

Project Sentinel
HUD Certified Housing Counseling Agency
298 S. Sunnyvale Ave. Suite # 209
Sunnyvale, CA 94086

Tel: (408) 720-9888

Website: www.housing.org

Fax: (408) 720-0810

Project Sentinel is a HUD Certified Counseling Agency. We provide mortgage counseling and intervention with lenders and servicers to assist borrowers with various workout options on their mortgages. To properly assess your mortgage options, we will need the following information. Please complete and mail, email or fax the following enclosed items:

- 1- Complete all 10 pages of Intake Packet
- 2- Last monthly loan statement - Copy (front and back)
- 3- Documentation of all income; Payroll stubs, unemployment, social security disability etc
- 4- Profit and Loss statement if self employed
- 5- Copy of Notice of Intent to Accelerate or Notice of Default (if applicable)
- 6- Past due letters from lender (if applicable)
- 7- If your loan is with Bank of America, Citi Mortgage, Chase, Aurora Loans or GMAC you must complete their release form which you can download from our website, www.housing.org

ATTENTION: All sections must be completed in their entirety.
All packets submitted without loan statements & proof of income will not be processed.
Incomplete packets will not be processed. Please submit COPIES of all documents requested. (one side only)
Please include your loan number on all documents you submit.

After we receive the required information, you will be contacted to set up a counseling appointment. Appointments are based on the following priority:

- **Priority 1: Foreclosure has been filed by lender.**
- **Priority 2: Borrower is 2 or more months delinquent**
- **Priority 3: Mortgage payment is current or no more than 1 month delinquent.**

After we review the information provided, we will be better able to discuss your options.

The following are some of the OPTIONS we can discuss, depending on your specific status and financial situation:

1. Loan modification
2. Forbearance Agreement
3. Deed-in-lieu – Lender must agree
4. Short Sale – Lender must agree

Depending on your status and wishes after we address possible options, we can discuss an action plan, which includes contacting your lender to determine which programs are available for you.

If appropriate, we can also refer you to other agencies for additional help such as the District Attorney Real Estate Fraud Unit, Legal Aid, Board of Realtors, Lawyer Referral, or State of California/Federal monitoring agencies.

In order for Project Sentinel to provide complete counseling to you, we need you to:

1. Provide information/documentation required by counselor and/or lender
2. Attend a workshop
3. Meet with your Housing Counselor (one on one appt, scheduled after complete documentation is received)
4. Keep in contact with counselor.

Providing the above information does not guarantee that a solution will be developed to avoid foreclosure. Thank you for contacting Project Sentinel regarding your questions and concerns relating to the mortgage and financing of your property.

To submit by e-mail send complete intake packet along with the documents requested to MDDintake@housing.org

PROJECT SENTINEL

TELL US ABOUT YOURSELF PRINT CLEARLY. USE ADDITIONAL SHEETS IF NECESSARY.

Information will not be shared with any third party (e.g. credit agency or lender) without your explicit signed authorization.

Date:	Borrower	Co-Borrower
Last Name		
First Name & initial		
e-mail Address		
Phone Numbers	Home: _____ Other: _____	Home: _____ Other: _____
	Property Address	Mailing address if different
Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Date of birth		
Social Security #		
Gender	____ Male ____ Female	____ Male ____ Female
Level of Education	____ Primary __ High School __ College ____ Vocational __ Choose not to respond	____ Primary __ High School __ College ____ Vocational __ Choose not to respond
Household	Household size ____ # of dependents ____	Household size ____ # of dependents ____
Marital Status	<input type="checkbox"/> Married with dependents <input type="checkbox"/> Married without dependents <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Male Single Parent Head of Household <input type="checkbox"/> Female Single Parent Head of Household <input type="checkbox"/> Divorce <input type="checkbox"/> Other	<input type="checkbox"/> Married with dependents <input type="checkbox"/> Married without dependents <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Male Single Parent Head of Household <input type="checkbox"/> Female Single Parent Head of Household <input type="checkbox"/> Divorce <input type="checkbox"/> Other
Other (if applicable)	<input type="checkbox"/> US Veteran <input type="checkbox"/> I am 62years of age or older <input type="checkbox"/> Disabled	<input type="checkbox"/> US Veteran <input type="checkbox"/> I am 62years of age or older <input type="checkbox"/> Disabled
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Race	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaskan Native and Black <input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaskan Native and Black <input type="checkbox"/> Other

