



Dear Homeowner,

Thank you for contacting RHAC to assist you with your housing needs. In order for us to assist you in the most effective manner, please fill out the intake form completely. All the information we request is necessary in order to evaluate your current situation and to determine how we can best help you.

Once you have completed the intake form and gathered copies of all required documents please return the entire packet to us either by fax, email or in person (contact information is below). Once we receive your packet it will be assigned to a counselor and you will be contacted for an appointment.

Along with the completed RHAC foreclosure prevention intake form please provide the documents listed below. We cannot move forward on your file without all of the requested documents – we cannot explore all of your options or initiate any discussions with your financial institution until all documents are received.

**\*\*\*Only COPIES of documents will be accepted\*\*\***

**Proof of Income:**

If receiving pay checks – 1 consecutive month's most recent pay stubs

If self employed – YTD profit and loss statement – tax returns are insufficient

If receiving Social Security, Disability, Unemployment, Pension, etc. – most recent award letter and copies of most recent payment (if applicable)

If receiving contributions from family members – a signed letter from family member stating amount of contribution along with a copy of their most recent payment

If receiving rental income – copy of current lease or letter from tenant stating rent paid and copy of the most recent payment

**2 most recent bank statements for all accounts:**

Screen shots from internet are not acceptable. Must include all pages of statement – front and back if applicable (e.g. – statement says 'page 1 of 7' there must be 7 pages).

**2017 Federal Tax Return (1040) with all schedules signed on the second page by all filers**

If 2017 has not been filed, then a signed copy of a 2016 return is acceptable with your 2017 extension. **DO NOT** include state tax returns. If self employed or receiving rental income then the last 2 years of federal tax returns are required

**Most recent mortgage statement for all mortgages/home equity lines**

**Recent property tax bills and homeowners insurance declaration page**

**Recent utility bill (O&R, United Water)**

**If applicable, most recent HOA/Common charges bill**

**Any recent correspondence from your mortgage company**



Our contact information:

In person: 120-126 North Main Street  
Annex – First Floor  
New City, NY 10956

Walk up hours are Tuesday 9:30AM – 12:30PM and Thursday 2:00PM - 4:00PM Only

If you would like to drop off paperwork at any other time, you may put it in an envelope and put it through the mail slot in our door.

Fax: 845-708-5798

Email: [intake@rhachomes.org](mailto:intake@rhachomes.org)

If you have any questions on the intake form please feel free to contact us at 845-708-5799 ext. 202. More information is also available on our website [www.rhachomes.org](http://www.rhachomes.org).

We look forward to helping resolve your current situation.

Regards,  
The Foreclosure Intake Team



**FILL OUT COMPLETELY AND SIGN**

Date: \_\_\_\_\_

Borrower Name \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_

Co-Borrower Name \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_

Property Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Tel Day: ( ) \_\_\_\_\_ - \_\_\_\_\_ Tel Eve: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_ Ok to contact via email? Yes \_\_\_ No \_\_\_

**PROPERTY INFORMATION:**

Is this your primary residence? Yes \_\_\_ No \_\_\_

When was the property purchased (mm/yy)? \_\_\_\_\_ Price when purchased? \_\_\_\_\_

Down payment when purchased? \_\_\_\_\_ Current value of property (if known)? \_\_\_\_\_

Is the home currently for sale? Yes \_\_\_ No \_\_\_

Type of Property: Single Family 2-4 Unit Townhouse Condo Cooperative Other \_\_\_\_\_

**DELINQUENCY INFORMATION**

Are you behind on your mortgage payments? Yes No Date of last payment? \_\_\_\_\_ (approximate, if necessary)

Have you received a summons and complaint?  Yes  No  Don't know If yes, date received? \_\_\_\_\_

Have you received a notice for a mandatory settlement conference?  Yes  No  Don't know

If yes, what is/was the date of your conference? \_\_\_\_\_ If date has passed, did you attend? \_\_\_\_\_

Is there a sale date scheduled? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you previously received a modification on this mortgage? Yes \_\_\_ No \_\_\_ If yes, date received \_\_\_\_\_

Have you filed for bankruptcy since 2002? Yes \_\_\_ No \_\_\_ If yes, when did you file? \_\_\_\_\_ Which chapter? 7 13 11

What is the main issue that caused your current situation?

