



# FORECLOSURE COUNSELING PACKET

# 2017

## **MAIN OFFICE**

JOSEPH CORPORATION  
32 South Broadway  
Aurora, Illinois 60505  
(630) 906-9400

## **SATELLITE OFFICE**

EVERLASTING WORD CHURCH  
22 North Highland Avenue  
Aurora, Illinois 60506  
(630) 906-1392  
*(call for office hours)*

[www.josephcorporation.org](http://www.josephcorporation.org)



## FORECLOSURE COUNSELING PACKET

Attached in this packet, are all the necessary forms for Joseph Corporation's COUNSELING SERVICES. Please be sure to complete ALL forms and answer ALL questions.

In addition to the packet, you will need UNSTAPLED SINGLE-SIDED COPIES of the additional documentation required that are listed below as well as a HARDSHIP LETTER. The packet and the documentation can be dropped off at the office address listed below **Monday – Friday from 9:00 am to 4:30 pm**. Those copies will become part of your case file to assist us in preparing an Action Plan with you.

- a) Paystubs for the last 2 months for ALL household members. This also includes proof of ANY income (a copy of the most recent award letter) for persons receiving any type of unemployment compensation, disability payments, retirement pension or social security payments, public aid or food stamps. A Profit and Loss statement for the last SIX (6) months will be needed if self-employed.
- b) The last 2 years worth of Income Tax Returns, including the W-2 forms, for all members of the household. The W-2 Forms and the Income Tax Returns are TWO separate forms, and both must be submitted. This includes forms submitted for businesses and self-employment. If there are no tax forms submitted, a valid IRS form 4506-T (Request for Transcript of Tax Return) must be submitted. This form can be picked up at the front desk.
- c) The last 3 months bank statements for ALL household members. This would also include any credit union statements and business accounts. ALL PAGES
- d) Copies of statements for credit cards, gas cards, bank cards, car loans, furniture loans, installment loans, student loans, monthly utility bills, wage garnishments and all bankruptcy documents. **IF APPLICABLE** – bring recent mortgage statements and your divorce decree.
- e) You may provide Joseph Corporation with a printed copy of your free credit report from [annualcreditreport.com](http://annualcreditreport.com).

**NO APPOINTMENTS WILL BE MADE FOR COUNSELING WITHOUT A COMPLETE PACKET THAT INCLUDES THE ABOVE DOCUMENTS. PARTIAL PACKETS WILL NOT BE ACCEPTED!**

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## PRIVACY POLICY

Joseph Corporation is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to 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 creditors, program monitors, and others, only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

### Types of information that we gather about you:

- Information that 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 creditors, 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:

- You have the opportunity to opt-out of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, to direct us not to make those disclosures.
- 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 Joseph Corporation at (630) 906-9400, or submit request in writing to: Joseph Corporation, 32 S. Broadway; Aurora, IL 60505 and do so.

### 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 would be helpful 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 (for example: if we are compelled to do so by legal process).
- 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 our nonpublic personal information.

**I/WE HAVE READ AND UNDERSTAND THE PRIVACY POLICY OF JOSEPH CORPORATION.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



## **AUTHORIZATION TO RELEASE CREDIT REPORT**

I/We \_\_\_\_\_  
authorize Joseph Corporation of Illinois, Inc. to order a Consumer Credit Report to verify credit information. The information obtained is only to be used to assist in determining affordability.

**CLIENT:** Please Print All Information **(except for your signature)**

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
Rent: _____ Own: _____	How long at current address? _____		
Social Security Number: _____	Date of Birth: ____/____/____		
Signature: _____	Date: ____/____/____		

**CO-CLIENT:** Please Print All Information **(except for your signature)**

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
Rent: _____ Own: _____	How long at current address? _____		
Social Security Number: _____	Date of Birth: ____/____/____		
Signature: _____	Date: ____/____/____		

Privacy Act Notice: The information to be obtained will be used by the lender and any federal agency insuring, guaranteeing or purchasing the mortgage to determine whether you qualify as a prospective Client under the lender's and agency's underwriting standards. The information will not be disclosed outside the lender and the federal agency without your consent, except to the person or company verifying the information, including, but not limited to, your employer, bank, lender and any other credit reference as needed to verify other credit information and as permitted by law. You do not have to give us this information, but if you do not, your mortgage loan may be delayed or rejected. The information we will obtain is authorized by Title 38 U.S.C. Chapter 37 (if VA); and 12 U.S.C. Section 1701 et seq. (if HUD/FHA).

