

**Consumer Credit  
Counseling Service**



**Apprisen**  
Financial Advocates

## **Indiana Foreclosure Prevention Network**

### **Workout Packet**

## WORKOUT PLAN FORM

Name:

### ACTION ITEMS

Please complete the packet in its entirety (highlighted areas). All documents must be returned to Apprisen within 10 days. You may fax it to 1-866-733-2227 or e-mail it to Lisa.Piercefield@Apprisen.com. Once packet is sent, contact Customer Service @ 1-800-355-2227 to schedule your IFPN Housing Appointment.

1. Enclose a COPY of your most recent mortgage statement
2. Send COPIES of any correspondence from your local courthouse that you may have received
3. Send COPIES of the most recent correspondence from your lender
4. Send COPIES of the last two months of pay stubs
5. Send two most recent COPIES of bank statements
6. PLEASE DO NOT SEND ANY ORIGINAL DOCUMENTS
7. Please return the signed copy of this form in the packet
8. Please select from the options below what type of workout you are seeking. Read over the following options and check the one that best suits your desired workout.

- Repayment (paying off the delinquency by making your payment plus extra)
- Suspending or lowering payment for a specific amount of time (usually 3 mos)
- Changing the terms of your loan resulting in lower payment or curing delinquency (interest rate reduction, ARM, putting delinquency at the end)
- Short sale or deed-in-lieu (home or loan is not affordable and I want to move on but still avoid foreclosure)

Call this office with any updates, changes or questions 317-266-1300 or 1-800-355-2227.  
This form must be signed and returned for us to be able to work with your case.

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Print

Signature

Date

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Print

Co-borrower Signature

Date

## WORKOUT PLAN FORM

Place in File

Name:

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Signature

Date

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Co-borrower Signature

Date

## WORKOUT PLAN FORM

Please Sign and Return

Name:

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Print

Signature

Date

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Print

Co-borrower Signature

Date

## Keep for Your Records

TO :

(Mortgage company name & address)

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RE: Account Number:

Last 4 Digits of Borrower's Soc. Sec. Number:

Borrower's Property Address:

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Dear Sir or Madam:

I am working with a counseling agency with the Indiana Foreclosure Prevention Network on a plan to resolve my mortgage delinquency. I also may seek an attorney to assist in this process. In order for the Counseling Agency and attorney to assist, they will need access to my account records. Therefore, I hereby grant permission for you, your staff and your custodian of records (a) to release to and provide to the individuals listed below or I any other individuals in which I notify you by letter, e-mail or facsimile is representing me, with any and all information concerning the above-referenced account number, and (b) to discuss and answer any questions regarding this account with the Counseling Agency and attorney. This permission begins as of the date of listed on the top of this request and expires one-year from that date.

Counseling Agency Name:

Apprisen Financial Advocates

Authorized Counselors at Counseling Agency:

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Authorized Attorney:

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In conjunction with this authorization, please deliver the information requested on the enclosed statement, to the Counseling Agency at the facsimile number indicated on such statement, and no later than the date indicated on such statement.

## Keep for Your Records

You may release additional information to them in the future without further authorization. However, I reserve the right to revoke this letter of instruction by a subsequent writing to you at any time. I acknowledge that a signed copy of this letter is as valid as the original. Thank you for your prompt handling of this request. If you have any questions, please feel free to contact me. Sincerely,

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Print

Signature

Date

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Print

Co-borrower Signature

Date

**RELEASE OF MORTGAGE INFORMATION TO THIRD PARTIES**

I hereby authorize the Affordable Housing Community Development Corporation, assigned to my case, its staff, and its agents to release information from my records to certain third parties (described below) in order to assist me in resolving my mortgage delinquency.

Affordable Housing Community Development Corporation will release information only to those institutions, companies and agencies that I have indicated are working for me, or which the Affordable Housing Community Development Corporation believes may provide assistance in resolving my mortgage default. Examples of such third parties include, but are not limited to: my attorney, mortgage servicers, mortgage investors, public agencies and other nonprofit agencies.

The information released records may include records whose confidentiality is protected by either federal regulations or state regulations and may include specific financial data, such as income, budget, debt and mortgage details.

I understand that the provision of services from the Affordable Housing Community Development Corporation is NOT contingent upon my decision concerning the release/exchange of information.

I hereby acknowledge that my consent is voluntary. This consent is valid until the earlier of one (1) year from the date shown below, or my revocation of the consent by a subsequent signed document. I understand that by revoking this consent, I cannot undo any action taken by Affordable Housing Community Development Corporation based upon this consent. I acknowledge that a signed copy of this release is as valid as the original.