REFERRED BY: _LENDER, _FRIEND, _WORD OF MOUTH, _ MEDIA, _ OTHER AGENCY

	Mortgage Company	Account #	Loan Balance	Payment	Interest rate
1 st					
2nd					
3rd					
HELOC					
Is your loan current? <input type="checkbox"/> yes <input type="checkbox"/> no			If delinquent, #of months _____ Amount \$ _____		
Property Value (estimate) \$ _____			How many years at this address: _____		
What is your loan term? 30yrs __ 40 yrs __ Other _____			How many years remain on your loan? _____		

	Yes	No		Yes	No
Does pmt include property taxes?	<input type="checkbox"/>	<input type="checkbox"/>	Is interest rate fixed	<input type="checkbox"/>	<input type="checkbox"/>
Does payment include homeowner ins?	<input type="checkbox"/>	<input type="checkbox"/>	Is payment interest only?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have mortgage insurance?	<input type="checkbox"/>	<input type="checkbox"/>	Is loan a Hybrid loan?	<input type="checkbox"/>	<input type="checkbox"/>
Is this your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	Is interest rate adjustable	<input type="checkbox"/>	<input type="checkbox"/>
Is this an investment property?	<input type="checkbox"/>	<input type="checkbox"/>	Has your interest rate increased?	<input type="checkbox"/>	<input type="checkbox"/>
Have you filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	Is your loan an option ARM?	<input type="checkbox"/>	<input type="checkbox"/>
If your loan is an option ARM, are you paying the negative amortized payment?				<input type="checkbox"/>	<input type="checkbox"/>
Have you submitted a request for a loan modification to your lender?				<input type="checkbox"/>	<input type="checkbox"/>
Has your loan been modified during the last 6 months?				<input type="checkbox"/>	<input type="checkbox"/>
If your loan has been modified, is your lender requiring additional housing counseling?				<input type="checkbox"/>	<input type="checkbox"/>
Have you worked with another loan modification agency/company?				<input type="checkbox"/>	<input type="checkbox"/>
Is your payment scheduled to adjust during the next 6 months?				<input type="checkbox"/>	<input type="checkbox"/>
Are you able to make your regular monthly payment?				<input type="checkbox"/>	<input type="checkbox"/>
Is your loan a <i>fanniemae</i> loan? (check at: www.fanniemae.com/loanlookup)				<input type="checkbox"/>	<input type="checkbox"/>
Is your loan a <i>freddiemac</i> loan? (check at: www.freddiemac.com/mymortgage)				<input type="checkbox"/>	<input type="checkbox"/>
Do you have homeowner association dues? (If so, amount of dues \$ _____)				<input type="checkbox"/>	<input type="checkbox"/>
Have you received a notice of intent to accelerate your loan? (If so, date filed _____)				<input type="checkbox"/>	<input type="checkbox"/>
Has a notice of default (foreclosure) been file? (If so, date filed _____)				<input type="checkbox"/>	<input type="checkbox"/>
If in foreclosure, have you received a date for your trustee sale? (if so, date of sale _____)				<input type="checkbox"/>	<input type="checkbox"/>
Do you have any funds available to apply to your mortgage? (if so, how much \$ _____)				<input type="checkbox"/>	<input type="checkbox"/>
Is your property an owner occupied duplex, tri-plex or four-plex?				<input type="checkbox"/>	<input type="checkbox"/>

