

# VISION TO VICTORY HUMAN SERVICES CORPORATION

Destination Home Ownership Made Easy

13230 NW 7<sup>th</sup> Avenue, Miami, FL 33168 ~ Phone: 305-691-3464 ~ Fax: 305-953-8327

## **Counseling Agreement, Privacy Policy, and Conflict of Interest Disclosure Statement**

1. I understand that Vision To Victory Human Services Corporation provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that Vision To Victory Human Services 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 administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me within the next 3 years from the last date of counseling services received for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Vision To Victory Human Services Corporation Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able 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.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

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7. By signing this application, I certify that the information given to the Vision To Victory Human Services Corporation household income, net family assets and all allowances and deductions are accurate and complete to the best of my knowledge or belief. The information solicited on this application by the Vision To Victory Human Services Corporation in order to ensure that Federal Laws prohibiting discrimination against tenants and applications on the basis of race, color, national origin, religion, sex, family status, age, and handicap are compiled with. You are not required to furnish this information but are encouraged to do so. This information will not be used to discriminate against you in any way.
  
8. I understand that Vision To Victory Human Services Corporation provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Vision To Victory Human Services Corporation in no way obligates me to choose any of these particular loan products or housing programs.

## **DATA BECOMES THE PROPERTY OF VISION TO VICTORY HUMAN SERVICES CORPORATION.**

**ALL** documents copied during the screening process by the Housing Counselor to identify the housing need or problem shall become the property of Vision To Victory Human Services Corporation. Such documents shall include but not be limited to the following: pay stubs, bank statements, tax returns and W2's, correspondence, social security cards, driver's license, property tax statements, warranty deed, financial documentation, social security documentation, etc.

Client Initials \_\_\_\_\_

Co Client Initials \_\_\_\_\_

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## **Counselor Follow Up and Response Time**

It is the policy of the agency to return phone calls to clients within 4 business days except in the case of extreme emergencies or counseling staff is out of the office for an extended period of time.

1. I acknowledge that Vision To Victory Human Services Corporation does not and cannot guarantee any results or outcomes with the lender. The final outcome is the decision between the lender and me/us.
2. The housing counselor will help me to complete the paperwork to be submitted by myself to the mortgage company. I acknowledge that I am responsible for submitting all required documentation directly to the lender.
3. I will provide Vision To Victory Human Services Corporation a copy of the information submitted to the mortgage company for their records.
4. The lender will follow up directly with me/us. I agree to contact the lender weekly for file updates.
5. I further acknowledge that I will follow up with Vision To Victory Human Services Corporation upon notice of a decision or communication from the lender to keep them updated.

## **Privacy Policy**

Vision To Victory Human Services 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

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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 (305) 691-3464 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.

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2. 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.)
  
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

## **Conflict of Interest Disclosure Statement**

### **Agency / Individual Disclosure:**

As a HUD approved affiliate member agency, I am required by the Housing and Urban Development's Handbook 7610.1 Rev-5, to make a full disclosure of any and all actual and potential conflicts of interest. The purpose of such disclosures is to allow you to make fully informed decisions about the services and agencies I may refer you to during the course of counseling sessions I will conduct with you.

Vision To Victory Human Services Corporation certifies that the staff and volunteers who will provide foreclosure intervention counseling under the NFMC Program have no conflicts of interest due to relationships with servicers, real estate agencies, mortgage lenders and/or other entities who may stand to benefit from particular counseling outcomes.

The types of services provided by Vision To Victory Human Services Corporation are: budget counseling, credit counseling, credit report evaluation, financial literacy, foreclosure counseling, loss mitigation counseling, pre purchase counseling and post purchase counseling.

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The Vision To Victory Human Services Corporation prohibits the following actions in order to prevent a conflict of interest in the provision of its housing counseling and education services.

The Vision To Victory Human Services Corporation will ensure and monitor that the agency, its staff, or any member of their immediate family must not take any action that may result in, or create the appearance of: administering the housing counseling program for personal or private gain; providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency's ability to ensure compliance with HUD program requirements, or to serve the best interests of its clients.

Individuals, directors, employees, or family members of Vision To Victory Human Services Corporation may not accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, real estate sales agents, or brokers.

A director, employee, officer, contractor, or agent of Vision To Victory Human Services Corporation shall not refer clients to mortgage lenders, brokers, builders, or real estate sales agents in which the officer, employee, director, his or her spouse, child, or general partner has a financial interest, neither may they acquire the client's property from the trustee in bankruptcy or accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, or real estate sales agents or brokers.

