



**Consumer Credit and Budget Counseling Foreclosure Intake  
And Affidavit for Mortgage Default Counseling**

**STEPS ALREADY TAKEN**

Have you worked with another housing counseling agency this year? \_\_\_Yes \_\_\_No  
 If yes, name of agency: \_\_\_\_\_  
 What caused you to contact us? \_\_\_\_\_  
 What caused your situation? \_\_\_\_\_  
 What steps have you already taken? \_\_\_\_\_  
 Have you had previous modifications, forbearances, or other workouts? \_\_\_Yes \_\_\_No  
 If yes, dates and types: \_\_\_\_\_  
 Do you want to stay in your home? \_\_\_Yes \_\_\_No      How much money do you have saved? \$ \_\_\_\_\_  
 Is your mortgage insured/guaranteed by the Federal Housing Administration (FHA)? \_\_\_Yes \_\_\_No

**HOMEOWNER INFORMATION**

**Homeowner** Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status: \_\_\_Single \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Civil Union \_\_\_Widowed  
 Preferred Language: \_\_\_English \_\_\_Spanish Other: \_\_\_\_\_  
 Bankruptcy \_\_\_No \_\_\_Yes Case Number \_\_\_\_\_ File Date \_\_\_\_\_ Discharge Date \_\_\_\_\_  
 Employed? \_\_\_Yes \_\_\_No Collecting Unemployment \_\_\_Yes \_\_\_No Self Employed \_\_\_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: \_\_\_\_\_  
 Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status: \_\_\_Single \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Civil Union \_\_\_Widowed  
 Preferred Language: \_\_\_English \_\_\_Spanish Other: \_\_\_\_\_  
 Bankruptcy \_\_\_No \_\_\_Yes Case Number \_\_\_\_\_ File Date \_\_\_\_\_ Discharge Date \_\_\_\_\_  
 Employed? \_\_\_Yes \_\_\_No Collecting Unemployment \_\_\_Yes \_\_\_No Self Employed \_\_\_Yes \_\_\_No  
 Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_  
 Start Date \_\_\_\_\_ Pay Period \_\_\_Weekly \_\_\_BiWeekly \_\_\_Semi-Monthly \_\_\_Monthly  
 Net Income \_\_\_\_\_ Other Income \_\_\_\_\_

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





**FOR GOVERNMENT MONITORING PURPOSES ONLY**

<u>Applicant</u>	<u>Co-Applicant</u>	<u>Race</u>	<u>Applicant</u>	<u>Co-Applicant</u>	<u>Ethnicity</u>
_____	_____	American Indian or Alaskan Native	_____	_____	Hispanic or Latino
_____	_____	Asian	_____	_____	Non-Hispanic
_____	_____	Black or African American	_____	_____	Do Not Wish to Furnish
_____	_____	Native Hawaiian or Other Pacific Islander			
_____	_____	White			
_____	_____	Do Not Wish to Furnish			

Highest Completed Education:

Applicants  HighSchool  Some College  Associates Degree  Bachelor's  Masters  Doctors  Tech School  Other Training  
 Co- Applicants  HighSchool  Some College  Associates Degree  Bachelor's  Masters  Doctors  Tech School  Other Training

**SUPERSTORM SANDY INFORMATION**

Consumer Credit and Budget Counseling is, in part, funded by a Federally funded Community Development Block Grant- Disaster Recovery. We are required to disclose statistical information in order to participate.

Atlantic,

Did you live in a Sandy Affected county (Bergen, Cape May, Essex, Hudson, Middlesex, Monmouth, Ocean, and Union), at the time of the storm and did the storm affect your household in any way (power loss, job loss, reduction in hours worked, flooding, wind. Affected in anyway?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**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  2-4 Unit  Townhouse  Condo  Co-Op  Mobile Home Other: \_\_\_\_\_ Property

Condition:  Excellent  Good  Fair  Poor

Estimated Value: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Property for sale:  Yes  No Date Listed: \_\_\_\_\_ Real Estate Agent Name: \_\_\_\_\_

Real Estate Agent Telephone #: \_\_\_\_\_ Real Estate Agency \_\_\_\_\_

Is this your Primary Residence?  Yes  No

Do you occupy this home?  Yes  No

Do you Rent all or part of this residence?  Yes  No

Is it a Second home or Vacation home?  Yes  No

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Are your Property Taxes Escrowed? \_\_\_\_\_

