

### Client Intake Form

#### Applicant

\_\_\_\_\_  
 First MI Last Name

**Current Address:**

\_\_\_\_\_  
 Street

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

\_\_\_\_\_  
 County Length of Occupancy

- Rent       Own       Other

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

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

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

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

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Preferred Contact \_\_\_\_\_

**Ethnicity (please check)**

- Hispanic       Non-Hispanic

**Race (please check)**

**Single Race**

- American Indian/Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White

**Multi-Race**

- American Indian/Alaskan Native and White  
 Asian and White  
 Black or African American and White  
 American Indian or Alaskan Native and Black or African American  
 Other Multiple Race

#### Co-Applicant

\_\_\_\_\_  
 First MI Last Name

**Current Address:**

\_\_\_\_\_  
 Street

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

\_\_\_\_\_  
 County Length of Occupancy

- Rent       Own       Other

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

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

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

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

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Preferred Contact \_\_\_\_\_

**Ethnicity (please check)**

- Hispanic       Non-Hispanic

**Race (please check)**

**Single Race**

- American Indian/Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White

**Multi-Race**

- American Indian/Alaskan Native and White  
 Asian and White  
 Black or African American and White  
 American Indian or Alaskan Native and Black or African American  
 Other Multiple Race

**Applicant**

**Gender of Applicant**

Male  Female

**Marital Status**

Single  Married  
 Divorced  Separated  Widowed

**Other (check all that apply)**

Female Head of Household (per IRS)  
 Single Head of Household (per IRS)  
 First Time Homebuyer  
 Owned Home in Last 3 Years  
 Disabled  US Veteran  
 Senior (Age 62 or older)

# in Household \_\_\_\_\_ # of Dependents \_\_\_\_\_

**Gross Income (before taxes)**

Monthly \_\_\_\_\_  
Annual \_\_\_\_\_

**Other Income (source)** \_\_\_\_\_

Monthly \_\_\_\_\_  
Annual \_\_\_\_\_

**Highest Education**  No HS Diploma or GED

HS Diploma  GED  Vocational Cert.  
 Some College  Associates  
 Bachelors  Masters  Doctorate

**Current Rent or Mortgage Payment** \_\_\_\_\_

**Total Assets (checking, savings, 401k, other)** \_\_\_\_\_

**Debts/Liabilities (monthly payments)**

Car Payment: \_\_\_\_\_  
Credit Cards: \_\_\_\_\_  
Loans: \_\_\_\_\_  
Other Debts (furniture, personal, etc.) : \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Lender (if known): \_\_\_\_\_

Realtor (if known): \_\_\_\_\_

 **Signature (applicant)** \_\_\_\_\_

 **Signature (co-applicant)** \_\_\_\_\_

 **Date** \_\_\_\_\_

**Co-Applicant**

**Gender of Applicant**

Male  Female

**Marital Status**

Single  Married  
 Divorced  Separated  Widowed

**Other (check all that apply)**

Female Head of Household (per IRS)  
 Single Head of Household (per IRS)  
 First Time Homebuyer  
 Owned Home in Last 3 Years  
 Disabled  US Veteran  
 Senior (Age 62 or older)

# in Household \_\_\_\_\_ # of Dependents \_\_\_\_\_

**Gross Income (before taxes)**

Monthly \_\_\_\_\_  
Annual \_\_\_\_\_

**Other Income (source)** \_\_\_\_\_

Monthly \_\_\_\_\_  
Annual \_\_\_\_\_

**Highest Education**  No HS Diploma or GED

HS Diploma  GED  Vocational Cert.  
 Some College  Associates  
 Bachelors  Masters  Doctorate

**For Office Use Only:**

- HUD Referral Source \_\_\_\_\_
- Preferred Language \_\_\_\_\_
- Colonias Resident?
- Section 8 Voucher?
- Farm Worker?
- Other HUD Assistance \_\_\_\_\_
- HECM Certificate
- Predatory Lending
- Housing Discrimination
- US Citizen