Loss of income Reduction in income Medical issues Divorce/Separation

Increase in loan payment/interest rate Death of a family member Other

Brief description of hardship: \_\_\_\_\_

Have you applied for a loan modification or any other options with your lender? Yes \_\_\_ No \_\_\_

If yes, what was the outcome? \_\_\_\_\_

How did you hear about RHAC? \_\_\_\_\_



**FIRST MORTGAGE**

Current Lender or Servicer	
Loan Number	
When did you take out <b>this</b> mortgage?	\$
Was it to purchase or refinance your home?	
Amount of mortgage when taken out?	\$
Current amount owed?	
Current payment amount?	\$
Type of Mortgage	30 yr fixed ___ Adjustable Rate ___ Option ARM ___ Interest Only ___ FHA ___ VA ___ Other ___
Current Interest Rate	___%
Has your interest rate adjusted?	Yes ___ No ___ If yes, what was the original interest rate ___% Did it increase or decrease? ___ When was the first rate change _____
Property Taxes Per Year	\$ _____ escrowed? Yes ___ No ___
Homeowner's Insurance Per Year	\$ _____ escrowed? Yes ___ No ___ <b>Company</b> _____
Do you pay a Homeowner Association Fee?	Yes ___ No ___ How much? _____ Are you behind? _____

**SECOND MORTGAGE**

Current Lender:	Loan Number:
Original Loan Amount:	Current Loan Amount:
Interest Rate:	Monthly Payments:
Are you behind on this mortgage?	If yes, how many months?

**OTHER MORTGAGES, LIENS OR JUDGMENTS**

Lender:	Amount:	Payment:	Interest Rate:
Lender:	Amount:	Payment:	Interest Rate:

**HOUSEHOLD INCOME – USE A SEPARATE LINE FOR EACH INCOME**

<b>Whose income?</b> (e.g. Husband, Wife, Other Family Member, Tenant)	<b>Monthly Amount</b>	<b>Source of Income</b> (e.g. Job, Self-employment, Rental, SSI, Pension, Unemployment, Alimony/Child Support)	<b>Date Started</b> (Date income began – for example – hire date of job, date business opened)



This is a **monthly** budget and it should be a snapshot of your expenses each month – all amounts should be monthly amounts; credit cards should be the minimum amount that you are required to pay. If there is an item on the budget does not apply to your household please leave it blank. Many of the options available are based on your current budget so it is important that it reflects your actual spending.

Monthly Expense	Current Monthly Payment
First Mortgage	
Other Mortgages/Heloc	
Homeowners Insurance (if not in mortgage payment)	
Taxes (if not in mortgage payment)	
HOA/Common Charges	
Home Maintenance/Lawn Care	
Gas/ Electricity	
Water/Sewer/Garbage	
Telephone/Cell Phone	
Cable/Satellite/Internet	
Alarm Service/Security	
Groceries/Dining Out/Meals/Snacks at work or school	
Family Clothing	
Child Care/Senior Care	
Alimony/Child Support	
School Tuition/Supplies	
Entertainment (Movies, Sporting Events, Lottery, etc)	
Personal Care (Haircuts, Nails, Dry Cleaning, etc.)	
Cigarettes/Tobacco/Alcohol	
Pet Care/Pet Food/Grooming, etc.	
Club/Gym/Religious Contributions	
Auto Loan or Lease Payment	
Auto Insurance	
Gasoline	
Car Upkeep/Auto Registration/Inspection	
Public Transportation/Cab/Bus/Private Rides	
Parking/Tolls/OnStar	
Health Insurance (if not deducted from payroll)	
Doctor Visit/Co-Pays	
Prescriptions/OTC Medications	
Dental/Optical	
Gifts	
Other Insurance (life, burial, etc)	
Credit Card Minimum	
Credit Card Minimum	
Credit Card Minimum	
Credit Card Minimum	
Other _____	
Other _____	
<b>Total Expenses:</b>	
<b>TOTAL COMBINED MONTHLY HOUSEHOLD INCOME:</b>	



Household Assets			Household Liabilities	
Type of Asset	Description	Value	Monthly Payment	Outstanding Balance
Automobile #1	Year/Make/Model			
Automobile #2	Year/Make/Model			
Automobile #3	Year/Make/Model			
Computer/TV/Electronics				
Furniture				
Boats/Jet Skis				
RV/Recreational Homes				
Motorcycles/Snowmobiles				
Other Property (incl. vacation/timeshare)				
Other				
Cash on Hand Over \$100			*****	*****
Checking Account			*****	*****
Savings Account			*****	*****
Money Market Funds			*****	*****
Stocks/Bonds/CDs/Annuities			*****	*****
IRA / Keogh Accounts			*****	*****
<b>Total Assets</b>			<b>Total Liabilities</b>	



## Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me



**Household Information**

Total number in Household	
Number of Adults over 18	
Number of children	
Ages of children	
Borrowers Occupation	
Co-Borrowers Occupation	

