



Dear Homeowner,

Thank you for requesting assistance for foreclosure prevention by RIHousing.

To complete your request, you must first fill out our Financial Information Package and send us the required documents which are needed to process your request for assistance. Please use the required documents checklist attached. **Please do not send original documents.** You can send the completed application and required documents packet to us by facsimile, mail, or e-mail.

You may also simply drop them off at our office:

RIHousing HelpCenter
44 Washington Street
Providence, RI 02903
Fax: 401-450-1373

Please return your financial information packet as soon as possible, as this is a time-sensitive process.

Once we have received your application packet, you will be assigned to a HUD Counselor. The HUD Counselor will follow up with you to review your options and/or discuss additional information that may be needed.

If you have any questions or need any assistance with the application, please contact us at: (401) 457-1130.

Thank you for reaching out to the RIHousing HelpCenter.

Sincerely,
RIHousing HelpCenter



REQUIRED DOCUMENTS CHECKLIST

Please **DO NOT** Send Originals

Single-sided Copies Please

- ☐ 1. **Most recent pay stubs** – 30 consecutive days of pay stubs for all borrowers/ contributors (person other than mortgage holder). Contributors must send signed and dated contribution amount letter.
- ☐ 2. **Proof of all other sources of income** for borrowers/contributors (SSI, SSDI, child support, rental income etc.) Most recent benefit award letter for all SSI, SSDI, TDI and/or Unemployment income being received. If receiving Government Assistance (ex. SNAP), please include the Quarterly Benefit Statement. Rental income leases.
- ☐ 3. **Two years of recent Federal Tax Returns** – signed tax returns for the last two years (personal and business) with all schedules and W-2's. If no tax returns, then a letter, signed and dated, explaining why no taxes were filed.
- ☐ 4. **Two months of recent bank statements** from all saving & checking accounts, all pages, front and back, for the last two months (personal and business). Transaction history is not acceptable.
- ☐ 5. **Self-employed borrowers** must provide most recent quarterly or year-to-date Profit & Loss Statement. Statement must be signed and dated.
- ☐ 6. **Most recent utility bill** – at least one gas, electric, or cable bill.
- ☐ 7. **Most recent mortgage statement** with loan number and lender/servicer contact information.
- ☐ 8. **Delinquency letters/notices** – mediation, conciliation, tax sale, or foreclosure notices, if applicable.
- ☐ 9. **Property tax bill** – only if current mortgage payment does not include an escrow payment.
- ☐ 10. **Homeowners Insurance Policy** – declaration page(s). Only if current mortgage payment does not include and escrow payment.
- ☐ 11. **Bankruptcy discharge notice**, if applicable.
- ☐ 12. **Court Orders** – Final Divorce Decree, Alimony, and Child support payments, if applicable
- ☐ 13. **Homeowners Association Fee Statement**, if applicable.
- ☐ 14. **Help Center Authorization & Dodd Frank Forms** – signed and dated by all borrowers (pgs. 7 & 9)
- ☐ 15. **Hardship Letter** – signed and dated by all borrowers (pg. 6).

Borrower Information

BORROWER		CO-BORROWER	
Borrower's Name		Co-Borrower's Name	
Social Security Number - -	Date of Birth (month/day/year) / /	Social Security Number - -	Date of Birth (month/day/year) / /
Primary Phone Number With Area Code () -		Primary Phone Number With Area Code () -	
Secondary Phone Number		Secondary Phone Number	
Email Address		Email Address	
Mailing Address		Mailing Address	
Present Address (If Same As Mailing Address, Write Same)		Present Address (If Same As Mailing Address, Write Same)	
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (includes single, divorced, widowed) <input type="checkbox"/> Separated		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (includes single, divorced, widowed) <input type="checkbox"/> Separated	
Yrs School _____		Yrs School _____	
Military Status: <input type="checkbox"/> N/A <input type="checkbox"/> Active <input type="checkbox"/> Veteran		Military Status: <input type="checkbox"/> N/A <input type="checkbox"/> Active <input type="checkbox"/> Veteran	
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Number of people in household. _____

Name	Relationship to Applicant	Age

Employment Information

BORROWER	CO-BORROWER
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed
Employer _____	Employer _____
Work Phone Number With Area Code () -	Work Phone Number With Area Code () -
# Of Years at Current or Most Recent Job _____	# Of Years at Current or Most Recent Job _____
Position/Title _____	Position/Title _____