Financial and Housing Counseling—Housing Redevelopment—Workforce Development

<b>Client Name</b>	
<b>Incomes</b>	
Type	Budget
Base Salary	<input style="width: 100%; height: 20px;" type="text"/>
Other	<input style="width: 100%; height: 20px;" type="text"/>
<b>Totals</b>	
<b>Expenses</b>	
Type	Actual
Housing/Mortgage or Rent	<input style="width: 100%; height: 20px;" type="text"/>
Housing/Utilities	<input style="width: 100%; height: 20px;" type="text"/>
Telephone	<input style="width: 100%; height: 20px;" type="text"/>
Food	<input style="width: 100%; height: 20px;" type="text"/>
Car Payment	<input style="width: 100%; height: 20px;" type="text"/>
Gas and Oil	<input style="width: 100%; height: 20px;" type="text"/>
Car Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Medical Expenses	<input style="width: 100%; height: 20px;" type="text"/>
Personal care	<input style="width: 100%; height: 20px;" type="text"/>
Entertainment	<input style="width: 100%; height: 20px;" type="text"/>
Debts	<input style="width: 100%; height: 20px;" type="text"/>
Donations/Charities	<input style="width: 100%; height: 20px;" type="text"/>
Pets	<input style="width: 100%; height: 20px;" type="text"/>
Savings	<input style="width: 100%; height: 20px;" type="text"/>
Other	<input style="width: 100%; height: 20px;" type="text"/>
<b>Totals</b>	

Disclosure Form for Financial and Housing Counseling Clients

I, \_\_\_\_\_ agree to participate in Dominion Financial Management, Inc.'s housing counseling and education program to help me improve my housing situation and/or become a homeowner. Dominion Financial Management, Inc. offers housing and financial counseling, housing redevelopment and workforce development services.

I understand that:

- I am under no obligation to purchase a home from Dominion Financial Management, Inc.
- I understand that Dominion Financial Management, Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Dominion Financial Management, Inc. in no way obligates me to choose any of these particular loan products or housing programs.
- The housing counselor and I will discuss my credit history, financial situation, employment, and family. I further understand that it may be necessary for the counselor to discuss this information with representatives of other firms or agencies to assist me in meeting my housing and homeownership goals.
- 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 whether by Dominion Financial Management, Inc. or by another agency or agencies.
- My personal information will be treated confidentially and will not be divulged to any party that is not directly concerned and specifically authorized by me.

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

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

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

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

### Privacy Policy

Dominion Financial Management, Inc. 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 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 application or other form, such as your name, address, social security number, assets, and income;
- Information about your transaction with us, your creditors, or other, 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 615-220-5858 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 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.

I acknowledge that I have received a copy of this policy by my signature below.

Client Signature/Date

Client Signature/Date

660 Fitzhugh Blvd. | (615) 220-5858 Phone  
Suite 100 | (615) 220-8828 Fax  
PO Box 1512 | info@dominionfinancial.org  
Smyrna, TN 37167 | www.dominionfinancial.org

Financial and Housing Counseling—Housing Redevelopment—Workforce Development

Authorization to Release Information

To:

Name:

Address:

Re: Account Number:  
Last Four of SS #:

We are working with Dominion Financial Management, Inc. regarding the above referenced account. We hereby authorize you to release any and all information concerning this account to Dominion Financial Management, Inc. at their request.

We further authorize you to discuss this account with the counselors\* of Dominion Financial Management, Inc. They will be in contact with you to obtain the necessary information. Their contact information is:

Dominion Financial Management, Inc.  
660 Fitzhugh Blvd., Suite 100  
PO Box 1512  
Smyrna, TN 37167-1512  
Phone: 615-220-5858  
Fax: 615-220-8828  
[www.dominionfinancial.org](http://www.dominionfinancial.org)

You may continue to release information regarding this account to Dominion Financial Management, Inc. without further authorization.

Thank you in advance for your assistance.

Sincerely,

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Signature/Date

\*Marcus Lyons—[marcus@dominionfinancial.org](mailto:marcus@dominionfinancial.org)  
Regina Harvey—[regina@dominionfinancial.org](mailto:regina@dominionfinancial.org)  
Ronald Harvey—[ron@dominionfinancial.org](mailto:ron@dominionfinancial.org)

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Signature/Date

Sue Turpin—[sue@dominionfinancial.org](mailto:sue@dominionfinancial.org)  
Paige Reed—[paige@dominionfinancial.org](mailto:paige@dominionfinancial.org)  
Cherie Moon—[cherie@dominionfinancial.org](mailto:cherie@dominionfinancial.org)

THIRD PARTY AUTHORIZATION FORM

1. I understand that Dominion Financial Management, Inc. 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 Dominion Financial Management, Inc. 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 between now and June 30, 2011 for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Dominion Financial Management, Inc.'s Privacy Policy.