**DEMOGRAPHICS**

Borrower:

Gender: \_\_\_\_ Marital Status: \_\_\_\_\_  
 Disabled  Veteran  Senior  Single Parent  
 More than one  
**Ethnicity:**  Hispanic  Non-Hispanic

**Race:**

- Native American / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Native American /Alaskan Native & White
- Native American /Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/ Pacific Islander & Black
- Other multiple race: \_\_\_\_\_
- Prefer not to respond

Co-Borrower:

Gender: \_\_\_\_ Marital Status: \_\_\_\_  
 Disabled  Veteran  Senior  Single Parent  
 More than one  
**Ethnicity:**  Hispanic  Non-Hispanic

**Race:**

- Native American / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Native American /Alaskan Native & White
- Native American /Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/ Pacific Islander & Black
- Other multiple race: \_\_\_\_\_
- Prefer not to respond

All of the information that I/We provided in this form is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this intake form. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file.

Homeowner Signature \_\_\_\_\_ Date \_\_\_\_\_

Homeowner Signature \_\_\_\_\_ Date \_\_\_\_\_





## Privacy Policy

Rockland Housing Action Coalition, 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 balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

### **You may opt-out of certain disclosures**

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, *we will not be able to answer questions from your creditors*. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 845-708-5799 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.

Please initial:

I do not opt-out at this time \_\_\_\_\_ I choose to opt-out at this time \_\_\_\_\_



**AUTHORIZATION**

1. I understand the Rockland Housing Action Coalition, Inc. provides financial capability counseling/coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand the Rockland Housing Action Coalition, Inc. submits client-level information relating to the Project Reinvest: Financial Capability grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.
3. I give permission for Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
4. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
5. I understand that my name and telephone number will not be shared with other parties, but that other information gathered may be used for research, program or policy development, or other legitimate purposes by the New York State Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), the City of New York, or other relevant funders of foreclosure prevention services.
6. 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.
7. I acknowledge that I have received a copy of the Rockland Housing Action Coalition's Privacy Policy.
8. 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.

Client's signature \_\_\_\_\_

Date \_\_\_\_\_

Client's signature \_\_\_\_\_

Date \_\_\_\_\_



## **RHAC DISCLOSURE STATEMENT**

All clients are free to choose any lender, real estate professional you wish to for sales, rental and housing counseling. You are not obligated to select a professional that you have learned about through Rockland Housing Action Coalition. I am aware that any referral provided by RHAC is provided as a courtesy only and does not imply any endorsement or obligation.

You have the right to refuse or terminate services from Rockland Housing Action Coalition at any time. Any service provided by RHAC is free of charge with the exception of obtaining a credit report through RHAC.

I have read and understand the disclosure statement:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## OPTIONAL AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for or recipient of services from either the Legal Aid Society of Rockland County, Inc. (LASRC) or Legal Services of the Hudson Valley (LSHV) and Rockland Housing Action Coalition (RHAC), I authorize LASRC/LSHV and RHAC to share information regarding my foreclosure matter, including but not limited to copies of documents, emails and communications except as prohibited by law or contrary to rules of professional conduct.

I understand that this authorization is optional and that I may revoke this authorization at any time.

Client's signature\_\_\_\_\_

Date\_\_\_\_\_

Client's signature\_\_\_\_\_

Date\_\_\_\_\_



### Client/Counselor Agreement

The Rockland Housing Action Coalition and its counselors agree to provide the following services:

- Confidentiality, honesty, respect and professionalism in all services
- Explanation of foreclosure process
- Analysis of the current status of your property
- Presentation and explanation of reasonable options available to the homeowner
- Assist in developing and implementing a goal for the property
- Provide assistance in communicating with the mortgage servicer
- Identification of assistance resources
- Referrals to needed resources, e.g. real estate, legal, tax, etc.

I/We, \_\_\_\_\_ agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested. **If documentation is not returned to us in a timely manner the file may be closed**
- I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
- I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date





## CONFERENCES

For our clients who are currently attending mandatory settlement conferences, RHAC is happy to assist you. We have a relationship with the court and the referee allows our clients to have their conferences scheduled so that we may attend with them. The advantage to having RHAC assist you while in mandatory settlement conferences is that you will have an advocate at conferences, we are very familiar with the process and help to ensure that everything runs smoothly. Many homeowners struggle with the many document requests and during conferences they may be coming from both the bank and bank attorney. RHAC is familiar with the bank attorneys who represent the lenders; we have their contact information and regularly submit to them for our clients. All of our counselors are also familiar with the entire process of applying for assistance so we understand the documents requests

There are certain guidelines we request if you would like RHAC to assist you during settlement conferences.

