

## Homeownership Preservation Packet

Dear Homeowner,

Thank you and congratulations on taking the first step of contacting our agency. Consumer Credit and Budget Counseling, Inc. d/b/a National Foundation for Debt Management (NFDm) is a HUD approved multi-state counseling agency that can assist you with the financial hardship you are facing. There was no way homeowners could have foreseen the unprecedented circumstances that have now left so many vulnerable to foreclosure.

NFDm provides a holistic approach to housing counseling. We will assess you not only for the **Homeowner Assistance Program**, which is part of the **American Rescue Plan**, but will assess you also for a Loss Mitigation workout plan (modification). The **Emergency Rescue Mortgage Assistance Program** is a short-term fix that will bring you current and the modification may be the long-term solution that preserves your homeownership.

To provide effective and efficient service, please complete the attached forms completely and clearly, as missing information will hamper our ability to assist you. Please fill out the monthly Income and Budget form carefully. This information is the key element in resolving these difficult situations. In addition, the checklist included lists items that need to be collected before an appointment is scheduled. Once you have provided all of the items on the checklist, we will contact you for an appointment. If there are questions or information you do not understand, please contact us.

There is an emphasis on being truthful. A resolution will not materialize unless a complete and accurate picture of the financial hardship is given. Also, please note our organization is attempting to assist in resolving a financial hardship. The result lies in the hands of the lender; Consumer Credit and Budget Counseling, Inc. d/b/a National Foundation for Debt Management cannot and will not guarantee the final outcome of any situation.

You have taken the first step to resolve your situation. We look forward to working with you.

Sincerely,

**Consumer Credit and Budget Counseling, Inc.**  
**d/b/a National Foundation for Debt Management**

**A Non-Profit, Multi-State Licensed, Bonded, Consumer Education and Financial Counseling Agency**

299 S SHORE RD, US RTE 9 S  
MARMORA, NEW JERSEY 08223

14104 58TH STREET NORTH  
CLEARWATER, FL 33760



Financial  
Counseling  
Association of  
America



PH: (888) 738-8233 (800) 344-5153

FX: (888) 738-8234 (888) 294-5487

E-MAIL: [help@cc-bc.com](mailto:help@cc-bc.com)  
[questions@nfdm.org](mailto:questions@nfdm.org)

## **CLIENT DOCUMENT CHECKLIST**

- ✓ Signed and completed Intake Application (Enclosed)
- ✓ Signed and Dated Disclosures for Housing Services (Enclosed)
- ✓ Completed Budget Worksheet (Enclosed)
- ✓ Signed and Dated Third Party Authorization (Enclosed)
- ✓ Signed and Dated Credit Report Authorization (Enclosed)
- ✓ Signed and Dated 4506-T (Enclosed)
- ✓ Signed and Dated Counseling Authorization (Enclosed)
- ✓ Signed and Dated Counseling/Client Agreement (Enclosed)
- ✓ Hardship Letter (Ask for a sample if you need to)
- ✓ Driver's license or any State Picture ID
- ✓ Copy of the most recent mortgage statement
- ✓ Copy of correspondence from the servicer or attorney
- ✓ Any documentation from the courts or the sheriff regarding foreclosure
- ✓ Copies of most recent pay stubs for all employment (minimum 30 days)
- ✓ Profit and loss statement, if self-employed
- ✓ Proof of rental income, leases or deposit
- ✓ SSI or Pension, copy of award letter
- ✓ Contribution Letter from any family members (if applicable)
- ✓ Last two months of bank statements (All pages both sides even if blank)
- ✓ Copies of latest utility bills, credit card statements
- ✓ Most recent tax returns, last two years

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**NATIONAL FOUNDATION  
FOR DEBT MANAGEMENT**

## Consumer Credit and Budget Counseling Foreclosure Intake

### STEPS ALREADY TAKEN

Have you worked with another housing counseling agency this year? \_\_\_\_\_

If yes, name of Agency \_\_\_\_\_

What caused you to become delinquent? \_\_\_\_\_

What steps have you taken? \_\_\_\_\_

Have you had any previous modifications? \_\_\_\_\_

Do you want to stay in your home? \_\_\_\_\_ How much money have you saved? \_\_\_\_\_

