



**TWIN RIVERS OPPORTUNITIES, INC.
(HUD Certified Counseling Agency)**

PO BOX 1482

318 CRAVEN STREET

NEW BERN, NC 28563

(252) 637-3599 (PHONE)

(252) 637-0507 (FAX)

File Checklist

- **Application**
- **Financials (Proof of Income last 60 days, tax returns prior two years, debt validation)**
- **Original Loan Document**
- **Past Due Mortgage Statements**
- **Identification (State Issued ID and Social Security Cards)**
- **Authorization to release Information**
- **Hardship Letter to Lender**
- **Case Notes**



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FORECLOSURE MITIGATION COUNSELING AGREEMENT

1. I understand that Twin Rivers Opportunities, 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 Twin Rivers Opportunities, 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 acknowledge that I have received a copy of Twin Rivers Opportunities, Inc.'s Privacy Policy.
4. 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.
5. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
6. I understand that Twin Rivers Opportunities, Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Twin Rivers Opportunities, Inc. in no way obligates me to choose any of these particular loan products or housing programs.

Client's Signature: _____

Date: _____



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PRIVACY POLICY

Twin Rivers Opportunities, 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 Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balances, 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 252-637-3599 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.



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DATE: _____

BORROWER: _____

SSN: _____

CO-BORROWER: _____

SSN: _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

HOME PHONE: _____ CELL PHONE: _____

HIGHEST EDUCATION: _____

EMAIL ADDRESS: _____

In case of emergency, contact: _____ Relationship: _____

HOUSING INFORMATION:

MORTGAGE CO./AGENT: _____ PHONE: _____

CONTACT PERSON: _____ ACCT #: _____

MONTHLY PAYMENT: _____ YEAR PURCHASED: _____

MONTHS DELINQUENT: _____ INTEREST RATE: _____

SECOND MORTGAGE: _____ PAYMENT: _____

MONTHS DELINQUENT: _____

HOUSEHOLD COMPOSITION:

NAME	DATE OF BIRTH	AGE	RELATION	RACE	GROSS MONTHLY INCOME	NET MONTHLY INCOME

EMPLOYMENT INFORMATION:

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____

SPOUSE EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____

OTHER EMPLOYMENT: _____ FROM: _____ TO: _____

**Third Party Authorization and
Agreement to Release**

THIS FORM IS REQUIRED IF YOU WANT US TO SPEAK TO ANYONE OTHER THAN YOURSELF REGARDING YOUR ACCOUNT. THIS INCLUDES SPOUSES NOT ON MORTGAGE NOTE, REAL ESTATE AGENTS, COUNSELING AGENCIES, FAMILY MEMBERS, OR FRIENDS HELPING YOU APPLY FOR A WORKOUT.

LOAN #: _____

NAME(S): _____

PROPERTY ADDRESS: _____

For the purpose of assisting in pursuing and negotiating a loss mitigation alternative, I do hereby authorize

_____ **(LENDER/MORTGAGE SERVICER) to release or otherwise provide to**

_____ **(NAME) of _____ (COMPANY NAME) in his/her capacity as**

_____ **(RELATIONSHIP) _____ (PHONE).**

Public and non-public personal financial information contained in my loan account which may include, but is not limited to: loan balances, final payoff statement, loan status, payment history, payment activity, and/or property information.

We the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/mortgage servicer which I and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning my loan account to the above named requestor or person identifying themselves to be that requestor.

If you agree to this Authorization and the terms of the Release as stated above, please sign and date below and include it with your completed financial form. NOTE: No information concerning your account can or will be provided until we have received this executed document. All parties on the Mortgage must sign.

Printed Customer Name

Customer Signature

Date

Printed Customer Name

Customer Signature

Date

Monthly Income / Expense Record

Expense	Due Date	Present Amount	Projected Future Amount
Rent/Mortgage			
Gas/Oil			
Electric			
Water/Sewage			
Phone			
Life Insurance			
Car Insurance			
Taxes (if not included in mortgage)			
Homeowner's/Tenant Insurance (if not included in mortgage)			
Installment loan with _____			
Installment loan with _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Food/Grocery Store			
Auto expenses			
Gasoline/Transportation			
Medical (doctor, dentist, vision, medications)			
Child Care			
Lunches/Snacks/Coffee/etc			
Cable TV			
Pay per View/Video Rental			
Dry cleaning/laundry			
Education Expenses (including books)			
Church/religious donations			
Other donations			
Pet expenses			
Barber/Hair Salon			
Allowances (including children)			
Cigarettes/beverages (including alcoholic)			
Newspapers/magazines			
Entertainment (include babysitting fees)			
Fast Food			
Clubs, sports hobbies			
New Clothing/Shoes			
College Funds			
Gifts (birthdays, anniversaries)			
Gifts (holidays)			
Emergency Savings			
Saving for _____			
Other Expenses			

_____ - _____ = \$ _____
 Total Net Income Total Expenses