



# POST-PURCHASE REGISTRATION

## Client Information:

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

Last \_\_\_\_\_

Co-Applicant Name: First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ Email \_\_\_\_\_ US Mail

## Goal:

\_\_\_\_\_ Keep Home \_\_\_\_\_ Alternatives/Non-Retention Options

\_\_\_\_\_ Hardest Hit Mortgage Rescue Funds (see handout)

\_\_\_\_\_ Mediation (Winnebago & Boone County only)

\_\_\_\_\_ I-Refi (current on payments, but you owe more on the house than it is worth)

\_\_\_\_\_ Other foreclosure prevention services

## Loan Information:

Lender: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Type of Loan: \_\_\_\_\_ FHA \_\_\_\_\_ Conventional \_\_\_\_\_ USDA \_\_\_\_\_ Home Equity \_\_\_\_\_  
Reverse Mortgage

Delinquency Status: \_\_\_\_\_ months behind

In Active Foreclosure? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there a sale date? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, then date: \_\_\_\_\_

Is there a 2<sup>nd</sup> Mortgage?  Yes  No If Yes, who with? \_\_\_\_\_

Have you received Hardest Hit Funding in the past?  Yes  No

Has the loan been previously modified?  Yes  No If Yes, when? \_\_\_\_\_ (month/year)

Have you been offered a Trial Payment Plan within the last 6 months?  Yes  No

If Yes, did you complete the 3 Trial payments?  Yes  No

**Other Important Information:**

Is the property owner occupied?  Yes  No

Are all parties on the note living in the property?  Yes  No

If No, do you have:  Recorded Quit Claim Deed

Divorce Papers

Other:

Is there income?  Yes  No

Have you been through bankruptcy?  Yes  No

If yes, was your home reaffirmed?  Yes  No

Are you working with another agency?  Yes  No

If yes, which one? \_\_\_\_\_

Are you working with an attorney?  Yes  No

Have you previously worked with one?  Yes  No

Any other information you wish to include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Authorization to Speak to HomeStart

DATE: \_\_\_\_\_

RE: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
Client Name

\_\_\_\_\_ PHONE #: \_\_\_\_\_  
Co-Client Name

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

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

LOAN ACCT #: \_\_\_\_\_

CLIENT SSN: \_\_\_\_\_ CO-CLIENT SSN: \_\_\_\_\_

I/We am/are currently receiving foreclosure counseling from HomeStart, whose employees will review my situation, advise me of my options, and help me to prepare a corrective action plan to bring my mortgage current.

I/We, (Client) \_\_\_\_\_ and (Co-Client) \_\_\_\_\_ give permission and authorization for (Mortgage Company) \_\_\_\_\_ to discuss my account with HomeStart and the following HomeStart employees:

Sarah Brinkmann  
Mary Bradley

Deb Elzinga  
Lizzy Hobson

Racheal Falzone  
Cheryl Randecker

Aida Yglecias  
Amy Seedoff

This authorization will last for the life of the loan or until I expressly, in writing, revoke said authorization. If you have any questions, please contact any of the above-named employees at:

HomeStart  
803 N. Church Street  
Rockford, IL 61103  
27 W. Stephenson St.  
Freeport, IL 61032  
P: (815) 962-2011  
F: (815) 962-2650

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

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



## Foreclosure Mitigation Counseling Disclosure Statement and Agreement

I understand that the purpose of the assistance, including counseling, workshops, online courses and/or Neighborhood Institute training programs, provided by HomeStart to me is to educate and counsel me regarding a home mortgage loan.

\_\_\_\_\_

Initials

I understand that after I receive counseling from HomeStart I will receive a written action plan consisting of recommendations for handling my finances. I understand that, although HomeStart may make recommendations, I am not required to act on HomeStart's recommendations, nor will HomeStart act on those recommendations without my permission.

\_\_\_\_\_

Initials

I understand that, if I need services that HomeStart does not offer, HomeStart may provide me with a list of other agencies offering those services but that HomeStart will not make referrals to specific agencies. I understand that I am not obligated to use any of the services offered to me.

\_\_\_\_\_

Initials

I understand that HomeStart provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from HomeStart in no way obligates me to choose any of these particular loan products or housing programs.

\_\_\_\_\_

Initials

I understand that my counselor may answer questions and provide information regarding bankruptcy and/or foreclosure but that my counselor may not give legal advice. I understand that if I request legal advice, I will be referred to an attorney. I understand that, while an attorney may recommend that I file bankruptcy, filing is my choice based on my particular circumstances.

\_\_\_\_\_

Initials

If I have a legal issue directly related to my foreclosure, delinquency, or short sale, I understand that my housing counselor may refer me for legal assistance with National Foreclosure Mitigation Counseling ("NFMC") program funds. If I choose to accept that referral, I give permission for my housing counselor and attorney to share my file as permitted by state law and Illinois State Bar's applicable Rules of Professional Conduct.

