area
Based on current household select appropriate answer:				
English Proficient <input type="checkbox"/> Not English Proficient <input type="checkbox"/>			<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language: _____				
Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Respond		Multi-Race: <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose Not to Respond		Head of Household Type: <input type="checkbox"/> Single adult <input type="checkbox"/> Female-headed single parent <input type="checkbox"/> Male-headed single parent <input type="checkbox"/> Married without children <input type="checkbox"/> Married with children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Other
Education: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree </div> <div> <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> Vocational Certificate </div> <div> <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> No High School Diploma </div> </div>				

Co-Client Name (First, Middle Initial, Last):			Date of Birth:	
Street Address (do not use PO Box):		City:	State:	Zip:
Home or Cell Phone Number:	Email Address:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family		Are you a First-Time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Based on current household select appropriate answer:				
English Proficient <input type="checkbox"/> Not English Proficient <input type="checkbox"/>			<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language: _____				
Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Respond		Multi-Race: <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose Not to Respond		
Education: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree </div> <div> <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> Vocational Certificate </div> <div> <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> No High School Diploma </div> </div>				

Section II – Current Homeowner(s) ONLY			
Do you currently have a MSHDA Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received Step Forward Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Originating Lender (if available):		Original Loan Number (if available):	
Name of Current Servicer (if available):		Loan number assigned by Servicer:	
When did you purchase your home?	Have you lived at this address for at least two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, list previous address(es):		
Does your name appear on: <input type="checkbox"/> Property Deed <input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract		Total Monthly Payment (including Taxes & Insurance):	
Select type of loan product: <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months <input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months. <input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months <input type="checkbox"/> I don't know			
If type of loan is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a second mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current status of Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late		Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your mortgage delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$		Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	
Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$			
Select primary reason for default: <input type="checkbox"/> Reduction in income <input type="checkbox"/> Increase in Loan Payment <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Medical Issues <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Loss of income <input type="checkbox"/> Increase in Expenses <input type="checkbox"/> Death of Family Member <input type="checkbox"/> Other			
What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?		Do you feel that you have recovered from the situation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is/was the date of the Sherriff's Sale?	
Are you currently working with an attorney regarding the delinquency of your mortgage, property taxes or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide attorney name and contact information?	
If available, please provide the following information for the mortgage servicer or land contract holder that you make your payments to:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

Section III – Must be completed by client.

Enter **ALL** sources of income for adult members of the household (18 year olds not in High School).

Income sources include: Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support and Alimony.

Total Monthly Income: \$

Enter **ALL** total monthly debt for adult members of the household (18 year olds not in High School). Include Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

Total Monthly Debt: \$

Based on your housing needs/goals do you believe you have been discriminated against?

☐ Yes ☐ No

Do you believe you have been a victim of Predatory Lending?

☐ Yes ☐ No

What is the main purpose for contacting our agency:

☐ Homelessness Assistance

☐ Home Maintenance and Financial Management

☐ Rental Topics

☐ Reverse Mortgage

☐ Purchase/Home Purchase

☐ Resolving/Preventing Mortgage Delinquency or Default

How did you learn about MSHDA's Housing Education Program?

☐ MSHDA Outreach

☐ HUD Outreach

☐ Agency Outreach

☐ Another Person

☐ Lender

☐ Another Agency

☐ Real Estate Agent

☐ Other:

Are you interested in obtaining information regarding MSHDA Mortgage Products and Down Payment Assistance?

☐ Yes ☐ No

Would you like to be referred to a MSHDA approved lender?

☐ Yes ☐ No

Section IV – Must be signed and dated by client and co-client.

Client Printed Name

Signature

Date

Co-Client Printed Name

Signature

Date

Section V – For Agency Use Only

Agency Name:

Agency Phone Number:

Agency Staff Name:

Received by Agency (Intake Date):

Unique Client ID #:



**Northeast Michigan Community Service Agency
Financial Empowerment
HOUSING EDUCATION PROGRAM
AGREEMENT and RELEASE OF INFORMATION**

In signing this agreement and release, I/We agree to actively participate in the Housing Education Services being offered by this agency. I/We understand:

1. A referral to other services of the organization or another agency (as appropriate) may be made to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. That this agency receives funds through MSHDA and HUD and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. That a counselor may answer questions and provide information but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. That this agency may provide information on numerous housing programs and loan products and I further understand that the housing services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.