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

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

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

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



**Hardest Hit Fund Program**  
Third Party Authorization Form

\_\_\_\_\_  
**Borrower Name**

\_\_\_\_\_  
**Co-Borrower Name**

\_\_\_\_\_  
**Lender/Mortgage Servicer Name**

\_\_\_\_\_  
**Account/Loan Number**

\_\_\_\_\_  
**Property Address**

I/We, the undersigned Borrower, and if applicable Co-Borrower, (individually and collectively, "Borrower"), authorize the above Lender/Servicer and following parties,

\_\_\_\_\_  
**Agency**

\_\_\_\_\_  
**Tennessee Housing Development Agency**

\_\_\_\_\_  
**Agency Contact Name and Phone Number**

\_\_\_\_\_  
**THDA Contact Name and Phone Number**

(individually and collectively, "Requestor"), to share, release, discuss, and otherwise provide to and with each other public and non-public personal financial information contained in or related to the mortgage loan of Borrower. This information may include, but is not limited to, the name, address, telephone number, social security number, credit score, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower.

Borrower also understands and consents to the disclosure of Borrower's personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

Borrower understands that the Lender/Servicer will take reasonable steps to verify the identity of a Requestor authorized above, but has no responsibility or liability to verify the identity of such Requestor when asked to discuss my account or information pertaining to my account. The Lender/Servicer also has no responsibility or liability for what Requestor does with the such information obtained by Requestor concerning my account.

**Before signing this Authorization, beware of foreclosure rescue scams!**

- It is expected that a HUD-approved housing counselor, HFA representative, or other authorized Requestor will work directly with your Lender/Servicer.
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

This Authorization is valid when signed by all Borrowers and Co-Borrowers named on the mortgage and will remain valid until revoked in writing by any Borrower or Co-Borrower. Borrower agrees to contact the Servicer/Lender if Borrower wishes to revoke this Authorization.

Upon notification by the THDA to the Servicer in writing that Borrower has been approved for HHF and acceptance by the Servicer of the transaction, the Servicer has stated that Servicer will not initiate the foreclosure process or conduct a foreclosure sale.

**I AGREE WITH THE TERMS OF THIS AUTHORIZATION**

\_\_\_\_\_  
**Borrower Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Borrower Name**

\_\_\_\_\_  
**Date**



**TENNESSEE HOUSING DEVELOPMENT AGENCY  
HARDEST HIT FUND PROGRAM HARDSHIP AFFIDAVIT**

Loan I.D. Number:	Servicer:
<b>APPLICANT</b>	<b>CO-APPLICANT</b>
Applicant's Name	Co-Applicant's Name
Social Security Number                      Date of Birth	Social Security Number                      Date of Birth
Property Address (Include City, State, Zip and County)	

**HARDSHIP AFFIDAVIT**

**I (We) am/are requesting review for assistance under the Hardest Hit Fund Program for the following reason (Check one):**

<input type="checkbox"/> I am unemployed as of _____, my mortgage is current, but I anticipate not being able to continue the monthly payments of \$_____. I do not feel this situation is permanent, and I am actively seeking adequate employment.	<input type="checkbox"/> My pay was reduced by at least 50% as of _____, my mortgage is current, but I anticipate not being able to continue the monthly payments of \$_____. I do not feel this situation is permanent, and I am actively seeking adequate employment.
<input type="checkbox"/> I am unemployed as of _____, my mortgage is in arrears approximately \$_____, and the regular monthly payment is \$_____. Until I have adequate employment, I will be unable to make the mortgage payments.	<input type="checkbox"/> My pay was reduced by at least 50% as of _____, my mortgage is in arrears approximately \$_____, and the regular monthly payment is \$_____. Until I have adequate employment, I will be unable to make the mortgage payments.
<input type="checkbox"/> I am currently employed, but I suffered a job loss in _____. My mortgage is in arrears approximately \$_____. I am ready to make payments again, but I do not have the means to bring my mortgage current.	<input type="checkbox"/> I am currently employed, but my pay was reduced in _____. My mortgage is in arrears approximately \$_____. I am ready to make payments again, but I do not have the means to bring my mortgage current.
<input type="checkbox"/> Other: _____ _____	

**Have you ever filed for bankruptcy?** Yes No If yes: Chapter 7 Chapter 13 **Filing Date:** \_\_\_\_\_

**Has your bankruptcy been discharged?** Yes No **Bankruptcy case number** \_\_\_\_\_

**DODD-FRANK CERTIFICATION**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering, or (C) tax evasion.

APPLICANT	CO-APPLICANT
<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud, or forgery (b) Money laundering or (c) tax evasion	<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud, or forgery (b) Money laundering or (c) tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that THDA, the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state, and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate federal law.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the counselor or THDA is required to note the information on the basis of visual observation or surname.