- **2 weeks minimum is required for RHAC to review your file before submitting to the bank attorney.**

Normally the referee gives a date that documents must be submitted by, that means we must receive our completed foreclosure intake form at least 1 week before that date. We do not just submit documents, we first review them for completeness and resolve any issues we believe may come up, and this cannot be done if the documents are brought in the day before they are due.

- **All correspondence must be brought to RHAC**

During conferences you may receive requests for documents from your lender or their attorney, modification offers or denials of your requests. These items must be faxed, emailed or brought into the office immediately. There are time constraints on in responding to these items and we cannot do that if we don't receive them

- **Timely response to requests**

Due to the time constraints of conferences it is very important that if our office requests anything from you, it must be responded to very quickly. If we do not receive a response after 2 requests, the file will be closed

RHAC has been providing foreclosure prevention assistance for over 15 years and we look forward to assisting you resolve your issues.



## LIST OF DOCUMENTS

ONLY COPIES ARE ACCEPTED

**1. Most recent mortgage statement for all mortgages/home equity lines**

**2. Proof of Income:**

If receiving pay checks – 1 consecutive month's most recent pay stubs

If self employed – YTD profit and loss statement – tax returns are insufficient

If receiving Social Security, Disability, Unemployment, Pension, etc. – most recent award letter and copies of most recent payment (if applicable)

If receiving contributions from family members – a signed letter from family member stating amount of contribution along with a copy of their most recent payment

If receiving rental income – copy of current lease or letter from tenant stating rent paid and copy of the most recent payment

**3. 2 most recent bank statements for all accounts:**

Screen shots from internet are not acceptable. Must include all pages of statement – front and back if applicable (e.g. – statement says 'page 1 of 7' there must be 7 pages).

**4. 2017 Federal Tax Return (1040) with all schedules signed by all filers**

If 2017 has not been filed, then a signed copy of a 2016 return with the 2016 extension. DO NOT include state tax returns. If self employed or receiving rental income then the last 2 years of federal tax returns are required

**5. Most recent property tax bills and homeowners insurance declaration page**

**6. Recent utility bill (O&R, United Water)**

**7. If applicable, most recent HOA/Common charges bill**

**8. Any recent correspondence from your mortgage company**

**What you can do in the meantime:**

Keep in touch with your lender. You can explain to them that you have contacted a HUD certified foreclosure prevention agency. If the lender offers you a workout, be sure to contact us so that we may review it with you

Reduce expenses as much as possible and save as much money as you can. If your lender is currently not accepting payments, then put those payments into your bank account.

Be sure to contact us immediately if you receive a summons and complaint, date for a settlement conference or a sale date





**Authorization to Release Information**

Borrower: \_\_\_\_\_

Last Four Digits of Borrower Social Security Number: \_\_\_\_ \_

Co-Borrower: \_\_\_\_\_

Last Four Digits of Borrower Social Security Number: \_\_\_\_ \_

Co-Borrower: \_\_\_\_\_

Last Four Digits of Borrower Social Security Number: \_\_\_\_ \_

Property Address: \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Nonprofit Agency ROCKLAND HOUSING ACTION COALITION

Housing Counselor \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

I/we authorize that nonprofit agency named above (herein after "Nonprofit Agency") and its representatives to speak with my/our lender and with whomever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan.

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with Nonprofit Agency, including notification of loan modification status or future default or delinquency.

Nonprofit Agency agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I/we further authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to access my/our credit report file(s) for debt/expense verification in conjunction with my/our foreclosure counseling or qualification for loan refinance or modification.

This authorization will not be valid unless signed below by all borrowers and co-borrowers named above and will only remain valid until revoked in writing by any borrower or co-borrower named above.

\_\_\_\_\_  
Borrower Date

\_\_\_\_\_  
Co-Borrower Date

\_\_\_\_\_  
Housing Counselor Date



Did you know that since 2010, almost **3,000 New Yorkers** have been **victims of foreclosure rescue scams?**

### **HELP WITH YOUR MORTGAGE IS A PHONE CALL AWAY**

*Free, professional advice is available through the Attorney General's Homeowner Protection Program (HOPP). Call today to connect with a qualified legal services or housing counseling professional.*



**1-855-HOME-456**



**AGHomeHelp.com**

**MORTGAGE SCAM HELP**  
NYS ATTORNEY GENERAL

  
NEW YORK STATE OFFICE  
of the  
**ATTORNEY  
GENERAL**

  
**HOPP**  
New York State Attorney General