



**SOLITA'S HOUSE**  
Providing the Keys to Homeownership

# Foreclosure Intervention & Default Counseling Default



PLEASE FAX, EMAIL OR MAIL  
INFORMATION TO:  
866-471-4906 FAX  
[ADMIN@SOLITASHOUSE.COM](mailto:ADMIN@SOLITASHOUSE.COM) or  
[NNOBLES@SOLITASHOUSE.COM](mailto:NNOBLES@SOLITASHOUSE.COM)

1475 Tampa Park Plaza  
Tampa, FL 33605



Dear Homeowner,

I'm so glad you took that tough first step and contacted us about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation.

To assist us in providing you with the most effective and efficient service, please complete the attached worksheet as thoroughly as possible. If there are questions or information you don't understand, that's okay. **Do your best with it and we will go through the rest of it together at our intake telephone appointment scheduled for \_\_\_\_\_.**

You will find there is an emphasis on being truthful. We can't help with a resolution unless we have a complete and accurate picture of your situation. A plan based on only part of your information is certain to fail. In order to begin the process we have created an action plan below. This action plan requires specific documents you will need to locate and provide copies of in addition to the enclosed documents:

- Copy of your mortgage**
- Copy of your note**
- Copy of your HUD 1 Settlement Statement
- Truth in Lending
- Loan application or 1003
- Any correspondence from the mortgage company or its attorney, even if it's unopened**
- Any documentation from the courts
- Most recent pay stubs for all employment**
- Last two months of all bank statements**
- Most recent bills and statements for all expenses**
- Last year's tax return and W2's
- Credit Report Authorization-signature**
- Authorization for Release of Information- signature**
- Client/Counselor Contract- signature**
- Privacy Policy- signature**
- No Steering/Counseling Agreement-signature**

You can submit the documents via fax at 866-472-4906, mail or our secured mail slot (available 24 hrs). Please ensure that all copies are legible. Once you provide us with the above documents, a counselor will review your information and contact you. If any other information is needed or if documents are missing your case and assistance may be delayed. Many other families are in the same position as you and the demand for our services is high. Due to the high demand our office will not accept walk-in appointments. You can reach us at 813-425-4847 or by email [admin@solitashouse.com](mailto:admin@solitashouse.com) or [nnobles@solitashouse.com](mailto:nnobles@solitashouse.com). Please allow up to 7 days for someone to contact you after you have submitted all the needed information. Cases are triaged, assigned a level of priority; therefore we appreciate your patience and limited phone calls. For additional information/resources please review carefully the enclosed "Foreclosure Intervention and Default Counseling Helpful Tips" and "Foreclosure Intervention and Default Counseling Expectations". **THIS PACKET IS DUE BACK WITHIN 10 DAYS OR BY \_\_\_\_\_.** **PLEASE PROVIDE US WITH COPIES, AS OUR POLICY DOES NOT ALLOW US TO MAKE COPIES FOR YOU.**

You have taken the first step to resolving your situation. I look forward to working with you.

Sincerely,  
Solita's House, Inc.



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## HOME OWNER INFORMATION WORKSHEET

Homeowner Name (A) \_\_\_\_\_

NON HISPANIC

HISPANIC

Gender \_\_\_\_\_ Race \_\_\_\_\_

Homeowner Name (B) \_\_\_\_\_

NON HISPANIC

HISPANIC

Gender \_\_\_\_\_ Race \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you currently residing in the home? \_\_\_\_\_

Home Phone (A) \_\_\_\_\_

Home Phone (B) \_\_\_\_\_

Work Phone (A) \_\_\_\_\_

Work Phone (B) \_\_\_\_\_

Cell Phone (A) \_\_\_\_\_

Cell Phone (B) \_\_\_\_\_

Email Address (A) \_\_\_\_\_

Email Address (B) \_\_\_\_\_

Homeowner (A) Employer 1 \_\_\_\_\_

Title \_\_\_\_\_

Start Date? \_\_\_\_\_

Homeowner (B) Employer 1 \_\_\_\_\_

Title \_\_\_\_\_

Start Date? \_\_\_\_\_

### ANY ADDITIONAL EMPLOYMENT PLEASE ADD ON ANOTHER SHEET

Type of Household Income \_\_\_ Employment \_\_\_ Child support \_\_\_ SS/SSI \_\_\_ Self-employment