For Pre-Purchase Education Services only:

By initialing I/We acknowledge the agency has provided me/us with (1) **For Your Protection Get a Home Inspection** (HUD-92564), (2) **Ten Important Questions to Ask a Home Inspector**, and (3) **Disclosure of Lead-Based Paint Hazards in Housing** (EPA-747-F-96-002)

For Post-Purchase Education Services only:

☐ I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to the housing counseling received. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

CONSENT: Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits.

Client's Printed Name:	Client's Signature:	Date Signed:
Client's Printed Name:	Client's Signature:	Date Signed:
Client's Current Address:	City:	Zip Code:

To be completed by Counselor:

Agency Name: Northeast Michigan Community Service Agency	Agency Phone Number: 989-358-4653	
Counselor Name:	Counselor Signature:	Date Signed:





2569 US 23 S ♦ Alpena, MI 49707
989-358-4627 ♦ FAX 989-354-5909

RELEASE OF INFORMATION & FORECLOSURE INTERVENTION ASSISTANCE AGREEMENT

Release of Information

In signing this consent form, I am authorizing Northeast Michigan Community Service Agency, Inc., and its employees to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to achieving my housing goals. I further allow Northeast Michigan Community Service Agency, Inc staff to discuss my foreclosure and credit situation with representatives from related agencies, mortgage, collections and credit bureau companies.

I understand that the information I share regarding my personal and financial situation will be treated with confidentiality and that no information will be shared with persons or agencies not directly affiliated with resolution of this problem.

Foreclosure Intervention Assistance Agreement

I understand that this is a mortgage foreclosure education program and that ***financial assistance is in no way promised or guaranteed.*** Northeast Michigan Community Service Agency, Inc., will assist me in my efforts to avoid foreclosure by offering the following:

- Education
- Advocacy
- Referral

I acknowledge that

- I may be referred to other housing services of the organization or another agency as appropriate. I understand that I am not obligated to use the services offered.
- I understand that an educator cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.

I agree to participate in all mutually agreed upon sessions. I understand that participation in this program is voluntary, but that my ***active*** participation is the key to getting results. In addition, I understand that as a condition of my receipt of such services, I will be expected to do the following:

- Be on time for all appointments (***more than 10 min late will result in a rescheduling***)
- Provide all necessary documentation in a timely manner
- Update the educator about any changes to my situation
- Promptly update the educator about ***any*** lender documentation

I recognize that regular failure to complete these tasks will result in my case being closed and any assistance that has been agreed upon being cancelled.

Printed Name

Signature

Date

Printed Name

Signature

Date

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our housing counseling program, please inform our housing counselor program staff so alternative accommodations may be arranged.



In accordance with Federal law and the US Dept of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (Voice and TDD) USDA is an equal opportunity provider and employer.



Effective: April 14, 2003
Amended: November 11, 2005
Revised: February 2014
Revised: January 2021

Notice of Privacy Practices

Northeast Michigan Community Service Agency, Inc.



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY NORTHEAST MICHIGAN COMMUNITY SERVICE AGENCY, INC. (NEMCSA), AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please review it carefully. If you have any questions about this notice, please contact the Corporate Compliance Officer.

Northeast Michigan Community Service Agency, (NEMCSA) is committed to safeguarding all information including history, records and discussion regarding NEMCSA employees and the individuals we serve. We are required by law to protect the privacy of your medical and any other personal identifiable information we have about you on file as part of your affiliation with NEMCSA. We understand that this information is personal, and it is important to you that we keep it confidential. NEMCSA is committed to the practices and procedures we have established to protect and keep confidential the information we obtain from you. This notice applies to all NEMCSA employees, staff, trainees, contractors, and other personnel, any member of a volunteer group that is authorized to assist you while receiving health care or other services at NEMCSA; as well as our business associates. This notice will tell you about the ways NEMCSA may use and disclose personal identifiable information, including health, information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your information.