### HOMEOWNER INFORMATION

**Homeowner Name** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: (Last 4 digits) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_

Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Civil Union \_\_\_\_\_ Widowed \_\_\_\_\_

Preferred Language \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other: \_\_\_\_\_

Bankruptcy \_\_\_\_\_ Yes \_\_\_\_\_ No Veteran \_\_\_\_\_ Yes \_\_\_\_\_ No Disabled \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of people in Household \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Employed \_\_\_\_\_ Yes \_\_\_\_\_ No Collecting Unemployment \_\_\_\_\_ Yes \_\_\_\_\_ No SSI/SSD \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Start Date \_\_\_\_\_ Pay Period \_\_\_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly \_\_\_\_\_

Net Income \_\_\_\_\_ Other Income \_\_\_\_\_

**Spouse/Co-Homeowner Name** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: (Last 4 Digits) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Civil Union \_\_\_\_\_ Widowed \_\_\_\_\_

Preferred Language \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other: \_\_\_\_\_

Bankruptcy in last 5 yrs. \_\_\_\_\_ Yes \_\_\_\_\_ No Veteran \_\_\_\_\_ Yes \_\_\_\_\_ No Disabled \_\_\_\_\_ Yes \_\_\_\_\_ No

Employed \_\_\_\_\_ Yes \_\_\_\_\_ No Collecting Unemployment \_\_\_\_\_ Yes \_\_\_\_\_ No SSI/SSD \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Start Date \_\_\_\_\_ Pay Period \_\_\_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly \_\_\_\_\_

Net Income \_\_\_\_\_ Other Income \_\_\_\_\_

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**FOR GOVERNMENT MONITORING PURPOSES ONLY****Applicant Co-Applicant Race**

\_\_\_\_\_ American Indian or Alaskan Native  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ Black or African American  
 \_\_\_\_\_ Native Hawaiian/Other Pacific Islander  
 \_\_\_\_\_ White  
 \_\_\_\_\_ Mixed Race  
 \_\_\_\_\_ Do not wish to furnish

**Applicant CoApplicant Ethnicity**

\_\_\_\_\_ Hispanic or Latino(a)  
 \_\_\_\_\_ Non-Hispanic  
 \_\_\_\_\_ Do not wish to furnish

**Applicant CoApplicant Education**

\_\_\_\_\_ High School  
 \_\_\_\_\_ Some College  
 \_\_\_\_\_ Associates Degree  
 \_\_\_\_\_ Bachelor's Degree  
 \_\_\_\_\_ Advance Degree

**PROPERTY INFORMATION**

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing address (if different from property address) \_\_\_\_\_

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

Purchase Price \_\_\_\_\_ Purchase Date \_\_\_\_\_

Property Type \_\_\_\_\_ Single Family \_\_\_\_\_ Multiunit \_\_\_\_\_ Townhouse \_\_\_\_\_ Condo \_\_\_\_\_ Co-Op

Property for Sale \_\_\_\_\_ Yes \_\_\_\_\_ No

Primary Residence \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you occupy the home \_\_\_\_\_ Yes \_\_\_\_\_ No

Second Home or Vacation Home \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the home in a rural setting \_\_\_\_\_ Yes \_\_\_\_\_ No

**MORTGAGE INFORMATION**

Who is your Mortgage Company \_\_\_\_\_

Months Delinquent \_\_\_\_\_ Amount Delinquent \_\_\_\_\_

Fixed Rate \_\_\_\_\_ Yes \_\_\_\_\_ No Are Taxes and Insurance included in mortgage Payment \_\_\_\_\_ Yes \_\_\_\_\_ No

HOA Fees \_\_\_\_\_ Yes \_\_\_\_\_ No Monthly Amount \_\_\_\_\_ Delinquent \_\_\_\_\_ Yes \_\_\_\_\_ No

Second mortgage \_\_\_\_\_ Yes \_\_\_\_\_ No Monthly Amount \_\_\_\_\_ Delinquent \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

Date \_\_\_\_\_

Spouse / Co-Homeowner Signature \_\_\_\_\_

Date \_\_\_\_\_



## **Disclosures for Housing Services**

### **Privacy Policy**

Consumer Credit and Budget Counseling doing business as National Foundation for Debt Management (NFDM) respects your privacy. We recognize the importance of protecting the privacy of personal identifying information that may be submitted to us for analysis and review. It is the policy of NFDM to ensure that all client information will be held in the strictest of confidence.