\_\_\_ Other \_\_\_\_\_ type of income

Have you filed for bankruptcy or working with an attorney \_\_\_ YES \_\_\_ NO

Have you worked with another non-profit agency? \_\_\_ YES \_\_\_ NO \_\_\_\_\_ Name of agency

Relative or alternative contact person \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

## MORTGAGE INFORMATION

	First Mortgage	Second Mortgage	Third Mortgage
<b>Loan Info</b>			
Mortgage Holder			
Monthly Payment			
Date of Loan			
Paid Through Date			
Delinquent Amount			
Outstanding Balance			
Original Loan #			
Current Loan #			
Originating Lender			
Current Servicer			
<b>Loan Type</b>			
Sub-prime			
FHA			
VA			
Insured Conventional List MI Company			
Uninsured Conventional			
Rural Development			
Contract for Deed			
Other:			
<b>Loan Terms</b>			
Fixed Rate			
Adjustable Rate			
Hybrid ARM (2/28)			
Interest Only			
Option ARM			
40/30 Balloon			
80/20			
Deferred			
Balloon			
Other:			
<b>Escrow Account Info</b>			
Taxes Escrowed (Y/N)			
Delinquent tax amount			
Insurance Escrowed (Y/N)			
Delinquent insurance amount			
<b>Homeowner Association</b>			
Name of HOA			
Monthly assessment			
Paid through date			
Amount outstanding			
<b>Previous Workouts</b>			
Type of Workout			
Date of Workout			
Completed? (Y/N)			

## PROPERTY INFORMATION

### Type of Property

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single Family detached | <input type="checkbox"/> 2-4 Unit    | <input type="checkbox"/> Townhouse   |
| <input type="checkbox"/> Condominium            | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Other                  |                                      |                                      |

### Condition of Home

- Excellent   
  Good   
  Fair   
  Poor

### Age of Home

\_\_\_\_\_

### Date Purchased

\_\_\_\_\_

### Tax Assessed Value

\$ \_\_\_\_\_

### Currently for Sale?

- Yes   
  No

### List Price

\$ \_\_\_\_\_

### Real estate agent

\_\_\_\_\_

### Phone number

\_\_\_\_\_

### Length of time on market

\_\_\_\_\_

## HOUSEHOLD INFORMATION

Number of Adults Over 18 \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

Household Monthly Income	Gross	Net	Verification
Homeowner (A) Monthly Income Employer (1)	\$	\$	
Homeowner (A) Monthly Income Employer (2)	\$	\$	
Homeowner (B) Monthly Income Employer (1)	\$	\$	
Homeowner (B) Monthly Income Employer (2)	\$	\$	
Other Employment Income	\$	\$	
Other Employment Income	\$	\$	
Social Security /SSI / SSDI	\$	\$	
Child or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Monies From Rental properties	\$	\$	
Household Members Over Age 18 Wages	\$	\$	
Food Stamps	\$	\$	
MFIP	\$	\$	
Child care assistance	\$	\$	
Housing assistance	\$	\$	
Other	\$	\$	
Other	\$	\$	
TOTAL HOUSEHOLD INCOME	\$	\$	

## Monthly Spending Plan

Monthly Expense	Current	Delinquency	Adjusted	Crisis
<b>Fixed Expenses</b>				
<b>Housing</b>				
Mortgage(s)				
HOA				
Gas				
Electricity				
Telephone: Land Line				
Telephone: Cell				
Other:				
<b>Transportation</b>				
Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Other:				
<b>Insurance</b>				
Health ( <i>medical and dental, if not payroll deducted</i> )				
Life				
Disability				
Other:				
<b>Childcare</b>				
Childcare or Babysitters				
Child Support or Alimony				
<b>Fixed Expenses Sub-Total</b>				
<b>Periodic Fixed Expenses (Divide annual payment by 12)</b>				
<b>Housing</b>				
Homeowners Insurance ( <i>if not in mortgage payment</i> )				
Taxes ( <i>if not in mortgage payment</i> )				
Water or Sewage				
Trash Service				
Other:				
<b>Transportation</b>				
Car Insurance				
Car Inspection				
Car Repairs and Maintenance				
License Plates and Registration Fees				
Other:				
<b>Periodic Fixed Expenses Sub-Total</b>				
<b>Flexible Expenses</b>				
<b>Food</b>				
Groceries				
School Lunches				
Work-Related ( <i>lunches and snacks</i> )				
Other:				
<b>Housing</b>				
Home Maintenance				
Furnishings				
Cleaning Supplies				
Lawn Care				
Other:				
<b>Medical</b>				
Doctor				
Dentist				
Prescriptions				
Other:				
<b>Savings</b>				
Savings Account				
College Funds				
Emergency Fund				

