

702 County Square Dr.
Ventura, CA 93003
(805) 659-6868
hoc_customerservice@cabrilloedc.org



Dear _____,

Thank you for contacting the CEDC NeighborWorks® Homeownership Center to set an appointment for one-on-one Reverse Mortgage counseling. We are pleased that you have decided to take this very important step in your goal towards achieving financial success.

To assist us in providing you with the most efficient service please review, complete the highlighted areas, and sign the attached *HECM (Reverse Mortgage) Intake Form* and complete the *Monthly Spending Plan*.

Once you have a complete packet, you can scan/email (hoc_customerservice@cabrilloedc.org), Fax (805) 620-9293, mail, or drop it off at our office. We will contact you once the packet is received and is complete to schedule your appointment.

- Copy of most recent bank statement(s)-1 month**
- Copy of mortgage statement (with mortgage balance)**
- Copy of monthly income (paystubs), self-employed need profit and loss (to source income)**
- I.D. or Valid Driver's License**
- A check or Money Order payable to "CEDC" in the amount of \$200.00 for the counseling session**

If you have any questions or need to reschedule or cancel your appointment, please call us immediately at

(805) 659-6868 x130. Our general office hours are: Monday through Friday 8:30am to 5:30pm.

We look forward to working with you towards your financial goals!

Sincerely,

NeighborWorks® Homeownership Center
Cabrillo Economic Development Corporation

CABRILLO ECONOMIC DEVELOPMENT CORPORATION NEIGHBORWORKS® HOMEOWNERSHIP CENTER

STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully and **initial the line next to each statement to indicate understanding** of that provision. For simplification, the singular is used when the plural may apply.

DECLARACIÓN DE SERVICIOS DE CONSEJERÍA

*Favor de leer detalladamente lo siguiente y **escribir sus iniciales en cada frase** indicando que entiende todo lo que está escrito.*

I understand the agency Cabrillo Economic Development Corporation (CEDC) will provide a confidential comprehensive personal interview. _____, _____

Entiendo que Cabrillo Economic Development Corporation (CEDC) programara una entrevista integral personal y _____ confidencial.
_____, _____

I will provide CEDC with a true and accurate accounting of my financial condition to the best of my knowledge, and will disclose all obligations. _____, _____

Proporcionare a CEDC con la información verdadera y exacta acerca de mi estado financiero, y declarare todas mis obligaciones financieras. _____, _____

I agree to hold CEDC, its employees, agents, volunteers, officers and directors harmless from any claim, suit, action or demand, or any other person resulting from advice or counseling. _____, _____

Estoy de acuerdo de mantener a CEDC, sus empleados, oficiales, voluntarios y directores, libres de cualquier queja, reclamo, demanda o acción legal, o a cualquier otra persona como resultado de la sesión de consejería.
_____, _____

I understand that I may be referred to other housing services offered by the organization, another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I also understand that I am not obligated to use any of the services offered to me. _____, _____

Entiendo que yo puedo ser referido a otros servicios de vivienda ofrecidas por la organización, u otra agencia o agencias que asisten con problemas apropiados y particulares que han sido identificados. Yo entiendo que no es obligatorio usar ninguno de los servicios ofrecidos. _____, _____

I understand that CEDC provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from CEDC in no way obligates me to choose any of these particular loan products or housing programs. _____, _____

Entiendo que CEDC provee información y educación sobre varios productos financieros de hipoteca y programas de vivienda y entiendo que la conserjería que voy a recibir de CEDC no requiere que obtenga estos productos financieros de hipoteca o los programas de vivienda. _____, _____

I acknowledge that I have received a copy of Cabrillo Economic Development Corporation's Privacy Policy, Resource Referral Guide, and the "Homeowners Reverse Mortgage Information Packet" _____, _____

Reconozco haber recibido una copia de la póliza de privacidad de Cabrillo Economic Development Corporation, la Guia de Recursos, el paquete titulado "Homeowners Reverse Mortgage Information Packet" _____, _____

I understand and agree to pay CEDC \$200.00 for the Reverse Mortgage Counseling. _____, _____

Entiendo y estoy de acuerdo de pagar a CEDC una tarifa de \$200.00 para el asesoramiento de Hipoteca Revertida. _____, _____

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**CABRILLO ECONOMIC DEVELOPMENT CORPORATION
NEIGHBORWORKS® HOMEOWNERSHIP CENTER
STATEMENT OF COUNSELING SERVICES
DECLARACIÓN DE SERVICIOS DE CONSEJERÍA**

Our Agency is committed to ensuring the privacy of individuals and or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “personal financial information,” such as your total debt information, income, living expenses, and personal information regarding your financial circumstances may be provided to others with your specific authorization.