Property Information

<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family (1-4 Units) <input type="checkbox"/> Condo		Property Purchase Date _____
Property Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Estimated Property Value _____		
I want to: <input type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property	This property is my: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	
Is the property listed for sale? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete counselor contact information below.	
Agent's Name: _____	Counselor's Name: _____	
Agent's Phone Number: _____	Counselor's Phone Number: _____	
Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Counselor's Email: _____	
Date of Offer _____ Amount of Offer \$ _____		
Have you received a foreclosure sale date? <input type="checkbox"/> Yes Foreclosure Date _____ <input type="checkbox"/> No		
Have you received a notice of Mediation or Conciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____		
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy Case Number: _____ Attorney: _____		

Mortgage Information

First Mortgage Lender/Service Name		
First Mortgage Loan Number	Balance	Interest Rate
Monthly Payment Amount (Principal, Interest, Taxes, and Insurance)		
Monthly Mortgage Insurance Payment (If Applicable)		
Are you current on your First Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are you in danger of falling delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your mortgage ever been modified or have you entered into a forbearance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you received Hardest Hit Funds in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who pays the real estate tax bill on your property? <hr/> Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA Fee: <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No Paid to: _____	Who pays hazard insurance policy for your property? <hr/> Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a second mortgage/ Home Equity Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide detail below.		
Second Mortgage Lender/Service Name		
Second Mortgage Loan Number	Balance	Interest Rate
Monthly Payment Amount (Principal, Interest, Taxes, and Insurance)		
Monthly Mortgage Insurance Payment (If Applicable)		
List other Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers. Lien Holder's Name/Service _____ Balance _____ Contact Number _____ Loan Number _____		



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 lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan or grant in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<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

Monthly Income/Expenses For Household

INCOME/EXPENSES FOR HOUSEHOLD

1 - Monthly Household Income			2 - Household Assets		3 - Monthly Household Expenses/Debt	
	Borrower 1	Borrower 2				
	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	Estimated Value of this Property	\$	First Mortgage Payment	\$
Gross Salary/Wages = total monthly income before any tax withholding or employer deductions.	Employment Start Date: _____	Employment Start Date: _____	Estimated Value of Other Real Estate Owned	\$	Property Taxes (If not escrowed)	\$
			Checking Account(s) Balance	\$	Insurance – Hazard, Wind, Flood etc. (If not escrowed)	\$
			Saving Account(s)/Money Market Balance	\$	HOA/Condo Fees	\$
			Life Insurance Cash Value	\$	Other Mortgages	\$
			IRA/Keogh Account(s) Balance	\$	Liens/Rents	\$
			401K/ESOP Account(s) Balance	\$	Alimony Payment	\$
			Stocks/Bonds/CDs Balance	\$	Child Support Payment	\$
Gross Salary/Wages	\$	\$				
Overtime	\$	\$	Other Investments	\$	Dependent Care Payment	\$
Tips, commissions, and/or bonus income	\$	\$			Personal Loans/Student Loans	\$
Self employed	\$	\$			Auto Loans	\$
Child Support Income/Alimony Income*	\$	\$			Auto Expenses/Gasoline	\$
Social Security/SSDI	\$	\$			Auto Insurance	\$
Other monthly income from pensions, annuities or retirement plans	\$	\$			Medical Expenses	\$
Rental income	\$	\$			Medical Insurance	\$
Unemployment Income	\$	\$			Phone(s)/Cable/Internet	\$
Food Stamps/Welfare	\$	\$			Credit Card(s)/ Installment Loans	\$
Contributor Income	\$	\$			Groceries/Household Supplies	\$
Other (investment, income, royalties, interest, dividends, etc.)	\$	\$			Spending Money	\$
					Utilities/Water/Sewer	\$
					Donations	\$
			Other _____	\$		
Total Income (Gross)	\$	\$	Total Assets	\$	Total Debt/Expenses	\$

**** ALL INCOME MUST BE DOCUMENTED ****

Include combined expenses from the borrower and co-borrower (if any).

If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.

*You are not required to disclose Child Support, Alimony or Separation Maintenance Income, unless you choose to have it considered by your lender/servicer.

If additional space is needed, please include an additional page.