Monthly Expense	Current	Delinquency	Adjusted	Crisis
<b>Flexible Expenses (Continued)</b>				
<b>Clothing</b>				
Clothing				
Laundry and Dry Cleaning				
Other:				
<b>Education</b>				
Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons ( <i>sports, dance, music</i> )				
Other:				
<b>Donations</b>				
Religious or Charity				
Other ( <i>if not payroll deducted</i> ):				
<b>Gifts</b>				
Birthdays				
Major Holidays				
Other:				
<b>Personal</b>				
Barber or Beauty Shop				
Toiletries				
Children's Allowances				
Tobacco Products				
Beer, Wine, Liquor				
Other:				
<b>Entertainment</b>				
Movies, Sporting Events, Concerts, Theater, Etc.				
Video Rentals				
Internet Service				
Cable/Satellite TV				
Restaurants and Take-Out Meals				
Gambling or Lottery Tickets				
Fitness or Social Clubs				
Vacations/Trips				
Hobbies or Crafts				
Other:				
<b>Miscellaneous</b>				
Checking Account Fees, Money Order Fees, Etc.				
Pet Care or Supplies				
Postage				
Pictures and Photo Processing				
Other:				
<b>Flexible Expenses Sub-Total</b>				

<b>Monthly Debts</b>				
Student Loan				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Medical Bills				
Personal Loan				
Payday Loan(s)				
Rent to Own Contract				
Income Tax Payment Plan				
Other:				
Other:				
<b>Monthly Debts Sub-Total</b>				

<b>Household Assets</b>		
<b>Description</b>	<b>Value / Amount</b>	<b>Amount Owed</b>
Automobile #1		
Automobile #2		
Automobile #3		
Cash on Hand Over \$100		
Checking Account		
Savings Account		
Anticipated Tax Refunds		
Money Market Funds		
Stocks/Bonds/CDs/Annuities, etc		
IRA / Keogh Accounts		
Computer/TV/Electronics		
Furniture		
Boats / Jet Skis		
RV/ Recreational Homes		
Motorcycles / Snowmobile		
Farm Equipment		
Trailers		
Other Property		
Other:		

**HOUSEHOLD ASSETS:**

**Please read below carefully: As head of Household I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.**

**Please sign below:**

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Signature* *Date*







**SOLITA'S HOUSE, INC.**  
**Authorization for Release of Information**

I hereby authorize Solita's House, Inc. to release/exchange information from my records in order to assist me in financial counseling.

This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in resolving a mortgage default or assisting me in becoming mortgage ready. Examples of such entities include mortgage servicers, mortgage investors, employers, banking institutions, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt/ credit and mortgage details provided by you.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

The doctrine of informed consent has been explained to me, and I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire 90 days from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

Borrower (printed) \_\_\_\_\_

Borrower (signed) \_\_\_\_\_ Date \_\_\_\_\_

Borrower (printed) \_\_\_\_\_

Borrower (signed) \_\_\_\_\_ Date \_\_\_\_\_

Counselor (signed) \_\_\_\_\_ Date \_\_\_\_\_

Loan # \_\_\_\_\_ (foreclosure intervention)

Property Address: \_\_\_\_\_ (foreclosure intervention)



**SOLITA'S HOUSE**  
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Client/Counselor Contract

\_\_\_\_\_ SOLITA'S HOUSE, INC. and its counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

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.

**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. **THIS INCLUDES NOT PROVIDING THE REQUESTED INFORMATION IN A TIMELY MANNER.**

**I/We will understand that I must call to schedule an appointment if I need further assistance and that I understand Solita's House, Inc. does not allow walk-ins.**

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

**Solita's House, Inc.**  
**Privacy Policy**

Solita's House, 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 other only with your authorization and signature on the 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 to us not to make those disclosures.
2. If you chose 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 contact us in writing at Solita's House, Inc. 1475 Tampa Park Plaza Tampa, FL 33605.