You may be asked for information in order to complete the requested housing counseling, or evaluation. Any and all information collected by us, either through our web site, via mail, fax or E-Mail, from the telephone, as a result of face-to-face counseling, or from any other source including a credit report (if you have authorized NFDM to obtain the report in connection with your counseling), will be kept strictly confidential. Such information will not be sold, reused, rented, loaned or otherwise disclosed. Such information will only be shared with the client's authorization. (See Attached Privacy Policy)

Personal information collected is stored in secure operating environments that are not accessible to the public. Such is the case of credit card and bank account numbers and any other identifying information. Any information you give us will be treated with the utmost care, and will not be used in any ways that you have not consented to in writing or verbally. NFDM is committed to data security.

### **Client Rights:**

We pledge that our clients have the right:

- To prompt counseling services for homeownership and/or managing money, based upon their financial situation
- To treatment with dignity and respect
- To be actively involved in a comprehensive assessment of their financial situation, including an appropriate action plan
- To express dissatisfaction through a Complaint Resolution Process
- To discontinue their relationship with NFDM at any time
- To ask questions and have their concerns addressed

### **Complaint Resolution Process:**

We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided, or if you wish to file a complaint, we ask that you follow these guidelines:

- Step 1. Try to resolve the issue with the staff member involved, giving him or her specific information about your complaint.
- Step 2. If "Step 1." is not possible, or the issue is not resolved to your satisfaction, write or call Judy Sorensen (at 14104 58th St N, Clearwater FL 33760 (888)738-5153)
- Step 3. NFDM may request a meeting with you (phone or face-to-face) or seek more information from the staff person. In any event, NFDM will respond within 15 days.
- Step 4. If your issue is still unresolved, you may appeal in writing directly to the President or Executive Director, at the address above. After additional fact finding, you will receive a concluding decision within 15 days.

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**Conflict of Interest:**

A “conflict of interest” is a situation where a choice must be made between one's individual personal interest (financial or otherwise) and the best interest of the client, NFDM, Laws, Grants, Contracts, Regulations, Policies, and Procedures. NFDM adheres to a high standard of ethical conduct in governance and operations. It is Company policy that members of the company Board of Trustees, company personnel, and/or consultants will not have or give the appearance of conflicts of interest, and they will not use their relationship with NFDM for personal gain. Trustees, personnel and paid consultants are prohibited from having direct or indirect financial interest in the assets, leases, business transactions, or professional services of the organization and they take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

Any potential conflicts of interest (such as a counseling agency providing low-cost loans), will be disclosed to clients in a written disclosure document. They will inform clients when a real or potential conflict of interest arises and take all necessary steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

To his end, clients are not required to purchase any products or use other services or products offered by Consumer Credit and Budget Counseling, Inc. or any of its associates or partners and can accept or reject any recommended client responsibilities or actions and the right to accept or reject any referrals offered by Consumer Credit and Budget Counseling.

**Other Policies:**

Consumer Credit and Budget Counseling does not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability. Consumer Credit and Budget Counseling will not participate in, condone, or be associated with dishonesty, fraud, or deception.

Consumer Credit and Budget Counseling offers a number of services to our clients, however, you are not obligated to receive, purchase or utilize any these other services offered by CCBC, or its exclusive partners, in order to receive housing counseling services.

**Housing Counseling Services:**

1. Pre-Purchase Counseling and Education
2. Online Pre-Purchase Homebuyer Education
3. Mortgage Delinquency/Default Counseling

4. Reverse Mortgage Counseling
5. Rental Housing Counseling
6. Homeless Counseling

**Financial and Budget Counseling Services**

1. Credit Counseling
2. Budget Counseling

**I acknowledge that I have received, reviewed, and understand CCBC/NFDM’s Disclosures for Housing Services.**

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**Homeowner Signature**

---

**Date**

---

**Spouse/Co-Homeowner Signature**

---

**Date**



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## **Foreclosure Intervention**

*(Your possible options when applying for counseling assistance)*

Consumer Credit and Budget Counseling (CCBC) D.B.A. National Foundation for Debt Management (NFDm) is a nonprofit, HUD-approved, housing counseling agency that provides services to homeowners who are struggling to pay their mortgages and are possibly facing foreclosure.