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Print Name	Signature	Date	Last 4 - Soc. Sec. #
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Print Name	Co-borrower Signature	Date	Last 4 - Soc. Sec. #
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Mortgaged Property Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

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Counselor Signature	Date
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**INFORMED CONSENT TO THE LIMITED RELEASE OF CONFIDENTIAL INFORMATION**

TO: Apprisen Financial Advocates  
615 N. Alabama Street  
Suite 134  
Indianapolis, IN 46204  
1-800-355-2227

In order for the above-named counseling agency to provide me with foreclosure prevention counseling services through the Indiana Foreclosure Prevention Network (IFPN) program, I authorize and consent to the release of my personal information, even that of a confidential nature, to Indiana Housing and Community Development Authority (IHCDA) and Affordable Housing Community Development Corporation, and their respective staffs and agents.

Such information includes, but is not limited to, my Social Security Number, individual tax identification number, date of birth, familial status, demographic information, financial data, counselor's notes, reports, records, memoranda, correspondence, and any other information relating to my participation in the IFPN program.

It is my understanding that release of this information by the assigned counseling agency is necessary for purposes of complying with the reporting and record-keeping requirements of the IFPN program, and I authorize its release for such purpose.

I further understand that the assigned counseling agency, as a participating organization in the IFPN, may apply for and receive financial compensation from IHCDA for the services provided to me, and I hereby grant my informed consent to such compensation.

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Print	Signature	Date
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Print	Co-borrower Signature	Date
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**LETTER OF EXCLUSIVITY**

**TO:** Apprisen Financial Advocates  
615 N. Alabama Street  
Suite 134  
Indianapolis, IN 46204  
1-800-355-2227

In order for Apprisen Financial Advocates to provide me with foreclosure prevention counseling through the Indiana Foreclosure Prevention Network (IFPN) Program, I will not receive assistance from any other foreclosure prevention counseling agency.

It is to my understanding that receiving assistance from another agency will nullify my agreement with AHCDC. This action will prevent AHCDC from giving me assistance with foreclosure prevention.

I also understand that while participating in Apprisen's foreclosure prevention counseling, I must inform Apprisen of any correspondence and/or communication (such as work out plans, trial or permanent modifications, letters or telephone calls) that I have with my lender, lender's attorneys or the courts. I must report all actions until my foreclosure prevention counseling has been considered resolved by Apprisen's HUD-certified foreclosure prevention counselor.

I verify by signing this letter that I am not receiving assistance from any other counseling agency than Apprisen. I am working exclusively with Apprisen Financial Advocates and will abide by its correspondence guidelines.

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Print	Signature	Date
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Print	Co-borrower Signature	Date
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## SCOPE OF SERVICES NOTICE, RELEASE AND ACKNOWLEDGEMENT

The information, counseling and guidance provided by the Indiana Foreclosure Prevention Network (IFPN), either through its educational materials or by its counselors, is not, and should not be considered legal advice to you or any other person. By signing below, you acknowledge your understanding that each person's circumstances are unique, and that your issues must be evaluated thoroughly and individually by legal counsel before you can reasonably believe you have received legal advice.

Although the information and counseling being provided by the IFPN Network Agencies and their counselors (collectively, the "Counselor") is free of charge to clients, the Counselor may receive compensation from IFPN for their services. If the Counselor receives compensation from any other source for assisting you, the Counselor must tell you. You are encouraged to ask questions about anything you do not understand regarding the IFPN, including what services are and are not being provided by your Counselor. You are also encouraged to consult legal and financial counsel before taking any action in reliance upon any analysis being provided through the IFPN.

You may terminate your participation in the IFPN at any time by notifying your Counselor. Under certain circumstances, the Counselor may terminate your participation for other reasons, as described in the attached Termination Form. Whenever such termination occurs, you will be asked to sign a completed Termination Form, indicating the reason for termination, and return it to your Counselor.

You further authorize the Counselor to contact, obtain information about your mortgage from, and discuss your mortgage with, your lender(s). You allow your Counselor to communicate any and all information provided by you or your lender(s) to any persons or companies that you have indicated are serving as your legal and/or financial representatives in this matter.

Your signature below constitutes your release of the IFPN, the Counselors, and their respective officers, agents, and employees (collectively, the "Released Parties"), from any and all claims, demands, actions, and causes of action, for, upon, or by reason of any damages, losses, injuries, or expenses, which you may have sustained as a result of any services rendered by the Released Parties.

By signing below, you hereby acknowledge receipt of this Notice, and your understanding of the contents of this Notice, including but not limited to the scope of services which will be provided by IFPN and the Counselor. **IT IS YOUR RESPONSIBILITY TO ASK QUESTIONS IF YOU DO NOT UNDERSTAND THIS NOTICE, OR THE LIMITED NATURE OF SERVICES BEING OFFERED BY IFPN AND THE COUNSELOR.**

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Print	Signature	Date
Print	Co-borrower Signature	Date



## DEED-IN-LIEU DISCLOSURE

All debtors should learn more about a deed-in-lieu of foreclosure from a qualified attorney of their choice. Debtors should be aware that, unless they receive a written waiver of a deficiency judgment, a lender is entitled to file a judgment against a debtor for the remaining balance on their loan after their home has been sold. This is known as the “deficiency” on the loan. A lender is required by law to file an IRS Form 1099-A showing any deficiency, and such filing will likely have tax implications for a debtor. It is therefore recommended that a debtor also consult with a qualified financial advisor with experience in such situations.

If debtors have an FHA loan, the process may differ. FHA loans may result in no deficiency judgment against the debtor, but only if the debtor willingly participated in a pre-foreclosure sale attempt and was not successful in procuring a willing buyer before the lender initiated foreclosure.

Again, there may be tax implications and debtors are encouraged to consult with a qualified financial advisor.

INFORMATION CONTAINED HEREIN IS NOT TO BE CONSIDERED LEGAL ADVICE TO ANY PARTICULAR PERSON. EACH PERSON’S CIRCUMSTANCES ARE UNIQUE AND MUST BE EVALUATED INDIVIDUALLY. COMPETENT LEGAL AND FINANCIAL COUNSEL SHOULD BE SOUGHT BEFORE TAKING ANY ACTION IN RELIANCE UPON THE INFORMATION CONTAINED HEREIN. THIS INFORMATION IS PROVIDED FOR PURPOSES OF AWARENESS AND IS FREE OF CHARGE.

**TERMINATION OF SERVICES**

Client Name: \_\_\_\_\_

HCO Case #: \_\_\_\_\_

The Indiana Foreclosure Prevention Network Counseling services being provided to the above referenced client have been terminated for the following reason(s):

- Counselor has made three attempts to contact the client, issued an “Unable to Reach” letter, and has not heard back from the client within 31 days of the date the letter was issued;
- Client has met his or her housing needs and/or has resolved his/her housing problems;
- Counselor has determined that further counseling will not meet the client’s housing needs or resolve the client’s housing problems;
- Client has terminated the counseling without resolving his/her housing problems;
- Client has not followed the agreed-upon counseling and workout plan
- Client has repeatedly failed to appear for counseling appointments.

For all terminations, the counselor should try to obtain the client’s signature. If the client’s signature cannot be obtained, the counselor should have a witness from the Network Agency sign below.

Print	Signature	Date
Print	Counselor Signature	Date
Print	Witness Signature (If required)	Date

Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Spouses Name: \_\_\_\_\_

Spouses Social Security Number \_\_\_\_\_

Spouses Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

How many people live in your home? \_\_\_\_\_

How many children under the age of 18 live in your home? \_\_\_\_\_

What is your approximate household income per year? \_\_\_\_\_

**DEMOGRAPHICS:**

What is your marital status? \_\_\_\_\_

Are you 62 years old or older? (Circle One) Yes No

Ethnicity (Circle one) Race (Circle all that apply to your household

Hispanic Non Hispanic American Indian Black or African American

Asian White

Native Hawaiian or Pacific Islander

I (We) hereby authorize Apprisen Financial Advocates to secure credit reports and other credit-reported information for the purpose of homeownership and/or credit counseling. This information will not be disclosed except as required and permitted by law.

\_\_\_\_\_  
Print Signature Date

\_\_\_\_\_  
Print Co-borrower Signature Date

Homeowner Name:		Loan Number:	
<b>Income</b>	<b>Gross Income</b>	<b>Net Income</b>	<b>Income Source</b>
Homeowner Income			
Co-Homeowner Income			
Other Income 1			
Other Income 2			
Other Income 3			
Gross Income Total			
Net Income Total			
Annual Income Total			
<b>Expenses</b>	<b>Monthly Payment</b>	<b>Unpaid Balance</b>	<b>Company</b>
Mortgage Payment			
2nd Mortgage Payment			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
<b>Expenses</b>	<b>Monthly Payment</b>	<b>Expenses</b>	<b>Monthly Payment</b>
Monthly Property Taxes		Monthly Food Costs	
Home Owners Insurance		Car Insurance Payment	
Home Owner Association Fee		Car Payments	
Cell Phone Payment		Vehicle Gas	
Home Phone Payment		Daycare/Childcare	
Cable/Internet Payment		Child Support	
Electric Payment		Health Insurance	
Trash Payment		Medical/Dental Costs	
Gas Payment		Monthly Prescriptions	
Water Payment		Life Insurance Costs	
<b>Other Expenses</b>	<b>Monthly Payment</b>	<b>Unpaid Balance</b>	

This form must be completed in order to use our services. Please fill out to your best ability.

Summary Sheet

Total Number of People in Household	
Total Number of Dependents	

<b>Assets</b>	<b>Estimated Value</b>
Checking Accounts	
Savings Accounts	
IRA/401K/Keogh Accounts	
Other	
<b>Total Assets</b>	

<b>Total Expenses</b>	
<b>Total Balance</b>	

<b>Gross Monthly Surplus</b>	
<b>Net Monthly Surplus</b>	

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