Uses and Disclosures:

How we may use and disclose information about you:

The following categories describe different ways that we may use or disclose information about you without your written authorization. For each category, we will explain what we mean and try to give some examples.

Treatment: We may use your information to coordinate health care and related services. It will also be used to consult or refer between one or more of your providers. For example, if you are participating in the Care Management or MI Choice Waiver Program, we may disclose to your physician what services you are receiving.

Payment: Generally, we may use and disclose information about your health so we can administer claims, which includes reimbursement of incurred expenses for treatment and services you receive from a health provider. For example, we may disclose to your doctor whether you are eligible for Medicaid coverage.

Health Care Operations: We may use and disclose information about you for quality assessment and improvement, insurance activities, case management, legal services, and auditing functions. These uses and disclosures are necessary to make sure our participants are receiving quality services. For example, we may use information about you to refer you to other programs for beneficial services and for program auditing purposes.

Informational Purposes: NEMCSA may use your personal information to give you helpful information such as program benefit updates and consumer protection information. We may also use your information to contact you for appointment reminders.

Public Health Risks: As required by law, we may disclose information about you to public health authorities that receive information to: prevent or control disease, injury, or disability; report births and deaths, report child or adult abuse or neglect; and notify a person who may be at risk for contracting or spreading a disease or condition.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share health information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort or for facility directories.

Oversight Activities: We may disclose information about you to an agency for activities authorized by law. Examples of these activities include the following: audits, investigations, and inspections. These activities are necessary for the government to monitor the health care system, government programs, and entities subject to civil rights laws.

Research: Under certain circumstances, we may use information about you for program research purposes subject to conditions.

As Required by Law: We will disclose health information when required to do so by international, federal, state, or local law.

Data Breach Notification Purposes: We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

To Avert a Serious Threat to Health or Safety: Although it is not our practice, we may use and disclose information about you when necessary to help prevent a serious threat to the health and safety of you or others. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans: If you are a member of the armed forces, we may release information about you as required by military command authorities.

Workers' Compensation: We may release health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will make reasonable attempts to tell you about the request.

Law Enforcement: We may release information about you if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process. We may also release information about you to law enforcement or other governmental authorities to protect us against fraud or other illegal activities.

Coroners, Medical Examiners and Funeral Directors: We may release information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also release information about you to funeral directors as necessary to carry out their duties.

Your written authorization is required for other uses and disclosures:

The following uses and disclosures of your information will be made only with your written authorization: Uses and disclosures for marketing purposes; and Disclosures that constitute a sale of your information.

Uses and Disclosures of Information about you with your consent: Other uses and disclosures of information about you that are not described in this notice, or are not otherwise permitted by law, will be made only with your written authorization.

Your Rights Regarding Personal Information about you: (Including Health Information): You have the following rights regarding the information we maintain about you:

Right to Revoke Authorization: At any time, you may revoke your authorization that allows us to use or disclose personal information that is not otherwise covered by this notice or allowed under state or federal law. Requests should be in writing and can only pertain to future disclosures.

Right to Request Restrictions: You have a right to request a restriction on the information about you that we disclose for treatment, payment, or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment of your care, like a family member. For example, you could ask that we not use or disclose information about a health concern you have. We will carefully consider all requests, but we are not required to agree to your requested restriction or limitation.

Your request must be in writing and tell us: the information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply (for example, disclosures to your spouse).

Right to an Electronic Copy of Electronic Medical Records: If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have a right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make reasonable efforts to provide access to your information in the format requested, if it is readily producible in such form or format. If it is not available in the form/format of your request, it will be provided in either our standard electronic format or a readable hard copy format. We may charge you a reasonable, cost-based fee for the labor associated with this request.

Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured protected or health information.

