



Foreclosure Prevention Intake

Thank you for contacting Cabrillo Economic Development Corporation to set an appointment for a one-on-one Home Preservation counseling. As part of your counseling session, you will be provided with a specific action plan that may help you avoid foreclosure or if homeownership cannot be maintained alternatives to foreclosure can be discussed.

To assist us in providing you with the most efficient service, please complete the attached forms: **CEDC Home Preservation Intake Form and Monthly Budget**. Cabrillo Economic Development Corporation is able to provide you with foreclosure mitigation counseling free of charge with the help of Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to collect some of your personal information for NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation. For this reason, the intake form must be completed and signed **before** you meet with a counselor for your initial appointment. You can return the complete packet to us by email (HFS@cabrilloedc.org), FAX (805) 659-6869, mail, or drop off at our office. We will contact you to schedule the appointment.

Please note if you do not provide a complete packet with the attached documents your appointment will not be scheduled; without this information our counselors cannot give you a complete assessment.

Once all documents are complete and turned in your appointment will be scheduled.

If you have any questions, please call us immediately at (805) 659-6868. Our general office hours are: Monday through Friday 8:30am to 5:30pm.

Sincerely,

Heidi Reyes

Education and Counseling Services Program Coordinator
Cabrillo Economic Development Corporation
702 County Square Drive
Ventura, CA 93003
(805) 659-6868 Ext 179





Required document checklist

Please make sure to turn in a complete packet. Failure to do so will delay scheduling your appointment.

Please complete and sign the following forms:

- CEDC Intake Form Request for Modification and Affidavit (RMA)
- IRS Form 4506T Dodd-Frank Certification Lender Application (if applicable)

Please provide SINGLE SIDED COPIES (no originals) of the following documents for ALL barrowers:

- Hardship letter, sign and date- *Please be brief and include month & year of hardship*
- Copy of your current mortgage statement (for all loans) - *Must have barrowers name(s) on it*
- Any documentation from the courts of the sheriffs regarding foreclosure
- Any correspondence from the mortgage company or its attorney
- Copy of Homeowners Association (HOA) statement
- Copy of property tax bill (only if property tax fee is NOT included in your mortgage statement)
- Copy of Home Insurance Declaration (only if home insurance fee is NOT included in your mortgage payment)
- Copies of last 30 days (1 month) pay stubs for all employment for all barrowers
- If self-employed, most recent profit and loss statement year to date (each month on a separate page signed and dated)
- Last 2 months of all bank statements (ALL PAGES). (Your name MUST be on it)
- Proof of rental income and/or other income (alimony, child support, social security, unemployment)
- Copy of last 2 years of Federal Tax returns (ALL PAGES/Page 2 must be signed)
- Copy of one utility bill for the last month (gas or electricity –Cannot be past due)
- Copy of driver’s license or identification card
- If reason for hardship is divorce please provide divorce decree
- Other: _____





**Foreclosure 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 will be provided to others with your specific authorization.

Nuestra agencia está 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 será 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: _____





FORECLOSURE 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 DE EJECUCIÓN HIPOTECARIA

*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 understand that CEDC may only assist me with my primary residence and reserves the right to refuse service based on need, misrepresentation of facts and/or timeliness. _____, _____

Entiendo que CEDC solo me proveerá consejería y asistencia con la residencia la cual ocupo. CEDC se reserva el derecho de reusar el servicio a clientes basado en la falta de necesidad, falsificación y/o puntualidad. _____, _____

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 authorize and agree for CEDC to pull/ provide a copy of my credit/score and credit report.
_____, _____

Autorizo y estoy de acuerdo que CEDC corra una copia del reporte del puntaje de mi historial de crédito. _____, _____

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(FHA, Conventional, VA, and USDA) 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 (FHA, Convencional, VA y USDA) 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 Keep Your Home California Privacy Policy (if applicable). _____, _____

Reconozco haber recibido una copia de la póliza de privacidad de Cabrillo Economic Development Corporation, la Guía de Recursos, y la póliza de privacidad de KeepYour Home California (si es aplicable) _____, _____

CEDC 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

Head of Household/*Cabeza de su hogar*: Yes/Si No

Disabled/*Deshabilitado*: Yes/Si No

Disabled Dependent/*Dependiente Deshabilitado*: Yes/Si No

Total Household Size/*Tamaño de Familia*: _____

How many dependents?/*Cuantos dependientes?*: _____

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

Marital Status/*Estado Matrimonial*:

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

Highest Level of Education/*Nivel más alto de educación*:

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

Time at residence/*Tiempo viviendo en su residencia (years/años)*: _____

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

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

Veteran/Veterano: Yes/Si No

Gender/Género: Male/Masculino Female/Femenina

Active Military/Militar Activo: Yes/Si No

Disabled/Deshabilitado: Yes/Si No

WHO REFERRED YOU?/QUIEN LO REFERIO?:

Flyer/Volante

Radio/Radio

Realtor/Agente de bienes raíces

Friend

Bank/Banco

I'm a former client/Soy cliente previo

Government Agency/Agencia de Gobierno

Social Media/Medio de comunicación social

CEDC Staff or Board member/Empleado o miembro del consejo de CEDC

Other/Otro: _____

Employment Information for Primary Client/Información de Empleo del cliente principal:

Primary Employer/Empleo Principal: _____

Title/Título: _____ **Date Hired/Fecha que fue contratado:** _____

Address/Dirección: _____

Monthly Gross Income/Ingresos Brutos Mensuales:(before taxes/antes de impuestos) \$ _____

Monthly Net Income/ Ingresos Netos Mensuales: (after taxes/después de impuestos) \$ _____

Part-Time/Medio Tiempo Full-Time/Tiempo Completo

Your income is paid/Su sueldo se le paga:

Weekly/Por Semana

Bi-Weekly/Cada dos semanas

2 times a month/Dos Veces al Mes

Monthly/Mensual

Unemployed/Desempleado:

Check here if unemployed & input your EDD monthly benefit amount on page #13 under "Unemployment Compensation"
Marque aquí si está desempleado y escriba la cantidad mensual que recibe de Desempleo en la pagina #13 en la sección nombrada "Compensación por Desempleo"

Employment Information for Co-Applicant/Información de Empleo del Co-Solicitante:

Primary Employer/Empleo Principal: _____

Title/Título: _____ Date Hired/Fecha que fue contratado: _____

Address/Dirección: _____

Monthly Gross Income/Ingresos Brutos Mensuales:(before taxes/antes de impuestos) \$ _____

Monthly Net Income/ Ingresos Netos Mensuales: (after taxes/después de impuestos) \$ _____

Part-Time/*Medio Tiempo* Full-Time/*Tiempo Completo*

Your income is paid/Su sueldo se le paga:

Weekly/*Por Semana* Bi-Weekly/*Cada dos semanas*

2 times a month/*Dos Veces al Mes* Monthly/*Mensual*

Unemployed/Desempleado:

Check here if unemployed & input your EDD monthly benefit amount on page #13 under “Unemployment Compensation”

Marque aquí si está desempleado y escriba la cantidad mensual que recibe de Desempleo en la pagina #13 en la sección nombrada “Compensación por Desempleo”

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?: _____

Amount past due/Cantidad atrasada: \$_____

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

Reason for default/hardship/Razon de falta de pago/dificultad:

- | | |
|--|---|
| <input type="checkbox"/> Reduction of Income
<i>Reducción de ingreso</i> | <input type="checkbox"/> Increase in loan Payment
<i>Aumento en pago de Préstamo</i> |
| <input type="checkbox"/> Poor Budget Management skills
<i>Escaso habilidad de presupuesto</i> | <input type="checkbox"/> Death in Family
<i>Muerte en la Familia</i> |
| <input type="checkbox"/> Divorce/Separation
<i>Divorcio/Separación</i> | <input type="checkbox"/> Loss of Income
<i>Pérdida de Ingreso</i> |
| <input type="checkbox"/> Medical Issues
<i>Problemas medicos</i> | <input type="checkbox"/> Increase in Expenses
<i>Aumento de Gastos</i> |
| <input type="checkbox"/> Business Venture Failed
<i>Fracaso de Empresa/Negocio</i> | <input type="checkbox"/> Other/Otro |



Project Reinvest: Financial Capability Authorization:

1. I understand that Cabrillo Economic Development Corporation 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 that Cabrillo Economic Development Corporation submits client-level information relating to the Project Reinvest: Financial Capability grant program 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 understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
4. 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.
5. I acknowledge that I have received a copy of Cabrillo Economic Development Corporation’s Privacy Policy.
6. I may be referred to other services of the organization, 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. 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 signature: _____ Date _____

Print Name: _____

Client signature: _____ Date _____

Print Name: _____



Reinvertir proyecto: autorización de capacidad financiera:

1. Entiendo que Cabrillo Economic Development Corporation brinda asesoría / asesoramiento sobre capacidad financiera, luego de lo cual recibiré un plan de acción por escrito que consiste en recomendaciones para manejar mis finanzas, posiblemente incluyendo referencias a otras agencias, según corresponda.
2. Entiendo que Cabrillo Economic Development Corporation envía información del nivel del cliente relacionada con el programa de subvención Project Reinvest: Financial Capability al NeighborWorks America Data Collection System (DCS), abre archivos para ser revisados con el fin de monitorear y cumplir con el programa, y realiza seguimientos con los clientes relacionados con la evaluación del programa.
3. Entiendo que puedo optar por excluirme de este requisito, pero la prueba de esta exclusión debe registrarse en mis archivos.
4. Doy permiso para que Project Reinvest: los administradores del programa de Capacidad financiera y / o sus agentes hagan un seguimiento conmigo dentro de los próximos tres años a los efectos de la evaluación del programa.
5. Confirmando que he recibido una copia de la Política de Privacidad de Cabrillo Economic Development Corporation.
6. Es posible que me remitan a otros servicios de la organización, a otra agencia o agencias, según corresponda, que puedan ayudar con las inquietudes particulares que se hayan identificado. Entiendo que no estoy obligado a utilizar ninguno de los servicios que se me ofrecen.
7. Un consejero puede responder preguntas y proporcionar información, pero no puede brindar asesoramiento legal. Si deseo consejo legal, seré referido para asistencia apropiada

Firma: _____ Fecha _____

Imprimir nombre: _____

Firma: _____ Fecha _____

Imprimir nombre: _____

AUTHORIZATION/AUTORIZACION:

1. I understand that Cabrillo Economic Development Corporation provides foreclosure mitigation counseling after which I will have received an action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

Yo entiendo que Cabrillo Economic Development Corporation provee conserjería sobre la prevención del juicio Hipotecario. Depuse de esta conserjería yo recibiré un plan de acción en escrito con recomendaciones sobre el manejo de mis finanzas y posiblemente una referencia a otras agencias, si es necesario.

2. I also understand that they may conduct follow up related to the program evaluation and I have access to the organization’s Privacy Policy Statement.

Yo también entiendo que es posible que ellos harán seguimiento en conexión con la evaluación del programa y yo tengo acceso a la Declaración del Acuerdo de Confidencialidad de la agencia.

3. I understand that Cabrillo Economic Development Corporation 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, NeighborWorks America and HUD or their agents for purposes of program monitoring, compliance and evaluation.

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

4. 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.

Primary Borrower/*Solicitante Primario*

Date/*Fecha*

Co-Applicant/*Segundo Solicitante*

Date/*Fecha*

Monthly Expense/Gastos Mensuales	Current/Cantidad	Balance/Balance	For Office Use
Housing Expenses/ Gastos de Vivienda			
Mortgage/1ra Hipoteca			
2nd Mortgage/2da Hipoteca			
Property Taxes/Impuestos de Propiedad			
Homeowners Insurance/Seguro Hipotecario			
HOA fees/Asociación de Propietarios			
Auto Expenses/ Gastos de Auto			
Auto Payment 1/Pago del Auto #1			
Auto Payment/Pago del Auto #2			
Auto Insurance/Seguro de Auto			
Auto Fuel/Gastos de Combustible			
Credit Expenses/ Gastos de Crédito			
ALL Credit Cards (total monthly minimums)			
Personal/Installment Loan/Préstamo Personal			
Personal & Family Expenses/Gastos Personales y Familiares			
Child Support/Manutención de Hijos (<i>que no viven con usted</i>)			
Alimony/Pensión por Divorcio o Separación			
Judgments Liens /pagos por Orden Legal			
Tuition/Colegiatura			
Prescriptions/Recetas Medicas			
Food/Groceries/Alimentos/Viveres			
Child Care/Adult Day Care/Cuidado para Niños/Adultos			
Medical Bills/Co-pays/Cobros Médicos/Co- pagos			
Utilities/Utilidades			
Electricity/Electricidad			
Gas/Gas			
Water/Trash/ Agua/Basura			
Phone/Teléfono			
Cell Phone/ Celular			
Cable TV/Dish/Satellite / Cable/Dish/Satélite			
Other Expenses /Otros Gastos			
Monthly Total/Total de Gastos Mensuales:	\$	\$	