APPLICANT <input type="checkbox"/> I do not wish to furnish this information	CO-APPLICANT <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

### To Be Completed By Interviewer

<b>This request was taken by:</b> <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Internet	_____ Interviewer's Name (print)  _____ Interviewer's Signature  _____ Date	<b>Counseling Agency Name/Address/Phone Number</b>
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## ACKNOWLEDGMENT AND AGREEMENT

**In making this request for consideration under the Hardest Hit Fund Program, for the purpose of inducing the Tennessee Housing Development Agency ("THDA") to approve a Hardest Hit Fund Program Loan to finance foreclosure prevention or reinstatement loan on my/our primary residence located at \_\_\_\_\_, Tennessee ("Residence"), I/we certify under penalty of perjury:** (Property Address)

1. That I/we are the Applicant/Co-Applicant for the THDA loan program to which this Affidavit relates.
2. The Residence is a single family residence located in \_\_\_\_\_ County, a county in the state of Tennessee and I/we occupy the Residence as my/our primary residence.
3. The number of persons who live in the Residence is \_\_\_\_\_.
4. My/our current gross annual household income, including all income from all sources for all persons over 18 who will live in the Residence, does not exceed \$74,980.00
5. I/we acknowledge that I/we are unemployed or are substantially under-employed, through no fault of my/our own.
6. The unpaid principal of the Residence, including the land and all improvements does not exceed \$226,100
7. The THDA loan to which this Affidavit relates is not a refinancing of permanent financing or other replacement of an existing loan I/we have in connection with the Residence.
9. The proceeds of the THDA loan will be used solely for eligible activities under the Hardest Hit Fund Loan Program.
10. I/we acknowledge that THDA is relying upon the information and certifications herein and in the other documentation and certifications provided by me/us to determine if this loan qualifies for THDA's loan programs.

I/we do hereby declare, swear and affirm, under penalty of perjury, that the statements in this Affidavit are true and correct and that all information, documentation and/or certifications provided by me/us to induce THDA to make this loan are accurate, true, correct and complete in all material respects.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

STATE OF TENNESSEE )  
COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, a Notary Public of the state and county mentioned, personally appeared \_\_\_\_\_ and \_\_\_\_\_, the within named bargainer(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that he/they executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal, at office, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, in Washington, DC 20580.**

## THDA HARDEST HIT FUND PROGRAM - FORECLOSURE PREVENTION TERMS AND CONDITIONS

The following are the Terms and Conditions of the Hardest Hit Fund Mortgage Foreclosure Prevention Program (“Program”) implemented by the Tennessee Housing Development Agency (“THDA”) and funded by the U.S. Treasury. Program is governed by the Emergency Economic Stabilization Act of 2008 (Pub. L. 110-343), all applicable federal and state law, and THDA’s Program Guide.

### **I. ELIGIBILITY**

- A. I acknowledge this application is being made under penalties of perjury and will be relied on for purposes of determining my eligibility for a loan under the Program. I understand further that it is a Class E felony to provide false information to THDA in order to receive a benefit from THDA that I would otherwise not be eligible for or to receive a benefit greater than I would otherwise receive.
- B. I certify I have not been convicted of a felony, larceny, theft, fraud or forgery, money laundering, or tax evasion in connection with a mortgage or real estate transaction within the last ten years.
- C. I understand that to be eligible for the Program, I must have lost my job or suffered another temporary Program eligible hardship due to no fault of my own.
- D. I understand that to be eligible for the Program, I must be a legal resident of the United States and live in Tennessee.
- E. I understand that to be eligible for the Program, I must disclose all credit information regarding bank accounts, outstanding installment and revolving debts, etc., as requested in the loan application.
- F. I certify that the Borrower(s) identified in this application is/are the owner(s) of the subject Property and that there are no other owners of the Property.
- G. I certify that the Property is my principal and primary residence, which is defined as the property that I will occupy for the majority of the calendar year. Further, I understand that to remain eligible under the Program, I must continue to occupy the Property as my principal and primary residence for the entire term of the Loan.
- H. I certify that my Property is an existing single family, one unit home, or a HUD approved manufactured or mobile home, legally classified as real property under the applicable laws of Tennessee, with wheels, axles, towing tongue, and running lights removed, permanently affixed to a conventional foundation (i.e. basement, crawl space, or slab foundation).
- I. I certify that my current mortgage loan(s) was/were not originated for business purposes.