Is your Homeowner's Insurance Escrowed? \_\_\_\_\_

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**MORTGAGE INFORMATION**

	<u>First Mortgage</u>	<u>Second Mortgage</u>	<u>Third Mortgage</u>
MortgageCompany:	_____	_____	_____
MonthlyPayment:	_____	_____	_____
Loan Number:	_____	_____	_____
PrincipalBalance:	_____	_____	_____
Loan Type:	_____	_____	_____
Interest Rate:	_____	_____	_____
Fixed:	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Months Delinquent:	_____	_____	_____
Amount Delinquent:	_____	_____	_____
Have you had a loss of income?	Yes No	Have you had an increase in living expenses?	Yes No
Reason for default:	_____		
Does this reason still exist?	___ Yes ___ No	Notices from attorney or court:	___ Yes ___ No Type: _____
Foreclosure sale scheduled?	___ Yes ___ No	Date _____	Property Taxes: _____ Escrowed: ___ Yes ___ No
Any HOA/Condo Fees?	___ Yes ___ No	Monthly Amount: _____	Amount delinquent: _____

**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

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### 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 with 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.

### 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

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All information that I/We provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and will provide any needed information to complete this worksheet. 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. In addition, I acknowledge that I have received, reviewed, and understand CCBC/NFDM's Disclosures for Housing Services.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

299 SOUTH SHORE ROAD, US ROUTE 9 SOUTH  
POST OFFICE BOX # 866  
MARMORA, NEW JERSEY 08223-0866



PHONE: (888) 738-8233 (609) 390-9652  
FAX: (888) 738-8234 (609) 390-9653  
E-MAIL: [housing@cc-bc.com](mailto:housing@cc-bc.com)



**Foreclosure Intervention ACTION PLAN**  
**(Your possible options when applying for counseling assistance)**

Consumer Credit and Budget Counseling (CCBC) D.B.A. National Foundation for Debt Management (NFD) 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 your mortgage company about the Home Affordable Refinance Program (HARP).
- 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”.
- 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 visit NJShares.org and/or call your utility company directly. Call 211 for local community services. Senior citizens can visit [www.benefitscheckup.org](http://www.benefitscheckup.org).

I understand that the options above may be available to me. CCBC will work to highlight the available and possible options for my/our situation.

\_\_\_\_\_  
HomeOwner

\_\_\_\_\_  
Date

\_\_\_\_\_  
HomeOwner

\_\_\_\_\_  
Date



# 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

<b>Applicant's Name</b>	_____	<b>Social Security Number</b>	_____	(Not required at this time)
<b>Partner's Name</b>	_____	<b>Social Security Number</b>	_____	(Not required at this time)
<b>Address</b>	_____	<b>Home Phone Number</b>	_____	
	_____	<b>Applicant's Work Number</b>	_____	(Not required)
	_____	<b>Partner's Work Number</b>	_____	(Not required)

## Employment / Income Information

**GROSS Monthly Income**

<b>Applicant</b>	_____	_____	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<b>Partner</b>	_____	_____					
<b>Other Income</b>	_____	_____					
	<small>Place of Employment</small>	<small>Position</small>	<b>Total Income</b>				
	<small>Place of Employment</small>	<small>Position</small>					
	<small>Source(s)</small>						

## Monthly Expenses

<b>Housing</b>		<b>Transportation</b>	
Mortgage/Rent	_____	Auto Payment(s)	_____
2nd Mortgage	_____	Auto Insurance	_____
Electric	_____	Gas	_____
Gas/Oil	_____	Tolls/Parking	_____
Water/Sewer	_____	Public Transportation	_____
Telephone	_____	Maintenance / Repairs	_____
<b>Food</b>		<b>Clothing</b>	
Groceries	_____	Family Clothes / Shoes	_____
At Work/School	_____	Laundry/Cleaners	_____
Dining Out	_____	<b>Medical</b>	
<b>Child Care</b>		Dr./ Dentist / Health Ins.	_____
Day Care/Sitters	_____	Prescriptions	_____
Child Allowance	_____	<b>Other</b>	
Support/ Alimony	_____	Hair Care/ Beauty	_____
<b>Education</b>		Gifts	_____
Tuition	_____	Vacations	_____
Lessons	_____	Life Insurance	_____
Student Loans	_____	Church/Temple	_____
<b>Entertainment</b>		Pet Care	_____
Cable TV	_____	Tobacco/Alcohol	_____
Movies	_____	credit card	_____
Sports	_____	pmnts	_____
		<b>Total Expenses</b>	_____

## Net Worth Statement

<b>Assets</b>	
Balance of Bank Account(s)	_____
Stocks and Bonds	_____
Life Insurance Cash Value	_____
Value of Real Estate Owned	_____
Vested Retirement Funds	_____
Value of Automobile(s) Owned	_____
Other Assets	_____
<b>Liabilities</b>	
Mortgage Balance	_____
Auto Loan Balance	_____
Credit Cards	_____
Personal Loans	_____
Judgments/Collections	_____
<b>Net Worth (Assets-Liabilities)</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) _____



## Budget Worksheet Guide

**Personal Information:** Please fill out as completely as possible.

Partner: A husband, wife, boyfriend, girlfriend, family member or anyone who helps with your income or monthly expenses.