As we review the available options that may be available to you, we will eliminate any option that will not work or you do not want to pursue.

### **Retention Options:**

- Apply for an in-house modification with or without our assistance.
- Apply for an FHA HAMP modification with or without our assistance.
- Contact your mortgage company about an FHA partial claim or a private mortgage insurance (PMI) advance claim.
- Apply for the NJ Foreclosure Mediation Program with our assistance if you have a docket number.
- Contact your mortgage company about repayment plan.
- Contact a mortgage broker about a refinance.

### **Non-Retention Options:**

- Contact a real estate agent to assist you with a short sale and ask for “cash for keys”.
- Contact your mortgage company about a Deed-in-Lieu of Foreclosure and ask for “cash for keys”.

### **Other Options:**

- Contact a bankruptcy attorney to determine if bankruptcy is an option for you.
- Consider a debt management program for your credit card debt.
- Contact us when you’ve found full time employment and have at least 30 days of paystubs
- Contact your local social services office to apply for public benefits such as food stamps and energy assistance. Also, for energy assistance call your utility company directly. Call 211 for local community services. Senior citizens can visit [www.benefitscheckup.org](http://www.benefitscheckup.org).

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# Budget Worksheet For You To Complete

**Instructions:** Please fill out the information as completely as possible and mail to Consumer Credit and Budget Counseling, Inc. at Post Office Box 866, Marmora NJ 08223-0866. For faster service you can fax this form toll-free to (888) 738-8234 or fill out the information online at [www.cc-bc.com](http://www.cc-bc.com). If you have any questions please call our office at (888) 738-8233.

ALL INFORMATION WILL REMAIN CONFIDENTIAL - WE WILL NOT CONTACT YOUR CREDITORS WITHOUT YOUR AUTHORIZATION

## Personal Information

Applicant's Name \_\_\_\_\_

Partner's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment / Income Information

Gross Monthly Income

Applicant	Place of Employment _____	Position _____
Partner	Place of Employment _____	Position _____
Other Income	Source(s) _____	
		Total Income


## Monthly Expenses

## Net Worth Statement

Housing	Transportation	Assets
Mortgage/Rent	Auto Payment(s)	Balance of Bank Account(s)
2nd Mortgage	Auto Insurance	Stocks and Bonds
Electric	Gas	Life Insurance Cash Value
Gas/Oil	Tolls/Parking	Value of Real Estate Owned
Water/Sewer	Public Transportation	Vested Retirement Funds
Telephone	Maintenance / Repairs	Value of Automobile(s) Owned
		Other Assets
<b>Food</b>	<b>Clothing</b>	<b>Liabilities</b>
Groceries	Family Clothes / Shoes	Mortgage Balance
At Work/School	Laundry/Cleaners	Auto Loan Balance
Dining Out		Credit Cards
	<b>Medical</b>	Personal Loans
<b>Child Care</b>	Dr./ Dentist / Health Ins.	Judgments/Collections
Day Care/Sitters	Prescriptions	
Child Allowance		<b>Net Worth (Assets-Liabilities)</b>
Support/ Alimony	<b>Other</b>	
	Hair Care/ Beauty	
<b>Education</b>	Gifts	
Tuition	Vacations	
Lessons	Life Insurance	
Student Loans	Church/Temple	
	Pet Care	
<b>Entertainment</b>	Tobacco/Alcohol	
Cable TV	credit card	
Movies	Other expenses	
Sports		
	<b>Total Expenses</b>	

## Reason For Seeking Assistance

<input type="checkbox"/>	Poor Money Management
<input type="checkbox"/>	Reduced Income
<input type="checkbox"/>	Medical
<input type="checkbox"/>	Death of Family Member
<input type="checkbox"/>	Divorce or Separation
<input type="checkbox"/>	Other (Please Identify) _____
<input type="checkbox"/>	Covid _____



# FACTS

## Why?

## WHAT DOES Consumer Credit and Budget Counseling, Inc. ("CC&BC") dba National Foundation for Debt Management ("NFDm") DO WITH YOUR PERSONAL INFORMATION?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

## What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Bank Account numbers
- Budget and Income information as well as Credit Report data
- Credit Card balances and Credit Card account numbers.