### **II. PROGRAM TERMS**

- A. If approved for participation, I understand that my Mortgagee/Servicer will stay foreclosure proceedings for a length of time as provided in the Mortgagee/Servicer agreement with THDA.
- B. I understand that the stay of foreclosure does not apply to collection activity and that during this application process that I may be contacted by my Mortgagee/Servicer or other relevant parties in an attempt to collect outstanding obligations. I understand that delinquent mortgage payments and other

mortgage related expenses (i.e. homeowner's association dues) can result in derogatory information being included as part of my credit and mortgage payment history file.

- C. I understand that, if my Mortgagee/Servicer receives notice from THDA that my application has been denied, my Mortgagee/Servicer may resume collection of my mortgage obligations(s); which at that point could include foreclosure.
- D. I understand that, should I be approved for assistance, I have the responsibility of following up with all relevant parties regarding accurate posting of reinstatements and/or on-going monthly payments remitted by THDA. I agree to immediately contact THDA should any problems or incorrect postings occur to maintain a satisfactory payment history.
- E. I understand that, if I am approved for assistance, the loan agreement is between THDA and borrowers identified in this application. Therefore, if future amounts for real estate property taxes and homeowner's insurance (including flood insurance, if required) have been included in the total projected loan, then it is solely my responsibility to forward the necessary billing statements and/or invoices to THDA within ten (10) business days to ensure the timely and prompt payment of these obligations. My failure to forward these documents within ten (10) business days may result in me being responsible for the payment of any late fees, penalties and/or interest.
- F. I understand that if I am approved for assistance, I must maintain adequate liability and hazard (i.e. homeowners') insurance to protect my home against the risk of loss, from fire and other casualty. THDA must be named an "insured/loss payee" on the policy. I understand I am required to provide THDA with proof of coverage prior to closing.

### **III. LOAN TERMS.**

- A. I understand the Program loan is not a grant but a 5 year, 0% interest, non-recourse deferred-payment forgivable subordinate loan. A forgiveness clause will reduce the loan amount by 20% a year for every year Borrower(s) stay(s) in the home. At the end of the 5 years, the note will be considered satisfied and THDA will release the lien securing the note.
- B. I understand loan funds are due and payable if the property is sold, refinanced, or no longer owner occupied as my primary, principal residence (unless otherwise prohibited under applicable federal law). Loans are repayable only from proceeds to the Borrower(s) from a sale or refinance. If the property is sold or refinanced and has not increased in equity to the degree necessary to repay the note, all or a portion of the note will be forgiven.
- C. I understand the Program subordinate mortgage will be evidenced by a promissory note and secured by a deed of trust that places a lien against the property of the Borrower(s).
- D. I understand a Program loan may become due and payable upon demand if Borrower(s) is/are terminated from the Program or otherwise violate(s) the Program terms and conditions.
- E. I understand the Program loan amount and terms are based on an individual basis and are made in THDA's sole discretion dependent upon my financial and employment circumstances.
- F. I understand the maximum loan amount and duration of assistance is based on all outstanding unpaid principal balances including the Program loan, location of the property, and if Borrower(s) is/are reemployed, searching for work, or is/are completing a job training/education program to help secure a new job.

### III. TYPES OF ASSISTANCE

- A. I understand that the Program can provide **ONE** of the following types of assistance:
1. Reinstatement Only or One-time Assistance to help homeowners who have found a new job but need help to bring their mortgage current;
  2. Short-term Assistance to help homeowners while they search for a new job;

**THDA, in its sole discretion, will determine if the assistance I receive is One Time Assistance and/or Short Term Assistance.**

- B. I understand that, if I am approved to receive on-going monthly mortgage payment assistance through the Program, the amount of the Program loan is an estimate of the amount due to my mortgage creditors, including but not limited to, mortgage lenders, tax assessors, insurance companies, and homeowners' associations.
- C. I understand that THDA shall advance only the actual amount of each monthly payment due to my mortgage creditors for a period of up to twelve (12) months not to exceed \$15,000, or eighteen (18) months not to exceed \$20,000 (based on eligible county), from the date of the Promissory Note.
- D. I understand that, if I am approved to receive on-going monthly payment assistance, THDA reserves the right to reassess my situation at any time during the term of the loan to determine if on-going assistance is required. Furthermore, THDA's continuation of payments on my behalf is contingent upon my compliance with the Program terms and conditions.
- E. I understand that, if I am approved for a Program loan through the Program, I will again have to verify that the statements contained herein are true and accurate as of the date of the Loan closing.