Nuestra agencia esta comprometida a asegurar la privacidad de cada individuo y/o familias que se han comunicado con nosotros para asistencia. Le aseguramos que toda la información compartida verbal o escrita, será manejada dentro de consideraciones éticas y legales. Su “información financiera personal”, tal como deudas, ingresos, gastos entre otra información acerca de sus circunstancias financieras podría ser proporcionada a otros con su específica autorización.

We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregated data in all circumstances.

Además, podemos utilizar la información agregada a su caso con el fin de evaluar nuestros servicios, para obtener información valuable para estadísticas y para diseñar programas futuros. Mantendremos su anonimato por medio del uso de un numero de cliente o utilizando datos adicionales en cualquier circunstancia.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST** or when our staff has been served with a valid subpoena.

*En cualquier otra situación, su información puede ser compartida con individuos o agencias apropiadas **SOLAMENTE POR MEDIO DE UNA PETICION POR ESCRITO** o cuando nuestro personal reciba una orden legal.*

Client Signature/ *Firma del cliente*: _____

Date/Fecha: _____

Client Signature/ *Firma del cliente*: _____

Date/Fecha: _____

Counselor Signature: _____ Date: _____

Personal Intake Form/Formulario Personal

CLIENT INFORMATION/INFORMACION DEL CLIENTE

Name/Nombre: _____
First/Nombre Middle/Inicial Last/Apellido

Mailing Address/Domicilio: _____
Street/Calle City/Ciudad State/Estado Zip Code/Codigo Postal

Home/Casa: () _____ Cell/Celular: () _____

Email/Correo Electrónico: _____

Social Security/Seguro Social: _____

of Co-applicants/# de Co-solicitantes: _____

Date of Birth/Fecha de Nacimiento: _____

Race/Raza (please check all that apply/por favor marque todos lo que apliquen)

- American Indian/Alaskan Native/ *Nativo Americano de Alaska*
- Asian/Asiatico
- African American/Afroamericano
- Hispanic/Hispano
- Native Hawaiian/Other Pacific Islander/Nativo de Hawaii o Las Islas del Pacifico
- White/Blanco
- Other/Otro
- Choose not to respond/No deseo responder

Hispanic Ethnicity/Etnia Hispana: Yes/Si No

Born outside the US/Nacido fuera de los EE.UU.: Yes/Si No

Veteran/Veterano: Yes/Si No

Gender/Género: Male/Masculino Female/Femenina

Active Military/Militar Activo: Yes/Si No

Total Household Size/ Tamaño de Familia: _____

Annual Household Income/ Ingresos actuales combinados de su familia al año: \$ _____

Current Housing Arrangement/ Arreglos actuales de vivienda:

- Homeowner with mortgage
Dueño con Hipoteca
- Homeowner with mortgage paid off
Dueño de su propia vivienda sin hipoteca

Marital Status/Estado Matrimonial:

- Single/Soltero
- Married/Casado(a)
- Divorced/Divorciado
- Seperated/Separado(a)
- Widowed/Viudo(a)
- Choose not to respond/No deseo responder

Highest Level of Education/Nivel más alto de educación:

- None/Ninguno
- Primary/Primaria
- Junio High/Secundaria
- High School/GED/Preparatoria
- Vocational/Vocacional
- Junior College/Colegio Comunitario
- College/Título Universitario
- Graduate School/Escuela de Posgrado
- Other/Otro

Household Type/Estatus Familiar (please select the most accurate/*por favor marque el más exacto a su situación*):

1. Female-headed single-parent household
Hogar de mujer soltera con hijos
2. Married with minor children
Casado/a con hijos menores de edad
3. Male-headed single-parent household
Hogar de hombre soltero con hijos
4. Married without children
Casado/a sin hijos
5. Single adult
Soltero/a sin hijos
6. Two or more unrelated adults
Más de un adulto soltero
7. Other
Otro

Co-Applicant/Co-Solicitante:

Name/Nombre: _____
First/Nombre Middle/Inicial Last/Apellido

Mailing Address/Domicilio: _____
Street/Calle City/Ciudad State/Estado Zip Code/Codigo Postal

Home/Casa: () _____ **Cell/Celular:** () _____

Email/Correo Electrónico: _____

Social Security/Seguro Social: _____

Date of Birth/Fecha de Nacimiento: _____

Relationship to Applicant/Relacion al Solicitante:

- Spouse/ Daughter/ Son Brother/ Sister
Esposo/a Hijo/a Hermano/a
- Partner Mother/Father Other
Compañero/a Madre/Padre Otro

Race/Raza (please check all that apply/por favor marque todos lo que apliquen)

- American Indian/Alaskan Native/ *Nativo Americano de Alaska*
 Asian/Asiatico
 African American/Afroamericano
 Hispanic/Hispano
 Native Hawaiian/Other Pacific Islander/ *Nativo de Hawaii o Las Islas del Pacifico*
 White/Blanco
 Other/Otro
 Choose not to respond/ *No deseo responder*

Hispanic Ethnicity/Etnia Hispana: Yes/Si No

Born outside the US/Nacido fuera de los EE.UU.: Yes/Si No

Veteran/Veterano: Yes/Si No

Gender/Género: Male/Masculino Female/Femenina

Active Military/Militar Activo: Yes/Si No

Disabled/Deshabilitado: Yes/Si No

PROPERTY INFORMATION/INFORMACION DE LA PROPIEDAD:

I want to/*Deseo*:

- Keep the property/*Mantener la propiedad*
- Sell the property/*Vender la propiedad*

The property is my/*la propiedad es mí*:

- Primary residence/*Residencia principal*
- Second Home/*Segunda vivienda*
- Investment/*Propiedad de inversión*

The property is/*La propiedad esta*:

- Owner occupied/*Ocupada por el propietario*
- Vacant/*Desocupada*
- Renter occupied/*Ocupada por un inquilino*

MORTGAGE INFORMATION/INFORMACION HIPOTECARIA

1st Mortgage Information/Información de la Primera Hipoteca:

Name of lender /*Nombre del prestamista*: _____

Type of loan/*Tipo de Préstamo*: _____

Loan Number/*Numero de Préstamo*: _____

Current Interest Rate/*Interés actual del préstamo*: _____

Current Balance of Mortgage/*Saldo del Préstamo*: _____

Monthly Payment/*Pago mensual*: _____

How many months past due/*Cuantos meses atrasado?*: _____

Amount past due/*Cantidad atrasada*: \$ _____

Number of months remaining on this loan/*Numero de meses restantes en este préstamo*: _____

2nd Mortgage Information (if applicable)/Informacion de Segunda Hipoteca (si es aplicable):

Name of lender for 2nd mortgage/*Nombre del prestamista de la 2a Hipoteca*: _____

Type of loan/*Tipo de Préstamo*: _____

Loan Number/*Numero de Préstamo*: _____

Current Interest Rate/*Interes actual del Préstamo*: _____

Current Balance of mortgage/*Saldo del Préstamo*: _____

Monthly Payment/*Pago mensual*: _____

How many months past due/*Cuantos meses atrasado?*: _____

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Amount past due/Cantidad atrasada: \$ _____

Number of months remaining on this loan/Numero de meses restantes en este préstamo: _____

Reason for reverse mortgage (HECM)/Razón por hipoteca revertida (HECM):

Reduction of Income

Reducción de ingreso

Poor Budget Management skills

Escasa habilidad de presupuesto

Divorce/Separation

Divorcio/Separación

Medical Issues

Problemas medicos

Business Venture Failed

Fracaso de Empresa/Negocio

Increase in loan Payment

Aumento en pago de Préstamo

Death in Family

Muerte en la Familia

Loss of Income

Pérdida de Ingreso

Increase in Expenses

Aumento de Gastos

Other/Otro:

AUTHORIZATION/AUTORIZACION:

PLEASE INITIAL/INICIALES POR FAVOR

I authorize Cabrillo Economic Development Corporation - Homeownership Center to:

Autorizo a CEDC Centro de Viviendas a:

- (a) Obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan. _____, _____

Obtener una copia de las formas del Departamento de Urbanización y Viviendas HUD-1 Acuerdo de Estado de Cuenta, Evaluación, y Notas de Bienes cuando compre una casa, de un prestador que me/ nos haga un préstamo y/o la compañía de título que cierre la venta. _____, _____

- (b) I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my income and any pertinent information they may have personal, or otherwise, and release Cabrillo Economic Development Corporation from all liability for any damage that may result from utilization of such information _____, _____

Autorizo la investigación de todas las declaraciones contenidas en este documento y las referencias y los empleadores enumerados para darle cualquier tipo de información relacionadas a los ingresos de mi y cualquier otra información pertinente que pueda tener personal, o de lo contrario, y la liberación de Cabrillo Economic Development Corp. de toda responsabilidad por cualquier daño que puede resultar de la utilización de dicha información. _____, _____