When you are *no longer* our customer, we continue to share your information as described in this notice.

## How?

All financial companies need to share client's personal information to run their everyday business. In the section below, we list the reasons financial companies can share their client's personal information; the reasons CC&BC chooses to share; and whether you can limit this sharing.

### Reasons we can share your personal information

#### For our everyday business purposes-

such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus

#### For our marketing purposes-

to offer our products and services to you

#### For joint marketing with other financial companies

#### For our affiliates' everyday business purposes-

information about your transactions and experiences

#### For our affiliates' everyday business purposes-

information about your creditworthiness

#### For non-affiliates to market to you

### Does CC&BC share?

### Can you limit this sharing?

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

No

Yes

## Questions?

Call 888-738-8233 or go to [www.nfdm.org](http://www.nfdm.org)

## Who we are

Who is providing this notice?

Consumer Credit and Budget Counseling Inc. ("CC&BC") dba National Foundation for Debt Management ("NFDMA")

## What we do

How does CC&BC protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does CC&BC collect my personal information?

We collect your personal information, for example, when you

- Enroll in our programs or during a counseling session
- Enroll in our classes or during an education program
- Seek our advice on options to handle your debt situation.

Housing Counseling including Foreclosure Counseling, Bankruptcy Counseling and Education, Budget and Credit Counseling

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for non-affiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

## Definitions

**Affiliates**

Companies related by common ownership or control. They can be financial and non-financial companies.



**Non-affiliates**

Companies not related by common ownership or control. They can be financial and non-financial companies.



**Joint marketing**

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.



## Other important information



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**NATIONAL FOUNDATION  
FOR DEBT MANAGEMENT**

## THIRD PARTY AUTHORIZATION

Lender/Service	
Loan Account Number	
Borrower	
Co-Borrower	
Borrower and CoBorrower Social Security # Last 4 numbers	
Property Address	

Dear Sir or Madam:

I/We am/are working with Consumer Credit and Budget Counseling d/b/a as National Foundation for Debt Management (NFDM), a MultiState HUD approved housing agency located in Marmora, New Jersey and Clearwater Florida. Their Tax ID is 22-3569885. They are working with me/us on a plan to resolve my/our mortgage delinquency. I/We hereby authorize you to release any and all information concerning my/our account to CC&BC.

I/We further authorize you to discuss my/our case with all housing counselors at Consumer Credit and Budget Counseling d/b/a National Foundation for Debt Management (NFDM).

NFDM is working to help my/our family address my/our financial problems and to propose a loss mitigation plan which is within your guidelines.

You may release additional information to NFDM in the future without further authorization. Thank you for taking the time to handle this request.

Respectfully,

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date



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## Credit Report Authorization

**Homeowner:** \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Co-Homeowner/Borrower:** \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I (We) hereby give permission to Consumer Credit and Budget Counseling, Inc. National Foundation for Debt Management to pull my (our) credit report for the purposes of my (our) application for assistance in regard to my (our) home or my (our) mortgage loan. National Foundation for Debt Management is assisting me (us) with my (our) foreclosure process.

All information will be kept confidential between my Counselor and me. I (We) understand that my (our) Counselor will need to discuss my (our) credit report with our lender(s). I further understand that National Foundation for Debt Management will be held harmless for information received in this credit report.

Both signatures are required if joint report is requested.



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

\_\_\_\_\_  
Date

\_\_\_\_\_  
CoHomeowner Signature/Co-borrower

\_\_\_\_\_  
Date

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**IVES Request for Transcript of Tax Return**

▶ Do not sign this form unless all applicable lines have been completed.

▶ Request may be rejected if the form is incomplete or illegible.