Right to Request Confidential Communication: You have the right to request an alternative means or location for receiving communications of your identifiable, health or otherwise, information by means other than those that NEMCSA typically employs. For example, you can ask that we only contact you at work or by mail. Your request should be in writing. We will not ask you the reason for your request and we will accommodate, to the extent possible, all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Inspect and Copy: Except in certain circumstances, NEMCSA will provide individuals the right to review and obtain a copy of their individually identifiable, health or otherwise, information contained in a designated record set. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for legal proceedings, laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access or information held by certain research laboratories. To inspect and copy individually identifiable, health or otherwise, information about you, submit your request in writing. One request per 12-month period will be provided at no cost. A cost-based fee for the copying, mailing, and other supplies may be charged for additional requested copies. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your information, you may request that the denial be reviewed.

Right to Amend: If you believe the information, we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request. You have the right to request an amendment for as long as the information is kept by us. We may deny your request if it is not in writing or does not include a reason to support the request.

We may also deny your request if the information was not created by us, is accurate or complete as is, or is not part of the health information you would be permitted to inspect or copy.

Right to Request an Accounting: You have the right to request an accounting of disclosures of information we have made about you without your authorization. This right applies to disclosures for purposes other than for treatment, payment, health care operations, or as otherwise permitted or required by law. You have a right to request an accounting of any disclosures that occurred after April 13, 2003. The first disclosure list you request within a 12-month period is free. For any additional requests, we may charge you for the cost of providing the list.

Right to a Copy of this Notice: You have the right to obtain a paper copy of this Notice at any time. You may request a paper copy of this Notice by contacting your NEMCSA program representative, the NEMCSA HR Department or NEMCSA's Corporate Compliance Officer at privacyofficer@nemcsa.org. You may also obtain a copy of this Notice from our website at www.nemcsa.org.

Right to Restrict Disclosures to Your Health Plan: You have the right to restrict disclosure of information to your health plan and pay out of pocket in full for the time or service provided.

Other Duties Regarding Personal Information (Including Health Information) About You: We are required by law to: Maintain the privacy of your personal information; provide you with notice of our legal duties and health information privacy practices; and abide by the terms of this Notice. NEMCSA will make reasonable efforts to not use, disclose, or request more than the minimum amount of information necessary to accomplish the intended purpose.

Changes to This Notice: NEMCSA reserves the right to change this Notice. We reserve the right to apply the changes to any personal information received or maintained by NEMCSA prior to that date as well as any information we receive in the future. The Notice will contain on the first page, in the top left corner, the effective date. If a privacy practice is changed, a revised version will be available at www.nemcsa.org.

To File a Complaint: If you believe that your privacy rights have been violated, you may complain to NEMCSA in care of the following office: NEMCSA Corporate Compliance Officer, 2375 Gordon Rd., Alpena, MI 49707; (989) 358-4600. All complaints must be in writing. You may also file a complaint with the Secretary of the U.S. Dept. of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

NEMCSA will not retaliate against you for filing a complaint.

Addendum: Additional Notice to Consumers of Homeless Services

The Michigan State Homeless Management Information System (MSHMIS) was developed to meet a data collection requirement made by the U.S. Congress to the Dept. of Housing and Urban Development (HUD) in order to get a more accurate count of individuals who are homeless and to identify the need for services by those individuals. NEMCSA works with the State of Michigan in meeting this need and, therefore, participates in the Michigan Coalition Against Homelessness, which administers the MSHMIS database. With your permission, we share information with other agencies that also use the MSHMIS database to better understand the number of individuals who need services from more than one agency. This also helps us make referrals more easily and enables us to develop more efficient and new programs. We collect information only when appropriate to provide services, manage our organization or as required by law. Your record will only be shared if you give your permission to do so. You have the right to request that your name be entered in the system as "anonymous". You cannot and will not be denied services that you would otherwise qualify for if you choose not to share information. Please note that even if you do not want to share your information with other agencies or have your actual name entered into the system, we must still report some information to the central data collection system. There are provisions to protect your name and privacy. If you have questions regarding NEMCSA's privacy practices, or the MSHMIS database, contact the agency's Corporate Compliance Officer at (989) 358-4674 or privacyofficer@nemcsa.org.