## HOUSING COUNSELING SERVICES AND CONFLICT OF INTEREST DISCLOSURE

***Purpose of Housing Counseling.*** I/We understand that the purpose of the housing counseling service is to provide one-on-one counseling to help Clients address those problems that prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further 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 preventing affordable mortgage financing.

***Mortgage Financing Assistance.*** Upon completion of the housing counseling service, I/we understand that the counselor will help to identify those loan programs that best meet my/our needs and choose a lender that is right for me/us. Upon completion of the service, and with my/our permission, my/our Client information will be transferred to my/our selected lender. I/We understand that the counselor will monitor my/our loan progress to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive mortgage financing from the chosen lender.

***Eligible Criteria.*** I/We understand that the counseling agency provides housing counseling assistance to Clients whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I will be referred to a long-term housing counseling service.

***Homeownership Education Classes.*** I/We understand that as part of the housing counseling service, I/we will be required to attend group homeownership education classes.

***Client's Responsibility.*** I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing THREE (3) consecutive appointments OR non-communication with the counselor within a NINETY (90) day period.

### CLIENT CONFLICT OF INTEREST DISCLOSURE

***Agency Conduct:*** No Joseph Corporation 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, Alternative Services, Programs, and Products & Client Freedom of Choice:*** From time to time, Joseph Corporation makes Clients aware of products and/or services that we believe offer good value. These products and/or services might be available directly from Joseph Corporation, from lenders, developers, or other agencies with which Joseph Corporation has a working relationship. You are under no obligation to use the products and/or services identified by Joseph Corporation, whether from us or from industry partners. Please understand that you are free to choose any lender, lending/financing product or property, from any entity, regardless of the recommendations made by the Joseph Corporation representative, and still participate in our counseling program. It is your right and responsibility to decide whether to engage in any course of counseling with Joseph Corporation, and to determine whether the counseling is suitable for you. The individualized action plan and direction of our counseling sessions will be based on the case management plan that we will develop together. The

means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling sessions. Additionally, you are under no obligation to obtain a mortgage or purchase a home and have the option to terminate the counseling program at any time for any reason.

**List of current partners and supporters of Joseph Corporation:** Associated Bank, Bank of America, BBMC Mortgage, BMO Harris Bank, City of Aurora, Dunham Foundation, Emmanuel House, Everlasting Word Church, First Midwest Bank, IHDA, First National Bank, Two Rivers Head Start Agency-Kane County, Kane County 16<sup>th</sup> Judicial Court.

***Errors and Omissions and Disclaimer of Liability:*** I/we agree Joseph Corporation, 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 Joseph Corporation's counseling; and I hereby release and waive all claims of action against Joseph Corporation 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, Joseph Corporation, 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 Joseph Corporation grantors such as HUD, NeighborWorks America, United Way, etc.

I/We have reviewed the above and accept and agree to the above stated Conflict of Interest and Disclosure Policy. Every Client is required to sign this statement, indicating they have read and understand its contents.

I/We, \_\_\_\_\_ and \_\_\_\_\_, certify that I/we have read and understand the above statement. Any questions I/we may have had were previously discussed with my/our counselor and answered to my/our satisfaction. I/We have been provided with a copy of this disclosure statement.

_____	____/____/____
Client Signature	Date
_____	____/____/____
Co-Client Signature	Date
_____	____/____/____
Counselor Signature	Date

**Office Copy**





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***Agency Relationships, Alternative Services, Programs, and Products & Client Freedom of Choice:*** From time to time, Joseph Corporation makes Clients aware of products and/or services that we believe offer good value. These products and/or services might be available directly from Joseph Corporation, from lenders, developers, or other agencies with which Joseph Corporation has a working relationship. You are under no obligation to use the products and/or services identified by Joseph Corporation, whether from us or from industry partners. Please understand that you are free to choose any lender, lending/financing product or property, from any entity, regardless of the recommendations made by the Joseph Corporation representative, and still participate in our counseling program. It is your right and responsibility to decide whether to engage in any course of counseling with Joseph Corporation, and to determine whether the counseling is suitable for you. The individualized action plan and direction of our counseling sessions will be based on the case management plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed

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***Errors and Omissions and Disclaimer of Liability:*** I/we agree Joseph Corporation, 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 Joseph Corporation’s counseling; and I hereby release and waive all claims of action against Joseph Corporation 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, Joseph Corporation, 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 Joseph Corporation grantors such as HUD, NeighborWorks America, United Way, etc.