**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 the information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**Signature of Acknowledgment**

\_\_\_\_\_

Name

\_\_\_\_\_

Date

## Foreclosure Intervention and Default Counseling Expectations

1. Customer calls our agency seeking foreclosure intervention counseling.
2. Agency representative asked several questions and mail or email Foreclosure Intervention Information Packet.
  - a. How many missed mortgage payments
  - b. Who is the servicer (lender)
  - c. Have you been served a Lis Pendens
  - d. Do you have a sale date
  - e. Contact information
3. Customer must provide copies all requested documents to the intake specialist before a face to face appointment is scheduled. Documents are to be submitted within 10 days of receiving the Foreclosure Intervention Packet. Failure to submit the documents will delay or close your file.
  - a. **VERY IMPORTANT THAT CUSTOMER HAS ALL NEEDED DOCUMENTS IN ORDER TO ANSWER ALL QUESTIONS AND GATHER AS MUCH INFORMATION ABOUT YOUR SITUATION**
  - b. **PROVIDE A DETAILED BUDGET OF YOUR INCOME AND EXPENSES**  
**\*\*\* MOST LENDERS WILL PROVIDE SOME SORT OF ASSISTANCE IF YOUR BUDGET IS REASONABLE AND YOU CAN FINANCIALLY DEMONSTRATE A NEED FOR A LOAN MODIFICATION\*\*\***
4. Once documents are received and reviewed a face to face counseling appointment will be scheduled. Your appointment is scheduled according to your level of priority.
5. The foreclosure counselor will discuss your possible options and budgets during your face to face counseling appointment. An action plan will be developed and all disclosures will be signed.  
**\*\*\*IF ALL DOCUMENTS ARE SUBMITTED AND CRISIS BUDGET IS ESTABLISHED, THE FORECLOSURE COUNSELOR WILL CONTACT YOUR SERVICER/LENDER AT YOUR FACE TO FACE APPOINTMENT.\*\*\***  
**\*\*\* THE FORECLOSURE COUNSELOR WILL ONLY CONTACT THE SERVICER/LENDER ONCE ALL INFORMATION IS SUBMITTED. FAILURE TO FOLLOW THROUGH WITH YOUR ACTION PLAN WILL DELAY OR MAY CLOSE YOUR FILE\*\*\***
6. Customer must provide all correspondence from the servicer/lender to the foreclosure counselor until case is resolved.

## FORECLOSURE INTERVENTION AND DEFAULT COUNSELING HELPFUL TIPS

- If you are less than three months behind on your mortgage payment it is likely that you are speaking with the Collections Department. Their goal is to collect the payment not to provide modification or foreclosure intervention assistance.
- Most lenders will move all mortgage loans with three or more missed mortgage payments to the Loss Mitigation Department. This department will collect financial information from the customer to determine what alternatives they can offer to the customer.
- Things you should consider if you are seeking assistance in reducing your interest rate in order to reduce your mortgage payment.
  - The servicer wants a good faith payment upfront. It becomes more difficult to approve a loan modification or any other type of retention assistance if you have no money to pay upfront. “if the reason you stop making your mortgage payments is because your mortgage payment increase by 400.00 monthly you should have at the least the previous mortgage payment amount saved before the increase.”
- Your budget is the “make or break” deal. You must be willing to create a crisis budget and reduce spending if you TRULY want to keep the house. The servicer/lender will usually provide assistance to customers that are no more than 10-15% over their net monthly income.
- Foreclosure Intervention Counseling works best when you
  - provide copies of all the needed documents AS SOON AS POSSIBLE
  - limit the number of phone calls made to the counselor
  - are able to take ownership of the situation and in being realistic about the options available
  - ask questions and ensure you understand the process and the options available
- Our agency makes an assessment of each case and determines their urgency.
  - Level 1- Customers have a schedule sale date for the courts to sale the house.
    - *Counseling appointment typically scheduled within 7 days IF THE CUSTOMERS PROVIDES ALL DOCUMENTS PRIOR.*
  - Level 2- Customer has been served a lis pendens.
    - The customer has 20 days from the day served to file a response to the lis pendens (complaint). Our agency DOES NOT write response letters. Your response is to the courts in regards to what the lender is filing a complaint for. It may delay the scheduling of the court date but it usually will not stop the foreclosure process.
    - *Counseling appointment scheduled AFTER DOCUMENTS ARE PROVIDED and usually within 10-20 days depending on counselor schedule.*
  - Level 3- 3-6 months of missed payment without being served a lis pendens
    - *Counseling appointment scheduled AFTER DOCUMENTS ARE PROVIDED and usually within one month depending on counselor schedule.*
  - Level 4- Less than three months of missed payments
    - *Counseling appointment scheduled AFTER DOCUMENTS ARE PROVIDED and usually within one month depending on counselor schedule.*