Hardship Affidavit

I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):

<input type="checkbox"/> Borrower Death	<input type="checkbox"/> Reduction of Income	<input type="checkbox"/> Military Service	<input type="checkbox"/> Payment Adjustment
<input type="checkbox"/> Illness of Borrower	<input type="checkbox"/> Excessive Financial Obligations (Examples may be large medical bills, or delinquent real estate taxes)	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Ownership Transfer is Pending (If the home is in the process of being sold)
<input type="checkbox"/> Illness of Family Member	<input type="checkbox"/> Property Problem (Anything that may be defective about the property such as a costly repair that needs to be made)	<input type="checkbox"/> Business Failure (Examples would be loss of business income)	<input type="checkbox"/> Tenant not Paying
<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Inability to Sell Property	<input type="checkbox"/> Bankruptcy Filed	<input type="checkbox"/> Incarceration (Sentenced to a city, county, state, or federal jail)
<input type="checkbox"/> Marital Difficulties (Examples include going through a legal separation or filing for divorce)	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Casualty Loss (Unexpected event such as hurricane, flood, or earthquake that damages the property)	
<input type="checkbox"/> Other _____			

Explanation (Required):

[illegible]

If additional space is needed for Explanation, please include an additional page.



HelpCenter Authorization / Disclosure

I understand that RIHousing provides foreclosure prevention counseling ("Counseling") and I request that RIHousing provide me such assistance. An overview of the range of Counseling services that I am entitled to receive is set forth on Attachment A. I understand that I have a choice with respect to HUD-approved counseling agencies, and I am not required to use RIHousing to provide counseling.

I authorize RIHousing to contact my mortgage lender or servicer _____ (collectively, the "Mortgagee") on my behalf regarding any loan secured by my property located at _____ the "Loan") and to obtain from such Mortgagee any information regarding my Loan that RIHousing deems necessary to provide the Counseling.

I have provided RIHousing information regarding my personal finances and authorize RIHousing to obtain a credit report on me in order to provide the Counseling (this information, along with the information obtained from the Mortgagee, the "Financial Information").

I understand and agree that RIHousing will use the Financial Information to evaluate my options regarding the Loan and to develop an action plan consisting of recommendations for handling of the Loan and my finances, which will be presented to me.

I understand that the Loan and the Financial Information will be discussed with the Mortgagee and that I may or may not be present during the discussion.

I may be referred to other housing services of RIHousing or another agency or agencies as appropriate that may be able to assist with particular issues that have been identified. I understand that I am not obligated to use any of the services offered to me. I understand that RIHousing provides a variety of lending and mortgage products, including: mortgage loans to low- and moderate-income homebuyers and homeowners; home repair loans; home equity loans; septic system replacement loans; sewer tie-in loans; lead abatement loans; loans for home weatherization; loans under the federal Hardest Hit Fund program to prevent avoidable foreclosures; and loans for home modification to assist disabled residents. The loans described above may also be originated by participating lenders or third-party brokers, who are compensated by RIHousing for their origination services. I further understand that I am not obligated to use or receive any other products or services from RIHousing or its participating lenders or brokers.

RIHousing offers a variety of mortgage-related services, including first-time homebuyer training and landlord training. I understand that I am not obligated to use or receive any of these other services from RIHousing. If I already receive mortgage-related services from RIHousing, I understand that I am not obligated to use RIHousing for Counseling services and may choose from among HUD-approved housing counseling agencies.

I understand that a counselor may answer questions and provide information, but not provide legal advice. Counseling is not a substitute for legal advice. If I want legal advice, I will be referred for appropriate assistance.

I acknowledge that I have received a copy of RIHousing's Privacy Policy.

Loan Number _____

Name (printed) _____ Signature _____ Date _____

Name (printed) _____ Signature _____ Date _____

Attachment A

Outline of Counseling Services

The following is an outline of the Counseling Services which are provided as part of this program.

1. The Intake Counselor reviews the homeowner's financial situation. In order to complete this review, the counselor obtains a credit report and collects income and expense documentation. This allows the Counselor to analyze the homeowner's financial capacity and determine if there is a hardship.
2. If, based upon this intake and initial file, mortgage fraud is suspected, we may refer the case to the Consumer Protection Division of the Rhode Island Attorney General and the Rhode Island Department of Business Regulation.
3. Based on the review of the information developed through the intake, and any supplemental information submitted, we will work with you to develop an action plan to seek relief, including steps you may need to take to control household expenses, and any additional documents you must submit.
4. We will review your situation to determine potential eligibility for loss mitigation options including the Making Home Affordable programs and lender's proprietary programs.
5. If appropriate, we will inform you of other local programs and resources that may be available to assist you. Examples of the these services and programs include Food Stamps, Heating Assistance programs, Community Action Program agencies, alternative housing options, financial management assistance (through Money Management International), legal assistance (through Rhode Island Legal Services or the Rhode Island Bar Association), and the like.
6. If appropriate, we will assist you in preparing a hardship letter for submission to your lender/servicer to support your request for a work out option. We will maintain communication with you and your lender/servicer to monitor the status of your loan workout request and to ensure that all necessary documentation is submitted on time.
7. We will review and evaluate any written work out proposal you receive from your lender/servicer to help you determine whether to accept the proposal.
8. We will ask you whether you have been offered questionable mortgage foreclosure prevention assistance, including proposals that guarantee a successful outcome; require payment in advance of the provision of assistance; require that you stop making mortgage payment or require redirection of your mortgage payments to someone other than your lender/servicer; involve signing over title to your home to a third-party. If we suspect that improper practices are present we will report the practices to the Consumer Division of the Rhode Island Attorney General and the Loan Modification Scam alert website.