\_\_\_\_\_

Initials

I understand that a lender that receives an application from me has my permission to give a copy of that application to HomeStart and to discuss that application with HomeStart. I understand that if I receive a loan from a lender and do not make any payment on time, HomeStart may contact me regarding the loan and offer counseling.

\_\_\_\_\_

Initials

I understand that HomeStart receives congressional funds through the NFMC program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation. I hereby give permission for NFMC program administrators and/or evaluators to follow-up with me for up to three (3) years from the date of this signed form for the purposes of program evaluation.

\_\_\_\_\_

Initials

I acknowledge that I have received a copy of HomeStart’s Privacy Policy and Disclosure Statement.

\_\_\_\_\_  
Initials

I understand that HomeStart does not have the authority to approve or deny anything regarding a mortgage loan and it is not an agent for any lender. I understand that even if HomeStart believes that I may not qualify for a loan or workout plan, I have the right to submit an application to a lender.

\_\_\_\_\_  
Initials

I understand that completing HomeStart’s workshops, online courses and/or counseling does not guarantee that any application submitted by me to a lender will be approved by that lender.

\_\_\_\_\_  
Initials

I understand that completion of HomeStart’s workshops, online courses and/or counseling and my referral to a lender by HomeStart is not a commitment by the lender or by HomeStart to offer me a loan or workout plan. I understand that any commitment regarding a loan or workout plan must be in writing.

\_\_\_\_\_  
Initials

I understand that if I am dissatisfied with the services HomeStart provides, I may request a copy of HomeStart’s Complaint Resolution Process.

\_\_\_\_\_  
Initials

I understand that it is my right and responsibility to decide whether to engage in any course of counseling with HomeStart and to determine whether the counseling is suitable for me. I understand that I am free to choose any lender, lending/financing product, or home, from any entity regardless of the recommendations made by my counselor and still receive services from HomeStart.

\_\_\_\_\_  
Initials

I understand that HomeStart will close my case file after three (3) attempts to communicate with me via email, telephone, and/or U.S. postal mail. I also understand that I may request a copy of my file.

\_\_\_\_\_  
Initials

I understand that HomeStart reserves the right to withhold its services if I use inappropriate language, adopt an inappropriate attitude or engage in inappropriate behavior.

\_\_\_\_\_  
Initials

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

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

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Co-Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Privacy Policy and Disclosure Statement

### Privacy Policy

HomeStart is committed to protecting your privacy. We realize that the concerns you bring to us are highly personal in nature and assure you that all of the information you share with HomeStart will be managed in accordance with all legal and ethical guidelines. We may use your anonymous aggregated case file information to evaluate the effectiveness of our services, to gather valuable research information and to design future programs. However, your "non-public personal information" (e.g. total debt, income, living expenses, etc.) will be provided to creditors, program monitors and others only if you sign the Foreclosure Mitigation Counseling Disclosure Statement and Agreement.

Information that we gather about you includes: (1) information provided by you, such as your name, address, social security number, and income; (2) information provided by your creditors and others, such as your loan balance; and (3) information from a credit-reporting agency, such as your credit report.

You may refuse to allow HomeStart to disclose your non-public personal information to third parties and HomeStart will still assist you to the best of its ability. However, if you refuse, HomeStart will not be able to answer any questions from third parties. If you wish to change your disclosure status, please call us at 815-962-2011.

So long as you have not refused disclosure, we may disclose some or all of the information that we collect to your creditors or third parties when we determine that the disclosure would be helpful to you, would aid us with your counseling, or is required by the grants that make it possible for HomeStart to provide services to you.

We may compile and aggregate data that you give to us with the information of other clients, but we may not disclose this information in a manner that would personally identify you. We may also disclose any nonpublic personal information about you to anyone if required to do so by law. Finally, we restrict access to your nonpublic personal information to employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal privacy regulations

### Disclosure Statement

HomeStart, in addition to counseling, provides the following services: homebuyer education, post purchase education, credit counseling, and financial education.

HomeStart has financial relationships with several industry partners, including, but not limited to Alpine Bank, Associated Bank, Blackhawk Bank, Citizens State Bank of Lena, Fifth Third Bank, Members Alliance Credit Union, Midwest Community Bank, Northwest Bank, PNC Bank, Illinois Bank and Trust, Rockford Area Association of Realtors, Stillman Bank, and Union Savings Bank. HomeStart also has financial relationships with CITI Bank, JP Morgan Chase, Fifth Third Bank, and US Bank, who provide funding to HomeStart.

As a client, you are not obligated to accept any of the services offered by HomeStart or its industry partners.

HomeStart hereby certifies that the staff and volunteers who provide foreclosure intervention counseling have no conflict(s) of interest due to any other relationships with servicers, real estate agencies, mortgage lenders and/or other entities or industry partners, whether identified above or not, that may stand to benefit from particular counseling outcomes.

A handwritten signature in black ink that reads "Deb Elzinga".

Deb Elzinga  
Executive Director of HomeStart