I/We have reviewed the above and accept and agree to the above stated Conflict of Interest and Disclosure Policy. Every Client is required to sign this statement, indicating they have read and understand its contents.

I/We, \_\_\_\_\_ and \_\_\_\_\_, certify that I/we have read and understand the above statement. Any questions I/we may have had were previously discussed with my/our counselor and answered to my/our satisfaction. I/We have been provided with a copy of this disclosure statement.

_____	____/____/____
Client Signature	Date
_____	____/____/____
Co-Client Signature	Date
_____	____/____/____
Counselor Signature	Date

**Client Copy**

## **FORECLOSURE MITIGATION COUNSELING AGREEMENT**

I/We, \_\_\_\_\_ and \_\_\_\_\_, understand that Joseph Corporation provides foreclosure mitigation counseling; after which I/we will receive a written action plan, consisting of recommendations for handling finances, possibly including referrals to other housing agencies, as appropriate.

I/We further understand that Joseph Corporation receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program, and, as such, is required to share some of my personal information with NFMC program administration, or their agents, for the purposes of program monitoring, compliance and evaluation.

I/We give permission for NFMC program administrators and/or evaluators to follow-up with me/us for up to THREE (3) years from the date of this signed form for the purposes of program evaluation.

I/We understand that I/we may be referred to other housing services of the organization, or another agency, as appropriate, that may be able to assist with particular concerns that have been identified. I/we understand that I/we am/are under no obligation to use any of the services offered to me/us.

I/We understand that a counselor may answer questions and provide information, but not give legal advice. If I/we have a legal issue directly related to my/our foreclosure, delinquency, or short sale, I/we understand that my/our housing counselor may refer me/us for legal assistance with NFMC program funds. If I/we choose to accept that referral, I/we give permission for my/our housing counselor and attorney to share my/our file as permitted by state law and the Bar's applicable Rules of Professional Conduct. If I/we want legal advice, I/we will be referred for appropriate assistance, or I/we may seek legal advice on my/our own.

I/We understand that Joseph Corporation provides information and education on numerous loan products and housing programs, and I/we further understand that the housing counseling that I/we receive from Joseph Corporation in no way obligates me/us to choose any of these particular loan products or housing programs.

I/We acknowledge that I/We have received a copy of Joseph Corporation's Privacy Policy/Disclosure Statement.

Client Signature: \_\_\_\_\_

Co-Client Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **OBSTACLES/CORRECTIVE ACTION PLAN**

Client(s) Name(s): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - Work (\_\_\_\_) \_\_\_\_\_ - Work  
(\_\_\_\_) \_\_\_\_\_ - Cell (\_\_\_\_) \_\_\_\_\_ - Cell  
(\_\_\_\_) \_\_\_\_\_ - Home (\_\_\_\_) \_\_\_\_\_ - Home

### **OBSTACLES/ISSUES TO OVERCOME**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

Clients Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Clients Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **STRATEGIES TO ASSIST IN OVERCOMING OBSTABLES**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **FIRST THREE TASKS ASSIGNED TO CUSTOMER**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Status Code: \_\_\_\_\_ (for office use only)

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PERSONAL SPENDING PLAN

### A. MONTHLY INCOME (NET)

\*Full-time Employment #1: \$ \_\_\_\_\_  
 \*\*Full-time Employment #2: \$ \_\_\_\_\_  
 \*Part-time Employment #1: \$ \_\_\_\_\_  
 \*\*Part-time Employment #2: \$ \_\_\_\_\_  
 Unemployment Benefits: \$ \_\_\_\_\_  
 Social Security Benefits: \$ \_\_\_\_\_  
 Disability Benefits: \$ \_\_\_\_\_  
 Retirement Benefits: \$ \_\_\_\_\_  
 T.A.N.F.: \$ \_\_\_\_\_  
 General Assistance: \$ \_\_\_\_\_  
 Alimony / Child Support: \$ \_\_\_\_\_  
 Gifts / Contributions: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME: \$ \_\_\_\_\_**

### B. HOUSING EXPENSES

Rent/Mortgage: \$ \_\_\_\_\_ / \_\_\_\_\_  
 2nd Mortgage/HOA: \$ \_\_\_\_\_ / \_\_\_\_\_

### UTILITIES

Light: \$ \_\_\_\_\_  
 Gas: \$ \_\_\_\_\_  
 Water: \$ \_\_\_\_\_  
 Garbage: \$ \_\_\_\_\_  
 Phone/Internet/Cable: \$ \_\_\_\_\_  
 Cell Phone: \$ \_\_\_\_\_  
 Groceries: \$ \_\_\_\_\_

### TRANSPORTATION

Tolls, Buses, Trains: \$ \_\_\_\_\_  
 Gasoline: \$ \_\_\_\_\_  
 Car Repairs/Maint. \$ \_\_\_\_\_

### INSURANCE

Auto Insurance: \$ \_\_\_\_\_  
 Medical/Dental: \$ \_\_\_\_\_  
 Life: \$ \_\_\_\_\_  
 Home: \$ \_\_\_\_\_  
 Child/Dependent Care: \$ \_\_\_\_\_  
 Alimony/Child Support: \$ \_\_\_\_\_  
 Medical Expenses (non-insured): \$ \_\_\_\_\_  
 Clothing/Dry Cleaning: \$ \_\_\_\_\_  
 Home Repairs/Maintenance: \$ \_\_\_\_\_  
 Personal/Grooming: \$ \_\_\_\_\_  
 Entertainment: \$ \_\_\_\_\_  
 Health Club: \$ \_\_\_\_\_  
 Church: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_**

### C. LONG TERM DEBTS

CREDITOR	MONTHLY PAYMENTS	BALANCE DUE
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

### D. SUMMARY OF FINANCIAL CONDITION

Total Monthly Income: \$ \_\_\_\_\_  
 Total Monthly Expenses: \$ \_\_\_\_\_  
 Total Long-Term Debt: \$ \_\_\_\_\_  
 Surplus (Deficit) Total: \$ \_\_\_\_\_

### E. SAVINGS

Savings Balance: \$ \_\_\_\_\_  
 Amount Saved This Month: \$ \_\_\_\_\_  
 Total Amount Saved: \$ \_\_\_\_\_

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Client Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

\* - Client  
 \*\* - Co-Client

## FORECLOSURE (Options, Prevention and Solutions)

**CLIENT**

*Please Print Clearly*

Referred to by:

Print Advertisement   
  Bank   
  HUD/CCRC   
  TV   
  Realtor  
 Staff/Board Member   
  Walk-In   
  Friend   
  Radio   
  Newspaper Article

If referred by another source not listed above, which one? \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Social Security Number Date of Birth

**Race:**

White   
  Black or African American   
  American Indian/Alaskan Native  
 Asian   
  Native Hawaiian/Other Pacific Islander   
  American Indian/Alaskan Native & White  
 Asian and White   
  Black/African American and White   
  American Indian/Alaskan Native & Black  
 Other

**ETHNICITY** (please select “yes” or “no” for Hispanic Origin) This is in addition to the “Race” category

**Hispanic:**     Yes     No

**FOREIGN BORN**     Yes     No

**MARITAL STATUS**     Single     Married     Divorced     Separated     Widowed

**GENDER**     Male     Female

**DISABLED**     Yes     No    **VETERAN**     Yes     No

Are you the owner?  Yes  No Do you live in the home? Yes  No

When did you buy the home? \_\_\_\_\_ For how much? \$ \_\_\_\_\_

Who is your current mortgage with? \_\_\_\_\_

Was this your original lender?  Yes  No If no, who was the original lender? \_\_\_\_\_

Have you refinanced?  Yes  No How many times? \_\_\_\_\_ When was the last time? \_\_\_\_\_

For how much? \$ \_\_\_\_\_ What was the reason for refinancing? \_\_\_\_\_

Did you receive cash out?  Yes  No If so, how much? \$ \_\_\_\_\_

How many payments have you missed? \_\_\_\_\_

When did you last send a payment the lender accepted? \_\_\_\_\_ For what month? \_\_\_\_\_

How much did you send in? \$ \_\_\_\_\_ What is your scheduled payment? \$ \_\_\_\_\_

Does that include taxes and insurance?  Yes  No If no, are taxes current/what is due? \_\_\_\_\_

If taxes are not paid, have you been given a redemption date (final date by which you have to pay) and if so, what is the date? \_\_\_\_/\_\_\_\_/\_\_\_\_\_

What is your primary mortgage balance? \$ \_\_\_\_\_

Do you know how much it would take to reinstate your loan, and if so, how much? \_\_\_\_\_

Do you have any savings toward reinstatement, and if so, how much? \_\_\_\_\_

Have you received court papers?  Yes  No When did you receive them? \_\_\_\_\_

Have you been to court?  Yes  No When did you go to court? \_\_\_\_\_

Is there a sale scheduled, and if so, when? \_\_\_\_\_

Have you declared bankruptcy?  Yes  No If so, when? \_\_\_\_\_

Are you current with bankruptcy payments?  Yes  No

Have you completed your bankruptcy plan?  Yes  No

What is the current value of your property? \$ \_\_\_\_\_

What type of loan is the first mortgage? FHA  Conventional  Other \_\_\_\_\_  
Term of loan? \_\_\_\_\_ years. Interest rate: \_\_\_\_\_% \_\_\_\_\_ Fixed \_\_\_\_\_ Variable \_\_\_\_\_ Not sure

What type of loan is the second/or other mortgage? FHA  Conventional  Other \_\_\_\_\_  
Term of loan? \_\_\_\_\_ years. Interest rate: \_\_\_\_\_% \_\_\_\_\_ Fixed \_\_\_\_\_ Variable \_\_\_\_\_ Not sure

Do you own any other property?  Yes  No If so, what is the address/type of property?  
\_\_\_\_\_

## HOUSEHOLD ECONOMIC INFORMATION

Female headed single parent household                       Male headed single parent household  
 Single Adult                       Two or more unrelated adult's                       Married with children  
 Married without children                       Other

Family/Household Size: \_\_\_\_\_

How many dependents (other than those listed by any co-borrower)? \_\_\_\_\_

What sexes and ages are they? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_

Are there non-dependents who live in the home?     Yes                       No    If yes, list below:

Relationship	Age	Relationship		Age	

Annual Family or Household Income: \$ \_\_\_\_\_

Education:

<input type="checkbox"/> Below High School Diploma	<input type="checkbox"/> High School Diploma or Equivalent
<input type="checkbox"/> Two-Year College	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Above Master's Degree

*THIS SPACE INTENTIONALLY LEFT BLANK*



**CO-CLIENT**

*Please Print Clearly*

Name: \_\_\_\_\_  
First Middle Last

Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Social Security Number Date of Birth

**Race** (please circle):

- 1. White    2. Black or African American    3. American Indian/Alaskan Native    4. Asian
- 5. Native Hawaiian/Other Pacific Islander    6. American Indian/Alaskan Native and White
- 7. Asian and White    8. Black/African American and White    9. American Indian/Alaskan Native and Black
- 10. Other

**Ethnicity** (please select “yes” or “no” for Hispanic Origin) This is in addition to the “Race” category  
**Hispanic:      Yes    No**

**Foreign Born** (please select one) :    Yes                  No

**Marital Status** (please circle): 1. Single    2. Married    3. Divorced    4. Separated    5. Widowed

Gender (please circle):                  **Male**                          **Female**

**Disabled?**                          Yes                  No

**Are You A Veteran?**                  Yes                  No

**Education** (please circle one):

- 1. Below High School Diploma                          2. High School Diploma or Equivalent
- 3. Two-Year College    4. Bachelor’s Degree
- 5. Master’s Degree    6. Above Master’s Degree

Relationship to Customer (please circle):    Spouse    Son                  Daughter    Brother  
 Sister    Boyfriend    Girlfriend    Mother  
 Father    Other: \_\_\_\_\_



**CLIENT EMPLOYMENT Last 2 Years**

*Please Print Clearly*

**Primary Employer:**

Employer Name \_\_\_\_\_  
 Position or Job Title \_\_\_\_\_ Date Hired \_\_\_\_/\_\_\_\_/\_\_\_\_

Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly?