What is the primary cause of your default?		
<input type="checkbox"/> Reduction in income	<input type="checkbox"/> Poor budget/management skills	<input type="checkbox"/> Loss of income
<input type="checkbox"/> Medical Issues	<input type="checkbox"/> Increase in Expense	<input type="checkbox"/> Divorce/Separation
<input type="checkbox"/> Death in Family	<input type="checkbox"/> Business Venture Failed	<input type="checkbox"/> Increase/Adjustment of Payment
<input type="checkbox"/> Not in Default	<input type="checkbox"/> In danger of imminent default	<input type="checkbox"/> Other (explain)
Please provide a brief description of hardship:		

COMPLETED PACKETS SHOULD BE MAILED, FAXED OR EMAILED TO PROJECT SENTINEL
MAILING ADDRESS: 298 S. Sunnyvale Ave. #209, Sunnyvale, CA 94086
FAX: 408-720-0810 or EMAIL: MDDintake@housing.org

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Foreclosure Mitigation Counseling Agreement

1. I understand that Project Sentinel 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 I will not be charged any fee for the services described in this Agreement, and that Project Sentinel receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and other similar grants, and, as such, is required to share some of my personal information with NFMC program administrators or their agents or other grant program representatives for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and June 30, 2011 and to give authorization 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.
7. I acknowledge that I have received a copy of Project Sentinel's Housing Counseling Privacy Policy, which is attached to this Agreement as Exhibit A.
7. I understand that as part of Project Sentinel's counseling, 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 Project Sentinel counselor may answer questions and provide information relevant to my housing concerns, but the counselor will not give legal advice. If I want legal advice, I will be referred for appropriate assistance, or I will seek legal counsel through other means.
7. I understand that Project Sentinel is not a financial or real estate service program or provider, and that it provides information and education on numerous financial products and housing programs solely as part of its overall counseling service, and I further understand that the housing counseling I receive from Project Sentinel in no way obligates me to choose any of these particular financial products or housing programs, nor does Project Sentinel endorse or recommend any specific product or program or provider, regardless of whether it is described or mentioned during counseling activities.

Client's signature _____

Date _____

Client's signature _____

Date _____

EXHIBIT A

Project Sentinel Housing Counseling Privacy Policy

Project Sentinel is committed to assuring the privacy of individuals and/or families who have contacted us for assistance, and we will protect the confidentiality of your files and personal information. We realize that the concerns you bring to us are highly personal in nature. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be maintained as confidential and will be provided to creditors, program monitors, and others only with your authorization and signature on an appropriate Release of Confidential Information form. We may also obtain information from various credit reporting service providers pursuant to an appropriate Credit Report Authorization and Acknowledgment form. 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 408-720-9888 or 1-888-331-3332 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 required 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 the confidentiality of your nonpublic personal information.

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RELEASE OF CONFIDENTIAL INFORMATION

Date: _____

Lender: _____

Department: _____

Fax #: _____

Last 4 numbers of social security # _____

This letter is to confirm that Project Sentinel, the HUD Certified Mortgage Counseling Agency, has my permission to discuss and/or receive documentation from you concerning the status of my mortgage. This release encompasses all financial information and documentation relating to this mortgage.

Loan Number: _____

Borrower: _____

ADDRESS: _____

Borrower Signature

Print Name

Date

Borrower Signature

Print Name

Date

This release is effective for 180 days.

**Certified HUD Counselors: Connie De La Rosa, Sharleen Kilgore, Maggie McCarthy,
Aurora Olivares, Jo Ann Parrott, Maritza Wong.**

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CREDIT REPORT AUTHORIZATION and ACKNOWLEDGMENT

I hereby give permission to Project Sentinel, a non-profit HUD Counseling Agency, to obtain and review confidential financial information regarding myself and my family, including credit reports and credit scores, obtained from third party financial information services. I understand that this information will be used solely for purposes of providing housing counseling services to me.