▶ For more information about Form 4506-C, visit [www.irs.gov](http://www.irs.gov) and search IVES.

<b>1a.</b> Name shown on tax return (if a joint return, enter the name shown first)	<b>1b.</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a.</b> If a joint return, enter spouse's name shown on tax return	<b>2b.</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3.</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4.</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5a.</b> IVES participant name, address, and SOR mailbox ID	
<b>5b.</b> Customer file number (if applicable) (see instructions)	

**Caution:** This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

<b>6. Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request	
<b>a. Return Transcript</b> , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years	<input type="checkbox"/>
<b>b. Account Transcript</b> , which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns	<input type="checkbox"/>
<b>c. Record of Account</b> , which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years	<input type="checkbox"/>
<b>7. Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.</b> The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213	<input type="checkbox"/>

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.**8.** Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)

/ / / / / / / /

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.**

<b>Sign Here</b>	<b>Signature</b> (see instructions)	<b>Date</b>	<b>Phone number of taxpayer on line 1a or 2a</b>
	<b>Print/Type name</b>		
	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)		
	<b>Spouse's signature</b>	<b>Date</b>	
	<b>Print/Type name</b>		



**CONSUMER  
CREDIT & BUDGET  
COUNSELING**  
www.cc-bc.com



**NATIONAL FOUNDATION  
FOR DEBT MANAGEMENT**

## Counseling Authorization

1. I understand that Consumer Credit and Budget Counseling, Inc d/b/a National Foundation for Debt Management (NFDM) 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 NFDM receives funds through any of the following programs and providers:
  - a. Department of Housing and Urban Development (HUD)
  - b. New Jersey Department of Housing and Mortgage Finance Agency (NJHMFA)
  - c. Florida Housing Finance Corporation (FHFC)
  - d. Neighborworks Housing Stability Program (NW)
3. I permit any of the funders listed in number two (2) above or their agents and administrators to follow up with me between now and June 30, 2026 for the purposes of program evaluation.
4. I acknowledge that I have received a copy of NFDM Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. 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.
7. I understand that NFDM provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from NFDM in no way obligates me to choose any of these particular loan products or housing programs.



\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner's Signature

\_\_\_\_\_  
Date

**A Non-Profit, Multi-State Licensed, Bonded, Consumer Education and Financial Counseling Agency**

299 S SHORE RD, US RTE 9 S  
MARMORA, NEW JERSEY 08223

14104 58TH STREET NORTH  
CLEARWATER, FL 33760



Financial  
Counseling  
Association of  
America



PH: (888) 738-8233 (800) 344-5153

FX: (888) 738-8234 (888) 294-5487

E-MAIL: help@cc-bc.com  
questions@nfdm.org

## **COUNSELOR/CLIENT AGREEMENT**

Consumer Credit & Budget Counseling and National Foundation for Debt Management and its counselors agree to provide the following services:

- Development of a budget.
- Analysis of the mortgage default, including the amount and cause of default.
- Explanation of reasonable options available to the homeowner.
- Assistance communicating with the mortgage servicer.
- Timely completion of promised action.
- Explanation of foreclosure process.
- Identification of and referrals to assistance 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 the counselor, whether verbally or in writing.
- I/We understand that the counselor will communicate with me via the email address that I provided. I will check my email on a regular basis throughout this process and respond in a timely manner.
- I/We understand that I must provide the most current and up-to-date documentation by the time of submission to the mortgage servicer.
- I/We will provide ALL necessary documentation and authorizations within 15 calendar days to the counselor from the day of initial written request, which will be sent via email.
- I/We understand that my file will be closed if the counselor does not receive all documentation and authorizations within 30 calendar days of initial written request, which will be sent via email. Files will be re-opened when all updated documentation and authorizations have been provided to the counselor.
- I/We understand that I must provide all documentation and authorizations for my spouse, civil union partner, anyone else on the Deed and their spouse, and anyone else on the Mortgage and their spouse.
- I/We will be on time for appointments and understand that if I am late for an appointment, the appointment will still end at the scheduled time or be rescheduled.
- I/We will call within 24 hours of a scheduled appointment if I 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 terminate its service assistance to me.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Homeowner

\_\_\_\_\_  
Date

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