- (c) I also understand and agree that no representative of CEDC has any authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. _____, _____

También tengo entendido que ningún representante de Cabrillo Economic Development Corporation tiene autorización para entrar en acuerdo por cualquier detalle especificado, o proceder en acuerdo contrario a lo indicado, solamente que este escrito y firmado por el representante de la compañía autoritaria. _____, _____

AUTHORIZATION CONTINUED/AUTORIZACION: PLEASE INITIAL/INICIALES POR FAVOR

- (d) I understand that Cabrillo Economic Development Corporation NeighborWorks Homeownership Center receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation. _____, _____

Yo entiendo que Cabrillo Economic Development Corporation NeighborWorks Homeownership Center recibe fondos del Congreso Nacional a través del programa National Foreclosure Mitigation Counseling (NFMC) y, por lo cual es requerido compartir parte de mi información personal con la administración del programa NFMC o sus agentes para la vigilancia, cumplimiento y evaluación del programa.

_____, _____

- (e) I give permission for NFMC or CEDC program administration and/or their agents to follow-up with me for the purposes of program evaluation. _____, _____

Yo le doy permiso a los administradores del programa NFMC y/o sus agentes hacer seguimiento conmigo con el propósito de evaluar el programa. _____, _____

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Yo/Nosotros entendemos que cualquier representación intencional o negligente de la información contenida en esta forma puede resultar en cargos civiles o criminales bajo las provisiones y derechos dados en el Título 18, del Código del los Estados Unidos, Sección 1001.

Client #1 Signature
Firman del Cliente #1

Date/Fecha

Client #2 Signature
Firma del Cliente #2

Date/Fecha

MONTHLY SPENDING PLAN

Income - (all income sources)	Monthly Gross (before taxes)	Monthly Net (after taxes)	
Salary 1	\$	\$	Help me understand your financial situation a little better... this will help with our counseling session.
Salary 2			
Commissions/Bonuses			
Social Security			
Retirement/Pension			
Other			
TOTAL Income	\$	\$	

MUST Expenses - (A "must" expense is something you must pay each month...or else)

	Per Month		Per Month
HOME - Mortgage	\$	INSURANCE - Life	\$
Property taxes		Disability	
Homeowners Insurance		Liability	
Maintenance		Other	
Electric/Gas		DEBTS - Personal Loan	
Water/Sewer		Credit Care - 1	
Telephone		Credit Card - 2	
Other		Other	
AUTO - Loan Payment		Other	
Auto Insurance		DAILY - Groceries	
Gas		Other	
Maintenance		Other	
Other		SAVINGS - General	
MEDICAL - Insurance		CD's/Money Market	
Doctor/Dentist		Other	
Prescriptions			
Other		TOTAL Musts	\$

WANT Expenses - (A "want" expense is something that makes life better but is not truly necessary)

	Per Month		Per Month
Cable TV	\$	Gifts	\$
Dinning out		Allowances	
Hobbies/Clubs		Personal Care/Beauty	
Vacation		Entertainment	
Pet Care		Other	
Charity		TOTAL Wants	\$

TOTALS			
Net Income		\$	
(Subtract) Musts + Wants Total Expenses		\$	
Monthly Surplus or Deficit		\$	

PRIVACY POLICY AND PRACTICES OF
Cabrillo Economic Development Corporation

We at Cabrillo Economic Development Corporation – Branch value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information and financial debts. It also includes your social security number and other information that you have provided us on any application or forms that you have completed.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on application forms or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law.

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Client Signature/ Firma de Cliente

Client Signature/ Firma de cliente

702 County Square Drive, Ventura, CA 93003
(805) 659-6868

PRIVACY POLICY AND PRACTICES OF

Cabrillo Economic Development Corporation – Branch: Cabrillo Economic Development Corp. (Main Office)

Directing Us Not to Make Disclosure to Unaffiliated Third Parties

If you prefer that we do not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

PRIVACY CHOICES FORM

If you want to opt out, that is, direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

Box 1 - Limit disclosure of personal information about me to unaffiliated third parties other than non profit organizations involved in community development.

Box 2 - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

If you have checked any of the boxes above,
Please mail this form in a stamped envelope to:

Cabrillo Economic Development Corporation – Branch: Cabrillo Economic Development
Corp. (Main Office)
702 County Square Drive, Ventura, CA 93003

Please allow approximately 30 day from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until your request a change.

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