2569 US 23 S
Alpena, MI 49707

989-358-4600
nemcsa.org

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our housing counseling program, please inform our housing counselor program staff so alternative accommodations may be arranged.

Agency Description and Program Purpose: Northeast Michigan Community Service Agency (NEMCSA) is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide education workshops, and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, and rental counseling. 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 anti-discrimination 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:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none">▪ Reviewing your housing goals 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 a 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 NEMCSA employees, agents, nor 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, providing requested paperwork in a timely manner.▪ Notifying NEMCSA or your counselor when changing housing goal.▪ Attending educational workshop(s) (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.

Termination of Services: Failure to work cooperatively with your housing counselor and/or NEMCSA with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

Agency Conduct: No NEMCSA 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: NEMCSA has financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, NeighborWorks America, USDA Rural Development, the State of Michigan, and MSHDA. As a housing counseling program participant, you are not obligated to use the products and services of NEMCSA or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: You are not obligated to participate in this or other NEMCSA programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the

Initials



2375 Gordon Road
Alpena, MI 49707

989-358-4600
nemcsa.org

Federal Housing Administration (FHA) for first-time homebuyer loan programs, and Northwest Michigan Community Action Agency or Community Home Solutions for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: 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 banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by NEMCSA.

Privacy Policy: I/we acknowledge that I/we received a copy of NEMCSA Privacy Policy.

Initials

Errors and Omissions and Disclaimer of Liability: I/we agree NEMCSA, 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 NEMCSA counseling; and I hereby release and waive all claims of action against NEMCSA 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. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, NEMCSA, 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 NEMCSA grantors such as HUD or MSHDA.

I/we acknowledge that I/we received, reviewed, and agree to NEMCSA's Program Disclosures.

_____ Client Printed Name	_____ Signature	_____ Date
_____ Co-Client Printed Name	_____ Signature	_____ Date

For Agency Use Only:

Agency Name:

Northeast Michigan Community Service Agency

Agency Phone Number:

989-358-4627

Agency Staff Name:

Date Received:

Unique Client ID #:

Updated 8/21/2018



A COMMUNITY ACTION AGENCY



2569 US 23 S ♦ Alpena, MI 49707
989-358-4627 ♦ FAX 989-354-5909

Credit Report Authorization

This letter authorizes Northeast Michigan Community Service Agency, Inc. (NEMCSA) to release my credit history and obtain information regarding my past or present employment or income, bank accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, and any other asset balances).

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.G. 3401, et seq., NEMCSA is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that any financial records involving my personal information will not be disclosed or released by NEMCSA to another agency or department or used for another purpose without my consent except as required or permitted by law.

Client First, Middle, Last Name (Print)

Client First, Middle, Last Name (Print)

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Street Address

Street Address

City, State, Zip

City, State, Zip

I (We) hereby give permission to Northeast Michigan Community Service Agency, Inc., to pull my (our) credit report. This authorization is valid for one year from date below.

Client Signature

Client Signature

Date

Date



In accordance with Federal law and the US Dept of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (Voice and TDD) USDA is an equal opportunity provider and employer.





2569 US 23 S ♦ Alpena, MI 49707
989-358-4627 ♦ FAX 989-354-5909

Client/Educator Agreement

Northeast Michigan Community Service Agency, Inc. agrees to provide the following services:

- Review of your current budget and spending patterns
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options that may be available
- Assistance communicating with the mortgage servicer
- Explanation of the foreclosure process
- Identification of possible assistance resources
- Referrals to other agencies as appropriate
- Confidentiality, honesty, respect, and professionalism in all services

You as homeowners understand and agree to the following terms of service:

- that Northeast Michigan Community Service Agency, Inc. is providing a free service, and agree not to hold Northeast Michigan Community Service Agency, Inc. or our educator liable for the outcome
- to maintain contact with your lender and to relay all conversations to your educator
- to always provide honest and complete information to your educator, whether verbally or in writing
- to provide all necessary documentation and follow-up information within the timeframe requested
- to be on time for appointments and understand that if you are late for an appointment, the appointment may be cancelled and rescheduled
- to contact your educator about any changes in your situation immediately
- to treat the educator with honesty, respect, and professionalism at all times
- that threats, disrespect, and dishonesty will immediately cause your file to be closed
- that breaking this agreement may cause the organization to sever its service assistance with you

Homeowner _____ Date _____

Homeowner _____ Date _____

Educator _____ Date _____

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our housing counseling program, please inform our housing counselor program staff so alternative accommodations may be arranged.