Household Monthly Income/*Ingreso Familiar Mensual*

Description/ Descripción	Gross/Bruto (before/antes de taxes)	Net/Neto (after/después de taxes)	For Office Use
Homeowner Monthly Income (primary borrower) <i>Ingreso Mensual del Propietario (prestatario primario)</i>			
Homeowner Monthly Income (co-borrower) <i>Ingreso Mensual del Propietario (segundo prestatario)</i>			
Homeowner Monthly Income (add'l borrower) <i>Ingreso Mensual del Propietario (prestatario adicional)</i>			
Homeowner Monthly Income (add'l borrower) <i>Ingreso Mensual del Propietario (prestatario adicional)</i>			
Other Employment Income <i>Ingreso de otro Empleo</i>			
Other Employment Income <i>Ingreso de otro Empleo</i>			
Social Security/ SSI/ SSDI <i>Seguro Social / SSI/ SSDI</i>			
Child or Spousal Support <i>Pensión por Divorcio o Manutención de Hijos</i>			
Unemployment Compensation <i>Compensación por Desempleo</i>			
Workers Disability Compensation <i>Compensación por Discapacidad de Empleado</i>			
Retirement/Pension Benefits <i>Beneficios de Jubilación</i>			
Monies From Rental properties <i>Ingresos de Propiedades de Renta</i>			
Otro/Other			
Total Combined Household Income: <i>Total de Ingreso Familiar Combinado:</i>	\$	\$	
Difference Between Expenses & Income <i>Diferencia entre Gastos e Ingresos:</i>	\$	\$	
Household Assets/ Bienes Familiares			
Description/ Descripción	Value/Amount Valor/Cantidad	Amount Owed Saldo a Pagar	
Automobile #1 <i>Auto #1</i>			
Automobile #2 <i>Auto #2</i>			
Money Market Funds <i>Fondos por Inversiones</i>			
Checking Account <i>Cuenta de Cheques</i>			
Savings Account <i>Cuenta de Ahorros</i>			
Cash on Hand Over \$100 <i>Dinero en Efectivo (más de \$100.00)</i>			
Stocks/Bonds/CDs/Annuities, etc. <i>Bolsa de Valores/Bonos de Ahorro/CD/Anualidades</i>			

IRA/Keogh Accounts			
Computer/TV/Electronics <i>Computadora/ Televisión/Aparatos Electrónicos</i>			
Boats/Jet Skis <i>Barcos/Motos para Esquiar en Agua</i>			
RV/Recreational Homes <i>RV/Casas Movibles de Recreación</i>			
Motorcycles <i>Motocicletas</i>			
Trailer <i>Casa Móvil</i>			
Other Property <i>Otras Propiedades</i>			
Other/Otro			

Please read below carefully/ Favor de leer la siguiente información:

Household Expenses and Income: All of the information that I/We have provided in this worksheet 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 worksheet. 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 and no further assistance from the counselor will be provided.

Gastos Familiares e Ingresos: *Toda la información que Yo/Nosotros proporcione en esta solicitud es verdadera y correcta. No he retenido ninguna información. Entendemos la importancia de proveer información verdadera y completa y proporcionaremos cualquier información adicional necesaria para completar esta solicitud. Entendemos que el proporcionar deliberadamente, información que no es verdadera o la falta de mi disponibilidad para proveer información a su debido tiempo al consejero, o el no proveer los documentos que ayuden a mi/nuestro caso, resultará en el cierre del caso y no se me proporcionará ayuda futura por parte del consejero.*

Household Assets: 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.

Bienes Familiares: *Como Encargado de Familia (Head of Household), declaro que miembros de mi familia no tienen propiedad, completa o en parte, solamente los antes mencionados, al valor que se ha declarado de los bienes.*

Please sign below/Por favor firme:

Signature/Firma Date/Fecha

Signature/Firma Date/Fecha



PRIVACY POLICY AND PRACTICES OF
Cabrillo Economic Development Corporation

We at Cabrillo Economic Development Corporation 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 and organizations such as:

- 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.
- HUD, NeighborWorks America, NFMC, Keep Your Home California, Banks, Credit Unions and Realtors.

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

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 nonprofit 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
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.

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

Please Note:

**There is a fee of \$0.25 per copy
made at our office.**

Please make sure you make copies **before** you
turn in the complete packet OR be prepared to pay
when you come in (**cash only**).

In order to meet our file auditing requirements any
documents that you submit will **not** be returned therefore we
will not accept originals.

Thank you.