Borrower Print Name

Borrower Signature

Date

Date of Birth: _____

Social Security Number: _____

Current Address: _____

Co-Borrower Print Name

Co-Borrower Signature

Date

Date of Birth: _____

Social Security Number: _____

Current Address: _____

I understand that obtaining a credit report through Project Sentinel will not affect my credit score

Name:

FINANCIAL INFORMATION	Available Assets		Verified Assets (Agency use only)	
	Asset	Borrower	Co-Borrower	Borrower
Savings Accounts	\$	\$	\$	\$
Checking Accounts	\$	\$	\$	\$
Stocks and Bonds, Mutual Funds, CDs, etc.	\$	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$	\$
Retirement Accounts (IRA, 401K, 403B)	\$	\$	\$	\$
Other Assets (real estate, personal property, etc)	\$	\$	\$	\$
Subtotal Total	\$	\$	\$	\$
Total	\$	\$	\$	\$

Gross Income Worksheet				
Enter the MONTHLY gross (pretax) amount for any of the items below. Please include Co-borrower or other household wage earners who you want to be considered. We suggest using monthly amounts for your calculations.				
Source of Income	Income		Verified Income (Agency use only)	
	Borrower	Co-Borrower	Borrower	Co-Borrower
Estimated Base Income - gross	\$	\$	\$	\$
Estimated Base Income – net	\$	\$	\$	\$
Overtime	\$	\$	\$	\$
Bonuses or Tips	\$	\$	\$	\$
Commissions	\$	\$	\$	\$
Dividends or Interest	\$	\$	\$	\$
Alimony or Child Support	\$	\$	\$	\$
Pension or Retirement	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$	\$
Rental Property Income	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$
Family contributions	\$	\$	\$	\$
Other Income (investment, second job, etc.)	\$	\$	\$	\$
Monthly Subtotal	\$	\$	\$	\$
Monthly Total	\$		\$	

REQUIRED INFORMATION:

Borrower Employer:	Start Date:
Title :	Business Type:
Co-Borrower Employer:	Start Date:
Title :	Business Type:

Monthly Debt Worksheet

Debt/Liability		Minimum Monthly Payment		Verified by Counselor
		Borrower	Co-Borrower <small>(only for separate expenses)</small>	
1 st Mortgage Payment	Balance \$	\$	\$	\$
2 nd Mortgage Payment	Balance \$	\$	\$	\$
Equity Line of Credit	Balance \$	\$	\$	\$
Investment property	Balance \$	\$	\$	\$
Investment Property expenses		\$	\$	\$
Housing - Property Taxes		\$	\$	\$
Housing - Homeowner Insurance		\$	\$	\$
Utilities – PG&E		\$	\$	\$
Utilities - Garbage		\$	\$	\$
Utilities - Water		\$	\$	\$
Food		\$	\$	\$
Telephone		\$	\$	\$
Cell Phone		\$	\$	\$
Cable / TV		\$	\$	\$
Car Loan	Balance \$	\$	\$	\$
Car Loan	Balance \$	\$	\$	\$
Auto Insurance		\$	\$	\$
Car maintenance		\$	\$	\$
Gas		\$	\$	\$
Life Insurance		\$	\$	\$
Medical Insurance		\$	\$	\$
Medical/Dental Bills		\$	\$	\$
Personal Care – (Clothing, laundry, etc)		\$	\$	\$
Entertainment		\$	\$	\$
Education		\$	\$	\$
Student Loans	Balance \$	\$	\$	\$
Installment Loans	Balance \$	\$	\$	\$
Credit Cards	Balance \$	\$	\$	\$
1.	Balance \$	\$	\$	\$
2.	Balance \$	\$	\$	\$
3.	Balance \$	\$	\$	\$
4.	Balance \$	\$	\$	\$
Alimony or Child Support that you owe		\$	\$	\$
Misc./other:		\$	\$	\$
Total Monthly Expenses		\$	\$	\$

I authorize Project Sentinel to release the verified financial information to my mortgage company

Signature _____ Date _____ Signature _____ Date: _____