A director, employee, officer, contractor, agent, his or her spouse, child, general partner, or organization in which he or she serves as employee other than with Vision To Victory Human Services Corporation, or with whom he or she is negotiating future employment, may not have a direct interest in the client as a landlord, broker, or creditor, or originate, have a financial interest in, service, or underwrite a mortgage on the client's property, own or purchase a property that the client seeks to rent or purchase, or serve as a collection agent for the client's mortgage lender, landlord, or creditor.

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I have read and received a copy of Vision To Victory Human Services Corporation Counseling Agreement, Privacy Policy, and Conflict of Interest Policy Statement.

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Client Signature

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Date

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Co Client Signature

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Date

---

Counselor Signature

---

Date

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

File Number: \_\_\_\_\_

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<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
_____	_____	_____
<b>Social Security Number</b>	<b>Birth Date</b>	<b>Age</b>
_____-_____-_____	_____/_____/_____	_____

---

**Address**

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<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____	_____	_____

**Length of Time at Present Address:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ --- \_\_\_\_\_ **Mobile:** ( ) \_\_\_\_\_ --- \_\_\_\_\_

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

**Best Hours to Reach:** \_\_\_\_\_

**Are you a US Citizen:**    Yes    No                    **Alien #:** \_\_\_\_\_

**If no, are you a permanent resident?**                    Yes    No



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**Race (please circle):**

White, not of Hispanic origin    Hispanic    American Indian/Alaskan Native

Black, not of Hispanic origin    Asian/Pacific Islander

Native Hawaiian/Pacific Islander    Other \_\_\_\_\_

**Marital Status (please circle):**

Single    Married    Divorced    Separated    Widow

**Gender (please circle):**    Male    Female                      **Disabled:**    Yes                      No

**Household Type:**

Single Adult                      Married without Children                      Married with Children

Two or more unrelated adults                      Female-headed single parent

Male-headed single parent                      Other \_\_\_\_\_

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

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

**What ages are they?** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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**List everyone living in the household including Client. Proof of income for all adults in the household must be provided as part of this application.**

Name	Age		Date of Birth	Relationship To Client

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

**Referred to agency by (circle all that applies):**

- Print Advertisement                      Bank              TV              Walk In              Flyer
- Staff/Board Member              Radio              Realtor                      Government
- Family/Friend                      Internet              Agency Referral              211
- Other \_\_\_\_\_

**If you were referred by a Bank or Realtor, which one:**

\_\_\_\_\_

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**Primary Client Employment**

**Primary Employer**

\_\_\_\_\_  
**Length of Employment**                      **Title of Position**

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

(Please Circle):    **Part Time**    **Full Time**    **Commission**                      **Self Employed**

**Gross Income: \$** \_\_\_\_\_

**Is this amount paid**                      \_\_\_ **Weekly**    \_\_\_ **Bi-Weekly**

**Primary Client Secondary Employment**

**Employer**

\_\_\_\_\_  
**Length of Employment**                      **Title of Position**

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

(Please Circle):    **Part Time**    **Full Time**    **Commission**                      **Self Employed**



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White, not of Hispanic origin    Hispanic    American Indian/Alaskan Native

Black, not of Hispanic origin    Asian/Pacific Islander

Native Hawaiian/Pacific Islander    Other \_\_\_\_\_

**Marital Status (Please Circle):**

Single    Married    Divorced    Separated    Widow

Gender (Please Circle):    Male    Female    Disabled:    Yes    No

How many dependents? \_\_\_\_\_

**Co Client Employment**

\_\_\_\_\_  
**Primary Employer**

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

\_\_\_\_\_  
**Title of Position**

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

(Please Circle):    Part Time    Full Time    Commission    Self Employed

Gross Income: \$ \_\_\_\_\_

Is this amount paid    \_\_\_ Weekly    \_\_\_ Bi-Weekly

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**Name of Originating Lender** \_\_\_\_\_

**Original Loan Number** \_\_\_\_\_

**Name of Current Loan Servicer** \_\_\_\_\_

**Loan Number Assigned by Servicer** \_\_\_\_\_

**Second Mortgage or Home Equity Line of Credit**    **Yes**    **No**

**Name of Second Lender** \_\_\_\_\_

**Loan Number of Second Mortgage or Home Equity Line of Credit**

\_\_\_\_\_

**Total Monthly First Mortgage Payment** \_\_\_\_\_

**Second Mortgage Payment Amount** \_\_\_\_\_

**Current Credit Score** \_\_\_\_\_

**Source of Credit Score (Please circle):**

**Trans Union      Equifax      Experian      Tri-merge Report**

**Type of Loan Product for Primary Lender:**

**Fixed Rate currently under 8%      Fixed Rate currently 8% or greater**

**ARM currently under 8%      Arm currently 8% or greater**

**Hybrid Arm (2/28 or 3/27)      Option ARM      Interest Only (Yes or No)**

**VA Fixed rate      FHA Fixed Rate      FHA ARM      VA Arm**

**Privately held (Yes or No)      Other      Unknown**

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Seeking counseling for Primary Mortgage    Yes    No