**Previous Employer:** \_\_\_\_\_

Title \_\_\_\_\_ Length of Employment \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

**Continue listing previous employers on a separate sheet of paper.**

Employer Name \_\_\_\_\_

Position or Job Title \_\_\_\_\_ Date Hired \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly

**CO-CLIENT EMPLOYMENT — Last 2 Years**

*Please Print Clearly*

**Primary Employer:**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Position or Job Title

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Hired

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time    or    Full-Time    (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid    \_\_\_hourly    \_\_\_weekly    \_\_\_every two weeks    \_\_\_twice a month    \_\_\_monthly?

**Previous Employer:**

\_\_\_\_\_  
Title

\_\_\_\_\_  
Length of Employment

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time    or    Full-Time    (Please Circle)

**Continue listing previous employers on a separate sheet of paper.**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Position or Job Title

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Hired

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time    or    Full-Time    (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid    \_\_\_hourly    \_\_\_weekly    \_\_\_every two weeks    \_\_\_twice a month    \_\_\_monthly





## AUTHORIZATION

I/We authorize Joseph Corporation of Illinois, Inc. to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with verifying my/our credit and/or debt for budgeting.
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and educational purpose

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Client Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Co-Client Date

**FOR INTERNAL USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Counselor's Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Privacy Policy/Disclosure**  
Joseph Corporation

**Joseph Corporation** is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to 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 Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating 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 creditors, 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 (phone number) 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 compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. 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).
4. 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 Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

Client Health Insurance:

- |  |  |
|--|--|
| <input type="checkbox"/> MEDICAID                        | <input type="checkbox"/> MEDICARE                          |
| <input type="checkbox"/> State Children's Health Program | <input type="checkbox"/> VA Medical Services               |
| <input type="checkbox"/> Employer Provided Insurance     | <input type="checkbox"/> COBRA                             |
| <input type="checkbox"/> Private Pay Health Insurance    | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> Indian Health Services Program  | <input type="checkbox"/> Other                             |

Co-Client Health Insurance:

- |  |  |
|--|--|
| <input type="checkbox"/> MEDICAID                        | <input type="checkbox"/> MEDICARE                          |
| <input type="checkbox"/> State Children's Health Program | <input type="checkbox"/> VA Medical Services               |
| <input type="checkbox"/> Employer Provided Insurance     | <input type="checkbox"/> COBRA                             |
| <input type="checkbox"/> Private Pay Health Insurance    | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> Indian Health Services Program  | <input type="checkbox"/> Other                             |

DEPENDANTS UNDER 18

_____	_____	_____	_____
Name	Date of Birth	Sex	Social Security
_____	_____	_____	_____
Name	Date of Birth	Sex	Social Security
_____	_____	_____	_____
Name	Date of Birth	Sex	Social Security
_____	_____	_____	_____
Name	Date of Birth	Sex	Social Security
_____	_____	_____	_____
Name	Date of Birth	Sex	Social Security
_____	_____	_____	_____
Name	Date of Birth	Sex	Social Security



## MEDIA RELEASE STATEMENT

JOSEPH CORPORATION OF ILLINOIS, INC. (“JoCo”) periodically uses electronic and traditional media (e.g., photographs, video, audio, testimonials) for publicity, educational, or advertising purposes. By my signature on this form, I acknowledge receipt of this document and give permission to JoCo and its agents to use such reproductions of my person in any and all forms of media for educational, publicity, or advertising purposes in perpetuity without further consideration from me. I understand that this release is a limited release of any confidentiality rights I may have with JoCo and the Privacy Act.

I/We \_\_\_\_\_ and \_\_\_\_\_, hereby waive any right to inspect or approve the finished photographs, printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I/we waive any right to royalties or other compensation arising from or related to the use of the photograph.

I/We understand that I/we will need to notify JoCo if any changes to my/our situation occur that will impact this media release permission.

**I/We have read the above Media Release Statement and am/are aware of its contents.**

Client \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Co-Client \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Signature of Parent **OR** Guardian (if under 18 years of age) - I am the legal guardian of the minor named above and hereby agree that we will be bound by this release.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_