



SM
KENTUCKY HOMEOWNERSHIP
PROTECTION CENTER

Protect My Kentucky Home

Dear Homeowner:

Thank you for your inquiry of the Kentucky Homeownership Protection Center, the only statewide program created by the Kentucky state government to provide access to free financial counseling to struggling Kentucky homeowners. Included is a hardship application packet for foreclosure prevention counseling. Please complete the packet as thoroughly as possible and gather all the applicable items on the attached checklist.

Once complete, contact your assigned housing counseling agency, the name and number of which was provided after completion of your initial intake. Your housing counselor may be able to help you with your lender's process to request mortgage assistance. These services provided by your housing counselor are **at no cost to you**.

Remember, your next step after completing this paperwork is to contact your assigned housing counseling agency. Time is of the essence when requesting mortgage assistance.

Best Regards,
The Kentucky Homeownership
Protection Center



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PROTECTION CENTER

www.ProtectMyKYHome.org

Homeowner's Checklist

Please complete and gather the following items. Do not send originals. Do not staple documents.

- Fully completed Hardship Application Package attached
- Any Correspondence from your mortgage company or their attorney, including monthly mortgage statement.
- Any documentation from the courts or the Sheriff regarding a foreclosure
- Copies of most recent property tax and homeowner's insurance bills.
- Most recent paystub reflecting 30 days ytd income for all employment
 - If unemployed, proof of unemployment (Monetary Determination Letter and check stub from Unemployment)
 - If disabled, provide copy of disability award letter and proof of receipt of disability income
- Most recent complete bank statements for all accounts—**NEED ALL PAGES**
- Last two (2) year's **COMPLETE** Federal tax returns with all schedules, W-2's, and 1099's—must be signed and dated.
 - **DO NOT SEND STATE RETURNS**
 - If Self-Employed, include YTD Profit and Loss statement.
- Proof of value (copy of property tax bill, deed from purchase, appraisal, etc)
- Divorce decree or legal separation documents including quit claim deed (if applicable)

Please complete your paperwork, gather your supporting documentation requested and call your assigned counseling agency within **seven (7) calendar days** of receipt of this information. Appointments are made on a first come first serve basis. Should you not call or complete your documents within the 7 days your case may be **withdrawn from consideration**.

****IMPORTANT: BE SURE TO COMPLETE THE PAPERWORK AND THEN CALL YOUR ASSIGNED COUNSELING AGENCY FOR FUTHER INSTRUCTIONS.**

<i>For internal use only:</i>	
HPC Case Number:	_____
Loan Number:	_____
Date Mailed:	_____
Return By:	_____

Kentucky Homeownership Protection Center

Hardship Application

Borrower Information		Co-Borrower Information	
Name:		Name:	
Marital Status: ___ Unmarried ___ Married ___ Divorced ___ Separated ___ Single		Marital Status: ___ Unmarried ___ Married ___ Divorced ___ Separated ___ Single	
Household size: _____ # of Dependents _____ # of Earners: _____			
Social Security Number:	Date of Birth:	Social Security Number:	Date of Birth:
Home phone number with area code:		Home phone number with area code:	
Cell or work phone number with area code:		Cell or work phone number with area code:	
Email Address:		Email Address:	
Street Address:		Street Address:	
Mailing Address (If different from above):		Mailing Address (If different from above):	
City, State and Zip		City, State and Zip	
I/we want to: _____ Keep the property _____ Sell the property			
The property is my/our: _____ Primary Residence _____ Second Home _____ Investment			
The property is: _____ Owner occupied _____ Renter Occupied _____ Vacant			
The property is: _____ Single family home _____ Manufactured home _____ Condo/Townhome			
Do you own other residential property? _____ Yes _____ No If yes, address of other residential property: _____			
Have you filed bankruptcy? _____ Yes ___ No If yes, ___ Chapter 7 ___ Chapter 13 Filing Date: _____			
Has the bankruptcy been discharged? _____ Yes ___ No Bankruptcy Case Number: _____ Date of Discharge: _____			
Borrower Employment History (2 years)		Co-Borrower Employment History (2 years)	
Employer Name		Employer Name:	
Start/End Dates:	Gross Monthly Income:	Start/End Dates:	Gross Monthly Income:
Phone number with area code:		Phone number with area code:	
Employer Name		Employer Name:	
Start/End Dates:	Gross Monthly Income:	Start/End Dates:	Gross Monthly Income:
Phone number with area code:		Phone number with area code:	
Employer Name		Employer Name:	
Start/End Dates:	Gross Monthly Income:	Start/End Dates:	Gross Monthly Income:
Phone number with area code:		Phone number with area code:	

Hardship Statement

I/We am/are having difficulty making our monthly mortgage payment because:

Borrower's Monthly Income	Pre-Event	Current	Co-Borrower's Monthly Income	Pre-Event	Current
Base Pay:	\$	\$	Base Pay:	\$	\$
Social Security/SSDI	\$	\$	Social Security/SSDI	\$	\$
Rents Received	\$	\$	Rents Received	\$	\$
Unemployment Income	\$	\$	Unemployment Income	\$	\$
2 nd job:	\$	\$	2 nd job:	\$	\$
Child Support:	\$	\$	Child Support:	\$	\$
Other:	\$	\$	Other:	\$	\$
Total Monthly Income	\$	\$	Total Monthly Income	\$	\$

LIQUID ASSETS (NON-RETIREMENT)

ACCOUNT TYPE:	BANK NAME	ACCOUNT BALANCE:
Checking Account(s)		\$
Savings Account(s)		\$
Money Market Funds:		\$
Stocks/Bonds/CDs		\$
Other:		\$
TOTAL LIQUID ASSETS:		TOTAL LIQUID ASSETS: \$

Mortgage Information

Name of Lender:		
Name(s) of Borrower(s) on Note:		
Loan Number:	Current Balance:	Monthly Payment:
Last Month Paid/Accepted:	Past Due Balance:	Loan Term ___ 30 Years ___ 15 Years
Loan Type: ___ FHA ___ VA ___ RHS ___ Conventional ___ Contract for Deed		
Rate Type: ___ Fixed Rate ___ Adjustable Rate (ARM)		If ARM, what is the adjustment period?
Who pays the real estate tax bill on this property? ___ I/we do ___ Lender does ___ Paid by condo or HOA Are the taxes current? ___ Yes ___ No What is your annual property tax premium? \$ _____ Condominium or HOA fees? Yes No \$ _____ Paid to: _____		Who pays the homeowner's insurance for this property? ___ I/We do ___ Lender does ___ Paid by condo or HOA Is the policy current? ___ Yes ___ No What is your annual insurance premium: \$ _____

Second Mortgage Information

Name of Lender:		
Name(s) of Borrower(s) on Note:		
Loan Number:	Current Balance:	Monthly Payment:
Last Month Paid/Accepted:	Past Due Balance:	HELOC?

Information for Government Monitoring Purposes

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

To be Completed by Counselor <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Counselor's Name (print or type)	Name/Address of Counseling Agency
	Counselor's Signature Date	
	Counselor's Phone Number (include area code)	

Certification of No Felony Conviction

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

BORROWER (Initial)

____ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion.

CO-BORROWER (Initial)

____ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion.

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, Kentucky Housing Corporation, _____ [name of your counseling agency], the Commonwealth of Kentucky, 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.

Borrower(s) Acknowledgement and Agreement

In making this request for consideration under the KY Homeownership Protection Center, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified in this Hardship Application is/are the reason that I need to request assistance.
2. I understand that KHC or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, KHC or my housing counselor may cancel any agreement.
4. That my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I currently have.
5. I am willing to provide all requested documents and to respond to all questions in a timely manner.
6. I understand that the information in this document will be used to evaluate my eligibility for foreclosure prevention counseling.
7. I understand that KHC or my housing counselor will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information by KHC to (a) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (b) companies that perform support services in conjunction with the KY Homeownership Protection Center; and (c) any HUD-certified housing counselor.

Borrower Signature

Date

Co-Borrower Signature

Date

Notice to Homeowners

Kentucky Homeownership Protection Center Authorization to Release Information

Authorization is hereby granted to Kentucky Housing Corporation (KHC), the Kentucky Homeownership Protection Center, and _____ (Counseling Agency), to obtain a consumer credit report through a credit reporting agency. I understand and agree that KHC and my Counseling Agency intend to use the consumer credit report for the consideration of pre-purchase counseling, foreclosure intervention/loss mitigation options and that all use of my credit report will be in compliance with Paragraph 604 of the Fair Credit Reporting Act (FCRA). I understand and agree that a consumer credit report may be obtained at the beginning of my counseling sessions and at the completion of those sessions.

My signature below authorizes the release of financial information which I have supplied to Counseling Agency for its financial counseling program. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balance(s); credit history; and copies of income tax returns. Authorization is further granted to the credit reporting agency to use a photo static reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

Borrower Name (print)

Co-Borrower Name (print)

Borrower Signature

Co-Borrower Signature

Borrower Social Security Number

Co-Borrower Social Security Number

Date

Date

Address (print)

City, State, Zip (print)

Counselor/HPC use only:

Will KHC pull credit through HCO? Y or N

If yes, date entered in HCO: _____

Did you grant access to KHC? Y or N

Counselor: _____

KHC date request rec'd: _____

Date Credit pulled: _____

DEBT

BALANCE

MONTHLY

Creditor (credit cards, car payments, student loans, medical bills, personal loans, etc.)

Credit Card	_____	_____
Credit Card	_____	_____
Credit Card	_____	_____
Credit Card	_____	_____
Car Loan 1	_____	_____
Car Loan 2	_____	_____
Boat Loan	_____	_____
Motorcycle Loan	_____	_____
Personal Loan 1	_____	_____
Personal Loan 2	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Monthly Debt Total	_____	_____

INCOME

TAKE-HOME

Net Income (after taxes and deductions)

Client (A)	_____
Client (B)	_____
Child Support	_____
Social Security	_____
SSI	_____
AFDC	_____
Welfare	_____
Pension	_____
Other: _____	_____
Other: _____	_____
Income Total	_____

EXPENSES

MONTHLY

TOTAL EXPENSES	_____
TOTAL DEBT	_____
TOTAL OUTGOING	_____
TOTAL INCOME	_____

Client A: _____ Date _____

Client B: _____ Date _____

Counselor: _____ Date _____

KENTUCKY HOMEOWNERSHIP PROTECTION CENTER

PRIVACY POLICY

The Kentucky Homeownership Protection Center (Protection Center) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. The Protection Center realizes that the concerns you bring are highly personal in nature. Be assured that all information shared both orally and in writing will be managed within legal and ethical considerations. All non-public 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 **Authorization to Release Information**. Anonymous aggregated case file information may also be used for the purpose of evaluating Protection Center services, gathering valuable research information and designing future programs.

Types of information that the Protection Center gathers about you

- Information received from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with the Protection Center, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information the Protection Center receives 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 the Protection Center not to make those disclosures.
2. If you choose to “opt-out”, the Protection Center 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 the Protection Center at (502) 564-7630, extension 775 and do so.

Release of your information to third parties

- So long as you have not opted-out, the Protection Center may disclose some or all of the information that is collected, as described above, to your creditors or third parties where it has been determined that it would be helpful to you, would aid in counseling you, or is a requirement of grant awards which make Protection Center services possible.
- The Protection Center may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if compelled by legal process).
- Within the organization, access to nonpublic personal information about you is restricted to those Protection Center employees who need to know that information to provide services to you. The Protection Center maintains physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.