In accordance with Federal law and the US Dept of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (Voice and TDD) USDA is an equal opportunity provider and employer.





2569 US 23 S ♦ Alpena, MI 49707
989-358-4627 ♦ FAX 989-354-5909

Hold Harmless Agreement

The undersigned parties (clients) agree to seek independent Counsel pertaining to the sale of their home, land, real property in matter of state and federal taxes and legal implications. Property Address: _____

City: _____ State: _____ Zip: _____

The undersigned agree that there have been no guarantees or promises of foreclosure avoidance or approval of any loss mitigation option made to them by the financial coach or Northeast Michigan Community Service Agency, Inc. (NEMCSA). It has been explained to them, and they agree to as much below, that the financial coach can make no warranties implied or otherwise as to the servicer/investor approval of a modification, sale, forbearance, deed-in-lieu, repayment plan, refinance, or any other loss mitigation alternative. Any information that the financial coach has presented to the client is to assist the client in making an informed decision in the loss mitigation process but in no way should preclude the client from seeking professional legal as well as tax advice, it is expressly suggested that the client do both. It will ultimately be up to me, the client to choose the course of action taken.

IN SIGNING THIS RELEASE, I/We ACKNOWLEDGE AND REPRESENT THAT I/WE have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign if voluntarily as my/our own free act and deed; no oral representations, statements or inducement, apart from the foregoing written agreement, have been made;

I/We am at least eighteen (18) years of age, and fully competent; and I/We execute the Release for full, adequate and complete consideration fully intending to be bound by the same.

Client Printed Name: _____

Signature: _____ Date: _____

Client Printed Name: _____

Signature: _____ Date: _____

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our housing counseling program, please inform our housing counselor program staff so alternative accommodations may be arranged.



In accordance with Federal law and the US Dept of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (Voice and TDD) USDA is an equal opportunity provider and employer.



MONTHLY BUDGET

DATE: _____

INCOME	PLANNED	ACTUAL
Wages		
Child Support		
Social Security/SSI/Disability		
Food Stamps/FIA income		
Other Income		
<i>TOTAL MONTHLY INCOME</i>		

FIXED EXPENSES	PLANNED	ACTUAL
Housing ~ Rent/Mortgage		
Car Loan		
Student Loan		
Personal Loan		
Child Support		
Savings		
Other Fixed Expense		
<i>TOTAL MONTHLY FIXED EXPENSES</i>		

FLEXIBLE EXPENSES	PLANNED	ACTUAL
Food ~ Groceries, Eating Out, Lunches		
Natural Gas/Propane		
Electric		
Trash Removal		
Telephone		
Cell Phone		
Automobile Gas, Oil, Antifreeze		
Auto Repair, Maintenance		
Laundry/Dry Cleaning		
Internet		
Dues/Subscriptions		
Money Orders or Cashiers Checks		
Bank or Checking Fees, ATM Fees, Check Cashing Fees		
Rent to Own		
Hair Care		
Nail Care		
Toiletries/Cosmetics		
Cigarettes		
Activities/Going Out		
Cable/Movies/Movie Rental		
Charity/Tithing		
Education		
Pets		
Allowance/Children's Activities		
Other Flexible Expenses		
<i>TOTAL MONTHLY FLEXIBLE EXPENSES</i>		

OCCASIONAL EXPENSES	PLANNED	ACTUAL
Medical		
Dental		
Vision		
Water Bill		
Vacation		
Birthdays		
Gaming / Lottery		
QVC / Home Parties		
Christmas/Holidays		
Insurance		
TOTAL MONTHLY OCCASIONAL EXPENSES		