Seeking counseling for Second Mortgage    Yes    No

Seeking counseling for property taxes        Yes    No

If loan is an ARM of any kind, has the interest rate reset?        Yes    No

Primary reason for current default on mortgage (please circle all that apply):

Reduction in income                              Poor budget management skills

Loss of income    Medical issues                              Increase in expense                              Divorce or

Separation                              Death of family member                              Business Venture failed

Increase in loan payment                              Other \_\_\_\_\_

Current Loan Status:

Current        30 - 60 days late    61- 90 days late        91 – 120 days late

120+ days late        Unknown or Unsure

Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer?        Yes                              No

Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payments?    Yes                              No

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## Budget Worksheet

Category	Budget Amount	Crisis Budget Amount	Amount Verified
<b>Income:</b>			
<b>Wages and Bonuses</b>			
<b>Interest Income</b>			
<b>Investment Income</b>			
<b>Miscellaneous Income</b>			
Income Subtotal			
<b>Expenses:</b>			
<b>Home:</b>			
<b>Primary Mortgage</b>			
<b>Second Mortgage/Home Equity Line of Credit</b>			
<b>Homeowners Insurance</b>			
<b>Property Taxes</b>			
<b>Maintenance/HOA Dues</b>			
<b>Utilities:</b>			
<b>Electricity</b>			
<b>Water and Sewer</b>			
<b>Natural Gas or Oil</b>			
<b>Telephone Land Line</b>			
<b>Cell Phone</b>			
<b>Food:</b>			
<b>Groceries</b>			
<b>Eating Out, Lunches, Snacks</b>			
<b>Family Obligations:</b>			
<b>Child Support/Alimony</b>			
<b>Day Care, Babysitting</b>			
<b>Health and Medical:</b>			
<b>Insurance (medical, dental, vision)</b>			
<b>Out-of-Pocket Medical Expenses</b>			
<b>Co Payments</b>			
<b>Prescriptions/Medications</b>			



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Category	Budget Amount	Crisis Budget Amount	Amount Verified
<b>Transportation:</b>			
<b>Car Payment #1</b>			
<b>Car Payment #2</b>			
<b>Gasoline/Oil</b>			
<b>Auto Repairs/Maintenance/Fees</b>			
<b>Auto Insurance</b>			
<b>Other (tolls, bus, subway, taxi)</b>			
<b>Debt Payments:</b>			
<b>Credit Card</b>			
<b>Credit Card</b>			
<b>Credit Card</b>			
<b>Student Loan</b>			
<b>Personal Loans</b>			
<b>Entertainment/Recreation:</b>			
<b>Cable TV</b>			
<b>Computer Expense</b>			
<b>Internet</b>			
<b>Investments and Savings:</b>			
<b>401(K)or IRA</b>			
<b>Stocks/Bonds/Mutual Funds</b>			
<b>College Fund</b>			
<b>Savings</b>			
<b>Miscellaneous:</b>			
<b>Toiletries, Household Products</b>			
<b>Judgments</b>			
<b>Wage Garnishments/Liens</b>			
<b>Other</b>			
<b>Other</b>			
<b>Total Investments and Expenses</b>			
<b>Surplus/Shortage</b> (Spendable income minus expenses & investments)			

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I/We certify that the information listed on the budget is accurate to the best of my knowledge. I have provided the agency with supporting documents for the items contained on the budget.

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Client Signature

---

Date

---

Co Client Signature

---

Date

---

Counselor Signature

---

Date

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Loan #: _____	Last 4 Digits of SS#: _____
Client Last Name: _____	
Client Address: _____	
Servicer _____	

## Third Party Authorization Form

### BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize Vision To Victory Human Services Corporation and their representatives to share the following information regarding my family and me. I understand that this information is for the purpose of assessing our needs for housing, utility assistance, food, counseling and/or other services.

The information may consist of the following:

- My financial situation, to include the amount of my income, and any savings of money and/or food stamps I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and members of my household.

### I UNDERSTAND THAT:

- The partner agencies have signed agreements to treat my information in a professional and confidential manner.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.

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- This authorization will remain in effect for twenty four months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement.
- If I revoke my authorization, all information about me already in the database will remain.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

## Other Housing Counseling Specialists for Vision To Victory Human Services Corporation

Counselor Name \_\_\_\_\_

\_\_\_\_\_  
Date

Counselor Name \_\_\_\_\_

\_\_\_\_\_  
Date

Counselor Name \_\_\_\_\_

\_\_\_\_\_  
Date

Counselor Name \_\_\_\_\_

\_\_\_\_\_  
Date

Counselor Name \_\_\_\_\_

\_\_\_\_\_  
Date