### IV. HOUSING COUNSELING

- A. I understand that, if I am denied Program assistance, I may be eligible to receive other foreclosure mitigation services which shall be identified by my Housing Counselor and THDA is not responsible for any failure by my Housing Counselor to provide me information concerning any other foreclosure mitigation services that may be available.
- B. I understand that, if I am approved for a Program Loan, I must attend required counseling sessions with a Housing Counselor as specified in Exhibit A.
- C. I understand that, if I am approved for a Program loan, my financial situation will be reviewed every 3 months to determine if assistance needs to be continued or modified. I will be required to submit documents (i.e. most recent pay stubs, employment documentation, etc.), pertaining to this review, to the Provider Housing Counseling Organization. I understand if these documents are not provided to the counseling organization within 15 days of their request, I may be terminated from the Program.
- D. I understand that, if I do not attend the required counseling sessions with the housing counselor, I may be terminated from the Program.

**TO BE SIGNED AT INITIAL COUNSELING SESSION**

**I UNDERSTAND THAT ACCEPTING THESE TERMS AND CONDITIONS DOES NOT GUARANTEE THAT I WILL BE APPROVED FOR ASSISTANCE. THDA WILL NOTIFY ME IN WRITING IF MY LOAN REQUEST IS APPROVED OR DENIED.**

**I acknowledge that I have read and understand the above terms and conditions. I understand that if I fail to abide by the terms and conditions, my application may be denied, I may be terminated from the Program and my Loan may immediately become due and payable. I certify that all of the information provided and shared with the Provider Housing Counseling Organization and THDA in connection with my application and consideration for assistance through the Program administered by THDA is true and correct to the best of my knowledge. I understand that false or misleading information will affect my ability to receive assistance, may be grounds for rejection of my application or later termination from the Program, and may be a violation of State and/or Federal criminal law.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**

**I acknowledge that I have explained in full detail the above terms and conditions to the Applicant(s) and that Applicant(s) have received a copy of this signed application and other Program documents. I certify that the Applicant(s) listed herein established identity by providing appropriate documentation (valid state driver's license or state identification card, and social security card).**

**Provider Housing Counseling Organization:** \_\_\_\_\_

\_\_\_\_\_  
**Counseling Agent Signature**

\_\_\_\_\_  
**Date**

# Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number if joint tax return

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code

**4** Previous address shown on the last return filed if different from line 3

**5** If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

**6** **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a** **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b** **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . . . .

**c** **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7** **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8** **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9** **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received *within 120 days of signature date*.

Telephone number of taxpayer on line 1a or 2a

<b>Sign Here</b>	Signature (see instructions)	Date	
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

### Hardest Hit Fund Program Document Checklist

- Driver's License. If resident alien, provide copy of Resident Alien card (green card)
- Credit Report with Credit Score (if available)
- Final Divorce Decree/Marital Dissolution (if applicable)
- Court Ordered for Child Support (if applicable)
- Name, Address and Phone Number for all employers since 2008
- Most Recent Pay Stubs or other proof of income (last 30 days)
- Verification of Unemployment Benefits including payment history, separation letter and eligibility letter
- Signed and Dated Tax Returns with all schedules and W-2s since 2008 including non-qualifying spouse
- Self-Employment Cash Flow Worksheet, P & L, 2 years Business Tax Returns (corp. or partnership or sole prop.)
- IRS Non-Filing Confirmation for most recent tax year including non-qualifying spouse
- Most Recent 3 months Bank Statements for all accounts, i.e. checking, savings, money market, etc.
- Property Tax Statement (if available), Homeowners Insurance Declaration Page or Statement, Homeowners Association
- Mortgage Note 1st and 2nd (if applicable)
- Deed of Trust
- Social Security Card (applicant), Birth Certificates (Dependents)
- Borrower Hardship explanation letter
- Completed Budget, all monthly bills, including statements
- Documentation of All Assets
- Most Recent Mortgage Statement

Additional documents may be needed based on outcome of counseling session