DEBT REDUCTION EXPENSE	PLANNED	ACTUAL
Credit Card #1		
Credit Card #2		
Credit Card #3		
Credit Card #4		
Credit Card #5		
Other Debt Reducing Expenses		
TOTAL MONTHLY DEBT REDUCING EXPENSES		

COMPARE INCOME AND EXPENSES	PLANNED	ACTUAL
TOTAL INCOME FOR THE MONTH	\$	\$
TOTAL EXPENSES FOR THE MONTH	\$	\$
DIFFERENCE ~ GAIN/(LOSS)	\$	\$

Assets

Checking Account	\$
Savings Account	\$
IRA/401K	\$
Other	\$



Agency Name: Northeast Michigan Community Service Agency

Agency Phone/Fax: _____

Counselor Name: Ashley Gagnon

Counselor Email: gagnona@nemcsa.org

Date: _____

A Client Action Plan (CAP) must be completed by the housing educator in partnership with the client during the first counseling session. This CAP represents a record of the topics discussed, as well as detailed action steps the client and educator will take to meet the client's housing goals or resolve the client's housing situation.

Client(s) Name:	Client ID No:
List the primary housing goal or need: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Home Purchase <input type="checkbox"/> Mortgage Difficulties <input type="checkbox"/> Property Tax Difficulties </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Other (must specify): _____ </div>	
Financial Assessment Statement: Describe client(s) financial status relating to housing goals (i.e. positive monthly cash flow, 15% debt to income ratio, etc.):	
List client(s) <i>achievable</i> short-term goals: <div style="margin-top: 10px;"> <ul style="list-style-type: none"> </div>	List client(s) <i>achievable</i> long-term goals <div style="margin-top: 10px;"> <ul style="list-style-type: none"> </div>
Briefly describe obstacles or barriers the client is experiencing to achieve housing goals (e.g. poor credit, underemployment, lack of savings, etc).	
Property assessment for Foreclosure related services: <ul style="list-style-type: none"> General condition of the property: Estimated value of property: Positive or negative equity: 	

PRELIMINARY ACTION STEPS

Steps CLIENT will take to resolve issues identified in this Action Plan:	Target Date	Date Completed	
<ul style="list-style-type: none"> • • • 			
Steps COUNSELOR will take to resolve issues identified in this Action Plan:	Target Date	Date Completed	
<ul style="list-style-type: none"> • • • 			
Service Referrals: If your agency is not able to provide a service such as social service programs, energy assistance programs, legal services, etc., did your agency provide referral information to local, state and/or federal resources? Information must be documented in the client's file. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Alternative Referrals: If discussion occurred regarding a for-profit entity such as lenders or real estate professionals, list the (3) comparable entities discussed.			
Entity	Contact Name	Service Type	Phone Number
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
<p>I/we agree with the outline of client steps and housing educator steps, goals and objectives as outlined in my/our Client Action Plan and the timeline necessary to accomplish this plan. I/we will take action on the objectives outlined and will maintain contact with my/our housing educator. I/we understand my/our file will be changed to inactive if this agency does not have contact with me/us for three consecutive months.</p> <p>A copy of this document must be provided to client immediately if services are provided face-to-face or sent to client within 24 hours if done by phone.</p>			

 Client Signature

 Date

 Client Signature

 Date

 Educator Signature

 Date

REVISED ACTION STEPS

(To be completed at subsequent counseling sessions in which new action steps and/or referrals are discussed)

DATE:

Brief description of what was discussed in the session:																				
Revised steps CLIENT will take to resolve issues identified in this Counseling Session:			Target Date	Date Completed																
Revised steps HOUSING EDUCATOR will take to resolve issues identified in this Counseling Session:			Target Date	Date Completed																
<p>Service Referrals: If your agency is not able to provide a service such as social service programs, energy assistance programs, legal services, etc., did your agency provide referral information to local, state and/or federal resources? (Information must be documented in the client's file.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																				
<p>Alternative Referrals: If discussion occurred regarding a for-profit entity such as lenders or real estate professionals, list the (3) comparable entities discussed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Entity</th> <th style="width: 25%;">Contact Name</th> <th style="width: 25%;">Phone Number</th> <th style="width: 25%;">Resource Type</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>1.</td> <td>1.</td> <td>1.</td> </tr> <tr> <td>2.</td> <td>2.</td> <td>2.</td> <td>2.</td> </tr> <tr> <td>3.</td> <td>3.</td> <td>3.</td> <td>3.</td> </tr> </tbody> </table>					Entity	Contact Name	Phone Number	Resource Type	1.	1.	1.	1.	2.	2.	2.	2.	3.	3.	3.	3.
Entity	Contact Name	Phone Number	Resource Type																	
1.	1.	1.	1.																	
2.	2.	2.	2.																	
3.	3.	3.	3.																	
<p>I/we agree with the revised outline of client steps and housing educator steps, goals and objectives as outlined in my/our Client Action Plan and the timeline necessary to accomplish this plan. I/we will take action on the revised objectives outlined and will maintain contact with my/our housing educator. I/we understand my/our file will be changed to inactive if this agency does not have contact with me/us for three consecutive months.</p> <p>A copy of this document must be provided to client immediately if counseling is done face-to-face. If counseling is done by phone, a copy must be sent to client within 24 hours.</p>																				

Client Signature

Date

Client Signature

Date

Educator Signature

Date

Client Activity Log: This form or one like it should be used to record all activity that moves the case forward to meet the client's unique housing goals. Your agency may opt to use a client management system. You may want to provide this activity log to your client to use to capture activity when they follow up on their file. Use as many copies of this form as required to record a complete history of the case file.

Date	Start Time	End Time	Phone Contact	Agency Contacted (i.e. DHS, Lender etc.)	Contact Name	Note what transpired during the call	Educator Initials
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				



2569 US 23 S ♦ Alpena, MI 49707
989-358-4627 ♦ FAX 989-354-5909

HARDSHIP LETTER TIPS

This document has been designed to assist you with completing a hardship letter to your lender.

You will only need a one page letter to explain your hardship addressed to your Lender.

The letter should include all of the information requested below:

- Your name
- Your property address, along with your mailing address if different.
- Name of lender
- Your loan number
- Your phone number and best time to reach you.

Describe your hardship:

For example: I lost my job with ABC Manufactures in July, 2020 and have been unemployed until August, 2021. I am currently working for a new company and will be receiving my first check September, 2021.

Describe your current financial situation:

For example: My wife continued to work for ABC Inc. and was able to obtain a part-time job with DEF Inc. in July, 2021. I worked odd jobs when available and borrowed money from my grandmother to get by.

Describe your current goal:

For example: I was able to afford the home when we first purchased it, but since the payment increased due to my adjustable rate mortgage we have not been able to keep up. Our goal is to keep the home and we would like any assistance available.

Describe the contribution amount you have for the lender:

For example: I am 4 months behind and do not have the full amount owed, however I have saved \$2000 towards a contribution payment. I am hoping that my \$2000 will be acceptable for a down payment on a workout plan.

Please make sure you sign and date the hardship letter.

If you need further assistance please contact your Financial Coach at 989-358-4627 or by email foreclosure@nemcsa.org



In accordance with Federal law and the US Dept of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (Voice and TDD) USDA is an equal opportunity provider and employer.





2569 US 23 S ♦ Alpena, MI 49707
989-358-4627 ♦ FAX 989-354-5909

HARDSHIP LETTER

Client(s) Name: _____

Property address: _____

City: _____ State: _____ Zip: _____

Name of lender: _____

Loan number: _____

Phone number: _____

Describe your hardship: _____

Describe your current financial situation: _____

Describe your current goal: _____

Describe the contribution amount you have for the lender if any:

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

If you need further assistance please contact your Financial Coach at 989-358-4627 or by
email foreclosure@nemcsa.org.



In accordance with Federal law and the US Dept of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (Voice and TDD) USDA is an equal opportunity provider and employer.