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, or Hardest Hit 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: felony, larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we 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.

I/we understand that Rhode Island Housing and Mortgage Finance Corporation (“Rhode Island Housing”), 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.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature

Date

Co-Borrower Signature

Date

FACTS	WHAT DOES RIHOUSING DO WITH YOUR PERSONAL INFORMATION?
Why?	<p>Financial companies choose how they share your personal information. Federal law gives customers the right to limit some but not all sharing. Federal law also gives customers the right to view personal records, and to correct a record that is inaccurate or incomplete. Federal law requires us to tell you how we collect, share, and protect your personal information.</p> <p>We provide this notice to customers at the time of application for RIHousing programs, products, or services, and annually thereafter. From time to time, we may revise this notice to reflect changes in the law or changes in our policies. Please read this notice carefully to understand what we do.</p>
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ▪ Social Security Number ▪ Income ▪ Account balance ▪ Payment history ▪ Credit history ▪ Credit score ▪ Date of birth ▪ Medical information and blood lead level test results (for lead hazard reduction programs) <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
How?	<p>All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reason RIHousing chooses to share; and whether you can limit this sharing.</p>

Reasons we can share your personal information	Does RIHousing share?	Can you limit this sharing?*
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	N/A
For our affiliates' everyday business purposes – information about your transactions and experiences	No	N/A
For our affiliates' everyday business purposes – information about your creditworthiness	No	N/A
For nonaffiliates to market to you	No	N/A

**If N/A, RIHousing does not share your personal information so your ability to limit is not applicable.*

Questions?	Call (800) 854-1180 or (401) 457-1180
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Who we are	
Who is providing this notice?	Rhode Island Housing and Mortgage Finance Corporation ("RIHousing")

What we do	
How does RIHousing protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state law and regulation. These measures include computer safeguards and secured files and buildings.
How does RIHousing collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> ▪ Apply for financing ▪ Give us your contact information ▪ Give us your employment history ▪ Give us your income information ▪ Show us your driver's license <p>We also collect your personal information from government agencies, public sources, and others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ▪ Sharing for affiliates' everyday business purposes – information about your creditworthiness ▪ Affiliates from using your information to market to you ▪ Sharing for nonaffiliates to market to you

Definitions	
Affiliates	<p>Companies related by common ownership and control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Our affiliates include Rhode Island Housing Development Corporation, Rhode Island Housing Equity Corporation, Rhode Island Housing Equity Pool, L.P., and Rhode Island Housing Equity Pool-I, L.P.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>RIHousing does not share your personal information with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ▪ <i>RIHousing does not jointly market.</i>

Other important information
Service providers with whom we share information for everyday business purposes may include coupon or statement printers, billing services, payment processing companies, mail, print, and telephone service companies, insurers, property inspection firms, government agencies, attorneys, laboratories, community action programs, auditors, quality control vendors, consultants, or other service providers.

Provisions pertaining to protected medical information
In the context of carrying out certain residential lead hazard reduction programs, RIHousing may receive certain medical information. A customer's rights with respect to protected medical information include (a) the right to request restrictions on certain uses and disclosures, subject to denial by RIHousing; (b) the right to receive confidential communications of the information; (c) the right to inspect and copy the information; (d) the right to amend the information; (e) the right to receive an accounting of disclosures of the information; and (f) the right to obtain a paper copy of this notice upon request. A customer may complain to RIHousing if they believe their privacy rights have been violated by writing a letter addressed to RIHousing, 44 Washington Street, Providence, RI 02903, ATTN: Lead Program. A customer will not be retaliated against for filing a complaint.



Fax

To: HelpCenter

From:

Fax: 401-450-1373

Pages:

Date:

Re: HelpCenter Financial Information Package

Comments: