

Mortgage Delinquency and Default Resolution Counseling

Did you know that **Habitat for Humanity of Lee and Hendry Counties, Inc.** is a private non-profit HUD-approved **housing counseling agency**? Meaning we provide educational workshops and a full spectrum of housing counseling services.

What is Housing Counseling? Our Housing Counseling program provides counseling to consumers on seeking, financing, maintaining, renting, or owning a home. Our HUD-certified Housing Counselors are experienced, trained professionals, who can provide you with one-on-one housing counseling and guidance to help you make the right choices. The guidance you receive is based on your need, plus, your current and future financial capability.

Homeowners facing foreclosure need to know what options are available to them. The path to foreclosure is determined by state law. However, homeowners are also protected under federal consumer protection laws and may have options for avoiding foreclosure depending upon the mortgage lender.



What is Mortgage Delinquency and Default Resolution Counseling? Mortgage Delinquency and Default Resolution Counseling can help homeowners understand their state's foreclosure process, identify options for avoiding foreclosure, and provide advice and resources to help them decide on alternatives.



How do you get started? If you need **Mortgage Delinquency and Default Resolution Counseling**, complete the **Mortgage Delinquency and Default Resolution Packet** with forms and required documentation listed on [the following pages](#). Once we receive your Packet, we can schedule an appointment with one of our HUD-certified housing counselors for your one-on-one counseling session.



Where to submit your Mortgage Delinquency and Default Resolution Packet? You can drop off your **Mortgage Delinquency and Default Resolution Packet** at our administrative office at [12751 New Brittany Blvd, Suite 100, Fort Myers, FL 33907](#), during regular business hours (Monday – Friday from 8:00 am - 4:30 pm). Our Intake Coordinator will review it to ensure your packet is complete. You can also mail it to our administrative office.

If you have questions related to the Packet and how to get started with housing counseling, **please contact our Housing Counseling Team by calling at 239-652-1675 or by e-mail: HousingCounseling@habitat4humanity.org**

Mortgage Delinquency and Default Resolution Counseling

Please make sure to submit the following forms included in your Foreclosure Intervention Packet:

1. **Mortgage Delinquency and Default Resolution Form** - Fill it out as accurately as possible. This is required for opening your housing counseling file.
2. **Authorization for the Release of Information** - Fill it out and sign it. This will authorize us to contact your lender/servicer on your behalf.
3. **Monthly Household Spending Plan** - Fill it out as accurately as possible. It will be reviewed during the one-on-one counseling session.
4. **Mortgage Information Form** - Fill it out as accurately as possible. This will help the housing counselor review your mortgage information and options.
5. **Housing Counseling Disclosure Form** - Please be sure to read it carefully. Then, sign to acknowledge that you have read and understand the form.
6. **Privacy Statement and Notice** - Please be sure to read it carefully. Then, sign to acknowledge you have read and understand the form

Use the following checklist to help you collect everything you need before submitting your Mortgage Delinquency and Default Resolution Packet (please **make copies of all required documents, if applicable).**

☐ **Copies of Photo IDs (Driver's License)**

- Please provide a legible copy of your photo ID in color

☐ **Proof of Income**

If employed:

- Copies of last four paystubs
- Copy of last year's taxes and W2

If self-employed:

- Copies of most recent tax returns (including 1099 forms and Schedule C)
- Current year-to-date Profit & Loss Statement

Proof of any other source of income (if applicable)

☐ **Bank Statements**

- Copies of the last 2 months of bank statements for all bank accounts

☐ **Latest bills**

- Homeowners' association, gas, electric, water, garbage, phone, cell phone, internet, cable TV, car loan(s), credit cards, student loans, other loans or bills.

☐ **The most recent statement from your lender(s).**

- **Most recent mortgage statement**
- Missing payments (if applicable)
- Most recent letter from the attorney for your lender (if applicable)

*****Include any other legal documents that pertain to your mortgage. If you have more than one mortgage loan, please bring documentation for all of them.**

Note: *If you cannot find some of these documents please still come to the appointment. Do your best to gather these documents, it will make your time with a counselor more effective with the proper documentation.*

Client and Counselor Roles and Responsibilities in One-on-One Counseling

Counselor's Roles and Responsibilities



Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.



Preparing a Client Action Plan that lists the steps that you and your counselor will take to achieve your housing goal.



Preparing a household budget that will help you manage your debt, expenses, and savings.



Maintain contact with you at least every 60 days.



Your counselor is not responsible for achieving your housing goal but will provide guidance and education in support of your goal.



Neither your counselor nor Habitat for Humanity's employees, agents, or directors may provide legal advice.

Client's Roles and Responsibilities



Completing the steps assigned to you in your Client Action Plan.



Providing accurate information about your income, debts, expenses, credit, and employment.



Attending meetings, returning calls, providing requested paperwork in a timely manner.



Maintain contact with your HUD-certified housing counselor at least every 60 days. When necessary, a credit report review will be conducted (credit report fee applies).



Notifying Habitat for Humanity or your counselor when changing housing goal.



Attending educational workshop(s) as recommended.



Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Termination of Service: Failure to work cooperatively with your housing counselor and/or Habitat for Humanity will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments, failure to provide necessary documents for workout resolution, withholding pertinent information pertaining to your case and failure to inform Habitat for Humanity of assistance received from another agency within the last year.

Date Received: _____

CM#: _____

Housing Counselor: _____

HUD ID: _____

THIS IS NOT AN APPLICATION FOR THE HABITAT HOMEOWNERSHIP PROGRAM

Mortgage Delinquency and Default Resolution Counseling
 Please print clearly and complete the required information as accurate as possible

**CLIENT 1****Name:** _____

Birth Date (MM/DD/YYYY) _____

Social Security Number _____

Phone: _____

Email: _____

Address _____

City _____

State _____

Zip Code _____

Time at current address: _____

Race (please select):

- ☐ White ☐ Black or African American ☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander ☐ Asian ☐ Asian and White
☐ American Indian or Alaska Native and White ☐ Other Multiple Race
☐ Black or African American and White
☐ American Indian or Alaska Native and Black or African American

Ethnicity (please select "yes" or "no").Hispanic: ☐ Yes ☐ No

You should select both a "Race" category and a "yes" or "no" for Hispanic origin)

Are you a U.S. citizen or a Permanent Resident?

☐ Yes ☐ No**Marital Status (please select):**

- ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Gender (please select):

- ☐ Male ☐ Female
☐ I do not wish to provide this information

Disabled (please select) ?☐ Yes ☐ No**CLIENT 2****Name:** _____

Birth Date (MM/DD/YYYY) _____

Social Security Number _____

Phone: _____

Email: _____

Address _____

City _____

State _____

Zip Code _____

Time at current address: _____

Race (please select):

- ☐ White ☐ Black or African American ☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander ☐ Asian ☐ Asian and White
☐ American Indian or Alaska Native and White ☐ Other Multiple Race
☐ Black or African American and White
☐ American Indian or Alaska Native and Black or African American

Ethnicity (please select "yes" or "no").Hispanic: ☐ Yes ☐ No

You should select both a "Race" category and a "yes" or "no" for Hispanic origin)

Are you a U.S. citizen or a Permanent Resident?

☐ Yes ☐ No**Marital Status (please select):**

- ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Gender (please select):

- ☐ Male ☐ Female
☐ I do not wish to provide this information

Disabled (please select)☐ Yes ☐ No

Employment history			
EMPLOYMENT - CLIENT 1		EMPLOYMENT - CLIENT 2	
Current Employer: _____		Current Employer: _____	
Title _____ Hire Date (mm/dd/yy) _____		Title _____ Hire Date (mm/dd/yy) _____	
Phone: _____		Phone: _____	
Address _____		Address _____	
City _____	State _____	City _____	State _____
Zip Code _____		Zip Code _____	
Please select:		Please select:	
<input type="checkbox"/> Part-time	# Hours per week: _____	<input type="checkbox"/> Part-time	# Hours per week: _____
<input type="checkbox"/> Full-time	# Hours per week: _____	<input type="checkbox"/> Full-time	# Hours per week: _____
Pay Rate: \$ _____		Pay Rate: \$ _____	
Is this amount paid <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks		Is this amount paid <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks	
<input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly		<input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly	
If you have a second job, please specify:			
Other Employer: _____		Other Employer: _____	
Title _____ Hire Date (mm/dd/yy) _____		Title _____ Hire Date (mm/dd/yy) _____	
Phone: _____		Phone: _____	
Address _____		Address _____	
City _____	State _____	City _____	State _____
Zip Code _____		Zip Code _____	
Please select:		Please select:	
<input type="checkbox"/> Part-time	# Hours per week: _____	<input type="checkbox"/> Part-time	# Hours per week: _____
<input type="checkbox"/> Full-time	# Hours per week: _____	<input type="checkbox"/> Full-time	# Hours per week: _____
Pay Rate: \$ _____		Pay Rate: \$ _____	
Is this amount paid <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks		Is this amount paid <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks	
<input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly		<input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly	
HOUSEHOLD/HARDSHIP INFORMATION			
Rural Area Status (please select):		Limited English Proficiency Status (please select):	
<input type="checkbox"/> Household lives in a rural area		<input type="checkbox"/> Household is Limited English Proficient	
<input type="checkbox"/> Household does not live in a rural area		<input type="checkbox"/> Household is not Limited English Proficient	
Annual Family or Household Income :		\$ _____	
Are any household members disabled?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family/Household Size:		_____	
My hardship was caused by:			
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Medical	<input type="checkbox"/> Death	<input type="checkbox"/> Increase in Escrow (insurance,taxes,HOAs)
<input type="checkbox"/> Underemployment	<input type="checkbox"/> Divorce	<input type="checkbox"/> Disability	<input type="checkbox"/> Other _____
Hardship Status:			
<input type="checkbox"/> My hardship has been resolved.			
<input type="checkbox"/> My hardship has not been resolved.			

INCOME		Please Print Clearly
Type of Income	CLIENT 1 Monthly Amount \$	CLIENT 2 Monthly Amount \$
Primary Employment		
Other Employment (if applicable)		
Self-employment Income		
Social Security		
Retirement Pension		
Alimony/Child Support		
Public Assistance		
Other Income		

LIABILITIES/DEBT	Please Print Clearly
Please list any debts you have, including credit cards, auto loans, student loans, personal loans and child support. Do NOT include rent or utilities.	

Paid To	CLIENT 1		CLIENT 2	
	Monthly Payment	Current Balance	Monthly Payment \$	Current Balance
1. Auto Loan				
2. Credit Card 1				
3. Credit Card 2				
4. Credit Card 3				
5. Credit Card 4				
6. Student Loan				
7. Personal Loan				
8. Furniture Store				
9. Child Support				
10. Other				

Please use additional sheets if necessary.

Please answer the following questions:

Do you make payments on time?

☐ Yes ☐ No

☐ Yes ☐ No

Are you currently in Chapter 13 bankruptcy?

☐ Yes ☐ No

☐ Yes ☐ No

Have you had a Chapter 7 bankruptcy?

☐ Yes ☐ No

☐ Yes ☐ No

If yes, when was it discharged?

Within the past 3 years, have you had a property

☐ Yes ☐ No

☐ Yes ☐ No

foreclosed?

If yes, specify the date.

ASSETS / SAVINGS / INVESTMENTS**Please Print Clearly**

Please list the approximate value of the following:

Current balance in \$

	CLIENT 1	CLIENT 2
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement accountS (e.g. 401k or IRA)		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (select)

☐ Yes☐ No

If yes, how much? \$

LIVING EXPENSES (Monthly)**Attachment #1**Please complete **Spending Plan** (Form #3)**REQUIRED DOCUMENTATION (Please include)**

You are required to submit the documentation listed in the "Checklist for your One-on-One Counseling Session"

ADDITIONAL INFORMATION

	CLIENT 1	CLIENT 2
Do you want to keep the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you working with a lawyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for any funding or help?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran/Active Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZATION

I authorize the Housing Counselor to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a to receive Mortgage Delinquency and Default Resolution Counseling
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) to share my/our personal and financial information with my lender in connection with my pursuit of a loan to avoid foreclosure if possible

I/We understand that the Housing Counselor provide confidential Mortgage Delinquency and Default Resolution Counseling after which I will receive a written **action plan** consisting of recommendations for handling my credit and finances, possibly including referrals to other agencies as appropriate;

I/We understand that a housing counselor may answer questions and provide information but not give legal advice.

If I want legal advice, I will be referred for appropriate assistance

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Client 1 - Signature_____
Date_____
Client 2 - Signature_____
Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Date: _____

TO: _____ (mortgage servicer name)

(mortgage servicer address)

ATTENTION: Loss Mitigation Department

RE: Account Number: _____

Borrower(s): _____

Property Address: _____

Dear Madam/Sir:

I/We are working with **HABITAT FOR HUMANITY OF LEE AND HENDRY COUNTIES**- a non-profit HUD-approved housing counseling agency, on a plan to resolve my/our mortgage delinquency. I/We hereby authorize you to release all information concerning my/our account to them at their request.

I/We further authorize you to discuss my/our case with _____, or any other authorized agent of **HABITAT FOR HUMANITY OF LEE AND HENDRY COUNTIES**. They are working to help me/us address my/our financial problems and to propose a loss mitigation plan which is within your guidelines. At present, I/we request that you fill out the request for loan information that accompanies this letter. Please return by fax to Habitat for Humanity at (239) 652-3335 no later than _____ day of _____, 20_____

You may release additional information to **HABITAT FOR HUMANITY OF LEE AND HENDRY COUNTIES** for this account in the future without further authorization from me/us.

Thank you for taking the time to handle this request.

Sincerely yours,

Client Signature_____
Date_____
Co-Client Signature_____
Date

Property Address: _____

Daytime Phone Number _____

Monthly Household Spending Plan

Name:
Address:
E-mail:

Date:
Phone #:

A good budget is a Spending Plan that includes everything you will spend and stays within your income. If we don't budget, we lose control of our expenses, and can't even figure out where the money went.

Income	Employment	
	Overtime	
	Interest & Dividend	
	Net Rental Income	
	Bonuses	
	Commissions	
	Social Security	
	Child Support	
	Alimony	
	Retirement Pension	
	Unemployment	
	Others	
	Withholdings	
Net Income:		

Net Income:	
Total Expenses:	
Net Surplus (Deficit)	

Savings Balance:	
------------------	--

Stick to your budget and track your expenses each month.

Client 1 - Signature

Client 2 - Signature

Housing Counselor Signature

Fixed Expenses	Auto Insurance	
	Auto Loan	
	Installments (Affirm, CashApp Loans, ZIP, Klarna)	
	Gasoline	
	Child Support / Alimony	
	Credit Cards Min Payments	
	Credit Collections Settlements	
	Housing Payment (Rent/Mortgage)	
	Payday Loan (CashAdvance)	
	Personal Loans	
	Student Loans	
	Medical Bills	
	Medications	
	Savings/Emergency Fund	
	IRS Payments	
	Internet	
	Cable TV	
	Cell Phone	
	Electricity	
	Water/Sewer	
	Sports	
	Miscellaneous	
Discretionary Expenses	Charity	
	Dining	
	Food and Groceries	
	Gifts	
	Vacations	
	Pet Expenses	
	Child Care	
	Clothing	
	Memberships (Gym, Netflix, HULU, Disney+, etc.)	
	Laundry / Cleaning	
	Entertainment	
	Miscellaneous	
Total Expenses:		

Homeowner Name(s): _____

Date: _____

Mortgage Info:	First Mortgage / CD	Second Mortgage / CD
Servicing Company Name:		
Account Number:		
Contact Person's Name:		
Contact Person's Phone Number:		
Contact Person's Fax Number:		
Originating Lender:		
Origination Date:		
Origination Amount:		
Monthly payment amount:	\$	\$
Property taxes escrowed?	Yes No \$	Yes No \$
Homeowners ins. escrowed?	Yes No \$	Yes No \$
Forced place insurance?	Yes No	Yes No
Loan type (circle one)	CD / Deferred Lien / FHA Ins. Conv. / Mobile Home Other / Unins Conv / RD / VA	CD / Deferred Lien / FHA Ins. Conv. / Mobile Home Other / Unins Conv / RD / VA
Loan Purpose (circle one):	Purchase / Purchase Assistance Refinance / Second / HELOC	Purchase / Purchase Assistance Refinance / Second / HELOC
Term (in years):		
Interest rate:	%	%
Interest rate (circle one)	Fixed / ARM Interest Only Option ARM /	Fixed / ARM Option ARM / Interest
First reset date:		
Reset Interval (in months):		
Periodic cap:		
Lifetime cap:		
Balloon amount:	\$	\$
Balloon date:		
Prepayment amount:		
Prepayment, years in effect:		
When did the mortgage company last accept a payment?	/ / (mm / dd / yy) How much was the payment? \$	/ / (mm / dd / yy) How much was the payment? \$
Previous defaults?	Yes No	Yes No
Has the homeowner talked to the servicer?	Yes No	Yes No



Habitat for Humanity of Lee and Hendry Counties, Inc.
Housing Counseling Program Disclosure
12751 New Brittany Blvd, Fort Myers, FL 33907
Ph: (239) 652-4663 / Fax: (239) 652-0386



HOUSING COUNSELING PROGRAM DISCLOSURE FORM

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our housing counseling program, please inform our housing counselor program staff so alternative accommodations may be arranged.

Agency Description and Program Purpose: Habitat for Humanity of Lee and Hendry Counties, Inc. is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention and non-delinquency post-purchase counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

Services Offered

Pre-purchase Counseling – One-on-one homebuyer counseling to clients seeking to achieve homeownership. Assistance is offered in developing an action plan to help homebuyers reach their home buying goal. The client must pay credit report fees as often as needed to assess creditworthiness throughout the housing counseling process.

Financial Management/Budget Counseling – One-on-one counseling designed to help individuals create and manage a budget, manage household debt, and learn ways to reach financial goals.

Home Improvement and Rehabilitation Counseling – One-on-one counseling designed to assist in developing an action plan to help homeowners reach their home improvement or home rehabilitation goals.

Mortgage Delinquency and Default Resolution Counseling – One-on-one counseling designed to help homeowners get current on their mortgage payments, work out a payment agreement with their lender, or navigate the sale or foreclosure process.

Disaster Recovery Assistance Counseling – One-on-one counseling designed to help households navigate the disaster recovery process, access recovery resources, keep their finances in order, manage their credit, develop plans to repair and maintain their home, provide guidance in understanding insurance, and avoid scams.

Rental Housing Counseling – One-on-one counseling designed to help households develop budgets, determine what they can afford to pay for rent, establish eligibility for assistance, apply for rental assistance, and identify an appropriate unit. It also helps households understand tenant rights and responsibilities.

Services for Homeless Counseling – One-on-one counseling designed to help households evaluate their situation, set goals, work to attain and maintain those goals, and locate the resources needed to overcome homelessness.

Non-delinquency Post-Purchase Counseling – One-on-one counseling designed clients who are homeowners and need help in understanding escrow funds, budgeting, refinancing, home equity, home improvements, utility costs, and rights and responsibilities of homeownership.

Pre-Purchase Homebuyer Education Workshops – HUD approved 8-hour group workshop on topics that will prepare the homebuyer to make informed home purchase decisions. Topics include homebuyer readiness, managing money, understanding credit, obtaining a mortgage loan, shopping for a home, and protecting your investment.



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Financial, Budgeting and Credit Workshops – Group workshops to prepare individuals to make wise financial decisions. Topics include preparing and managing a budget, managing, and reducing debt, tips and tools for managing and saving money and preparing for future expenses.

Non-Delinquency Post-Purchase Homeowner Workshops – Group workshops on topics to prepare homeowners for the opportunities and challenges brought about by buying a new home. Topics include benefits of homeownership, money matters, maintaining your home and community involvement.

Additionally, Habitat for Humanity of Lee and Hendry Counties, Inc. has a homebuyer program and an owner-occupied repair program for residents of Lee and Hendry Counties. You are not obligated to participate in this or other Habitat for Humanity programs and services while you are receiving housing counseling from our agency.

As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.

Client and Counselor Roles and Responsibilities in One-on-One Counseling	
Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none">➤ Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.➤ Preparing a Client Action Plan that lists the steps that you and your counselor will take to achieve your housing goal.➤ Preparing a household budget that will help you manage your debt, expenses, and savings.➤ Maintain contact with you at least every 60 days.➤ Your counselor is not responsible for achieving your housing goal but will provide guidance and education in support of your goal.➤ Neither your counselor nor Habitat for Humanity's employees, agents, or directors may provide legal advice.	<ul style="list-style-type: none">➤ Completing the steps assigned to you in your Client Action Plan.➤ Providing accurate information about your income, debts, expenses, credit, and employment.➤ Attending meetings, returning calls, providing requested paperwork in a timely manner.➤ Maintain contact with your HUD-certified housing counselor at least every 60 days, and conducting a credit review when necessary (credit fee applies)➤ Notifying Habitat for Humanity or your counselor when changing housing goal.➤ Attending educational workshop(s) as recommended.➤ Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
Termination of Service: Failure to work cooperatively with your housing counselor and/or Habitat for Humanity will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments, failure to provide necessary documents for workout resolution, withholding pertinent information pertaining to your case and failure to inform Habitat for Humanity of assistance received from another agency within the last year.	

Agency Conduct: No Habitat for Humanity of Lee and Hendry Counties, Inc. employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.



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Agency Relationships: Habitat for Humanity of Lee and Hendry Counties, Inc's Counseling Program has professional affiliations with HUD, The State of Florida, Lee County, Hendry County, The City of Fort Myers, The City of Cape Coral, The City of Bonita Springs, the City of Labelle, Florida Housing Coalition, and banks including SunTrust Bank, Iberia Bank, Florida Community Bank, BB&T, FineMark, EverBank, Regions, Bank of America, and Northern Trust. As a housing counseling program participant, you are not obligated to use the products and services of Habitat for Humanity of Lee and Hendry Counties, Inc., or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: Habitat for Humanity of Lee and Hendry Counties, Inc. has a homebuyer program. However, you are not obligated to participate in this or other Habitat for Humanity programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA), Lee County Housing Development Corporation, and USDA for first-time homebuyer loan programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Habitat for Humanity and its exclusive partners and affiliates.

Privacy Policy and Relevant Information: I/we acknowledge that I/we received a copy of the following:

- _____ Habitat for Humanity of Lee and Hendry Counties, Inc's Privacy Policy
- _____ "Know the Signs of Housing Discrimination" sheet
- _____ "For Your Protection: Get a Home Inspection" sheet
- _____ "Ten Important Questions to Ask Your Home Inspector" sheet
- _____ "Protect Your Home From Lead in Your Home" sheet

SCAN HERE:



Errors and Omissions and Disclaimer of Liability: I/we agree Habitat for Humanity of Lee and Hendry Counties, Inc., its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties or related to my participation in Habitat for Humanity of Lee and Hendry Counties, Inc's. counseling program, and I hereby release and waive all claims of action against Habitat for Humanity of Lee and Hendry Counties, Inc., and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Habitat for Humanity of Lee and Hendry County, Inc., or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Habitat for Humanity of Lee and Hendry Counties, Inc. grantors such as HUD or one of our professional affiliates.

I/we acknowledge that I/we received, reviewed, and agree to Habitat for Humanity of Lee and Hendry Counties, Inc's Housing Counseling Program Disclosures.

_____ Signature	_____ Client Printed Name	_____ Date
_____ Signature	_____ Client Printed Name	_____ Date



**Habitat for Humanity of Lee and Hendry Counties, Inc.
Privacy Statement and Notice**

At Habitat for Humanity of Lee and Hendry Counties, Inc., we are committed to keeping your information private. We recognize the importance clients, applicants, partner families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving client, applicant, partner family, tenant, and homeowner data –such as tax returns, pay stubs, credit reports, employment verifications and payment history– internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on intake forms, applications or other forms;
- Information about your transactions with us, our affiliates, or others;
- Information we receive from a consumer reporting agency;
- Information we receive from you during interviews

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on intake forms, applications or other forms, such as name, address, social security number, income, age, assets, family size, ethnicity, and other information from the intake form/application;
- Information about your transactions with us, our affiliates, or others such as your payment history or amounts due to us;
- Information we receive from a consumer reporting agency such as your credit history;
- Information gathered from interviews with us, such as family size

Habitat for Humanity of Lee and Hendry Counties, Inc., employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents or banks providing loan funding;
- Nonprofit organizations, public sector agencies or governments

We may also disclose nonpublic information about you to nonaffiliated third parties as permitted by law, in connection with our normal operating practices.

We do not disclose any nonpublic personal information about you to anyone, except as permitted by law. 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 Habitat for Humanity of Lee and Hendry Counties, Inc. Privacy Statement and Notice.

Client Signature

Date

Client Signature

Date

Print Name _____

Print Name _____

DUPLICATION OF BENEFITS CERTIFICATION FORM
HOUSING COUNSELING SERVICES AND EDUCATION

Participant Information

Name: _____
Address: _____
Phone Number: _____ E-mail: _____

Program Information

Program/Service: One-on-one housing counseling ☐ Pre-purchase Homebuyer Education Workshop ☐
Type of Counseling: Financial Management/Budgeting ☐ Home Improvement and Rehabilitation ☐
Pre-purchase ☐ Mortgage Delinquency and Default Resolution ☐
Rental ☐ Disaster Recovery Assistance ☐
Services of Homeless ☐

Section 1: Disclosure of Assistance

1. Are you currently receiving, or have you received any other housing counseling or similar services from another provider?

- ☐ Yes
☐ No

2. If yes, please provide the name(s) of the provider(s) and a brief description of the services received:

Provider Name: _____
Description of Services: _____
Dates of Services: _____

Section 2: Certification of Non-Duplication of Benefits

I, the undersigned participant, hereby certify and affirm the following:

1. I understand that the services provided through the Housing Counseling Program are non-monetary in nature and that I am not receiving any financial assistance from this program.
2. I confirm that I have fully disclosed any other assistance I am currently receiving or have received in relation to housing counseling or similar services, as outlined above.
3. I understand that it is my responsibility to inform Habitat for Humanity of Lee and Hendry Counties, Inc. if I begin receiving any similar services from other providers during my participation in this program.
4. I certify that the information provided in this form is true and accurate to the best of my knowledge.
5. I understand that this certification is a requirement to ensure compliance with CDBG-DR requirements.

Section 3: Participant Signature

Participant Signature (Client 1): _____ Date: _____

Participant Signature (Client 2): _____ Date: _____

For Internal Use Only

Reviewed by: _____ Date of Review: _____

Verification Completed: Yes ☐ No ☐

Lee County Unmet Needs Long Term Recovery Group
Release of Confidential Information

Name: _____

Address: _____

FEMA #: _____

A. _____, hereby authorizes the Lee County Unmet Needs Long Term
Client Name

Recovery Group to release to the agencies or persons designated below any information maintained by the Lee County Unmet Needs Long Term Recovery Group that is relevant for the purpose of providing assistance for my unmet needs caused by Hurricane Ian.

B. _____, hereby authorize the agencies or persons designated below to
Client Name

release to the Lee County Unmet Needs Long Term Recovery Group any information maintained by the agency or persons relevant and necessary for the purpose of providing assistance for my unmet needs caused by Hurricane Ian.

C. I further understand that the release of information does not guarantee that assistance will be provided, but that without the information my case cannot be presented to the Lee County Unmet Needs Program for consideration.

Name of Agency or Persons designated:

<input type="checkbox"/> Area Agency on Aging for SWFL	<input type="checkbox"/> Beacon of Hope – Pine Island	<input type="checkbox"/> Catholic Charities	<input type="checkbox"/> Center for Independent Living Gulf Coast
<input type="checkbox"/> Convoy of Hope	<input type="checkbox"/> Episcopal Diocese of SWFL	<input type="checkbox"/> F.I.S.H. of Sanibel – Captiva	<input checked="" type="checkbox"/> Habitat for Humanity
<input type="checkbox"/> Lee County Housing Development Corp	<input type="checkbox"/> Reach Global	<input type="checkbox"/> Salvation Army	<input type="checkbox"/> Unity in Disasters Inc
<input type="checkbox"/> World Renew Disaster Response			<input type="checkbox"/> All of Agencies listed

x

Signature of client (head of household)

Signature of second client

Date

Date

x

Witness/Date

Lee County Unmet Needs Long Term Recovery Group (UNLTRG)

Lee County UNLTRG Visionlink Sharing Participation Packet



Service Disclosure Form

Thank you for considering services with Habitat for Humanity of Lee and Hendry Counties, Inc. To ensure transparency and fairness in our process, we ask all clients and applicants to disclose any relationships they may have with our organization.

Please complete the following:

Client/Applicant Information

- **Full Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____

Employee/Board Member Disclosure

Are you an employee, board member, or grantor of Habitat for Humanity of Lee and Hendry Counties, Inc.?

☐ **Yes**

☐ **No**

Relationship Disclosure

Do you, or does anyone in your household, have a relationship with any current employees, board members, or grantors of Habitat for Humanity of Lee and Hendry Counties, Inc.?

☐ **Yes**

☐ **No**

If you answered yes to any question above, please provide the following details:

1. **Name of the household member with the relationship:**

2. **Name of Employee, Board Member, or Grantor:**

3. **Nature of Relationship:** (e.g., family member, close friend, business associate)

4. **Additional Details (if applicable):**

By signing below, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that failure to disclose this information may result in disqualification from services or termination of eligibility.

Signature: _____

Date: _____

Reviewed by: _____