**Employment / Income Information:** The income information is a required field, to complete an accurate analysis.

Please list your <sup>gross</sup> ~~net~~ monthly income (This is your <sup>before</sup> ~~take home~~ pay <sup>after</sup> ~~after~~ taxes).

Weekly: If you know your net weekly pay then multiply this number by 4.33 (weekly net pay x 4.33)

Bi-Weekly: If your pay is bi-weekly then multiply this number by 2.16 (bi-weekly net pay x 2.16)

Variable: If your income fluctuates from month to month or season to season please provide your best estimate of an average monthly income.

### Monthly Expenses:

Housing: Your utilities may fluctuate from month to month or season to season. Please provide a monthly average or a "budget plan", if appropriate.

Telephone: In addition to your home telephone do not forget to include a cell phone if applicable.

Food: If you pay for your lunch at work please list this as an expense (\$5.00 a day adds up to about \$115.00 a month)

Transportation: If you pay your auto insurance quarterly please divide this figure by 3 months, semi annually by 6 months, annually by 12 months. Do not forget an oil change if you pay \$30.00 every 3 months. Then you would list \$10.00 under Maintenance/Repairs.

Gifts: We suggest the best way to list this expense is to estimate what you spend annually for holidays and birthdays and divide the figure by 12 months.

**Net Worth Statement:** This statement is required by some of your creditors to illustrate your overall financial condition. Essentially it is a list of what you own, what you owe, and the net result if you paid off all debts.

#### Assets:

Balance of Bank Accounts: Current Balances of Checking & Savings accounts

Stocks & Bonds: Net value of all owned stocks and bonds

Life Insurance Cash Value: If you cashed in your Life Insurance policy, amount you would receive?

Value of Real Estate Owned: If you sold your house today what would you receive?

Vested Retirement Funds: The value of all your retirement accounts

Value of Automobile Owned: If you sold your car today what would you receive?

Other Assets: Value of any other assets

#### Liabilities:

Mortgage Balance: Amount you still owe on your mortgage

Auto Loan Balance: Amount you still owe on your car?

Credit Cards: Total Credit Card Debt

Personal Loans: Balance of all personal loans

Judgments/Collections: Balance of all Judgments/Collections

**Reason for Seeking Assistance:** Pick the reason or reasons that best describes your situation.



**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-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<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> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	
<b>5b</b> Customer file number (if applicable) (see instructions)	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5a, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, 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. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, 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. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, 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. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** 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 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**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.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

|     /     /     |     /     /     |     /     /     |     /     /     |

**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-T 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-T.** See instructions.

Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**What's New.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

## General Instructions

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

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5a) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

**If you filed an individual return and lived in:**

**Mail or fax to:**

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
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Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  855-800-8105
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Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094
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## Chart for all other transcripts

**If you lived in or your business was in:**

**Mail or fax to:**

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
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Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094
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**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

## Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



NATIONAL FOUNDATION FOR DEBT MANAGEMENT

THIRD PARTY AUTHORIZATION

Table with 2 columns and 5 rows: Lender/Service, Loan Account Number, Borrower, Borrower(s) Social Security #, Property Address

Dear Sir or Madam:

I/We am/are working with Consumer Credit and Budget Counseling (CC&BC) d/b/a as National Foundation for Debt Management, a HUD approved housing agency located in Marmora, New Jersey. 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.

Consumer Credit and Budget Counseling 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 CC&BC in the future without further authorization.

Thank you for taking the time to handle this request.

Respectfully,

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



PH: (888) 738-8233 (609) 390-9652 FX: (888) 738-8234 (609) 390-9653 E-MAIL: help@cc-bc.com



NATIONAL FOUNDATION  
FOR DEBT MANAGEMENT



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

### Credit Report Authorization

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

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

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

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

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

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

I (We) hereby give permission to 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

\_\_\_\_\_  
 Homeowner Signature/Co-borrower/Civil Union Partner Date

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

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MARMORA, NEW JERSEY 08223

14104 58TH STREET NORTH  
CLEARWATER, FL 33760



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 FX: (888) 738-8234 (609) 390-9653  
 E-MAIL: help@cc-bc.com

# FACTS

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

### Why?

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?
For our everyday business purposes-	Yes	No
For our marketing purposes-	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes-	Yes	No
For our affiliates' everyday business purposes-	Yes	No
For non-affiliates to market to you	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**



## Counseling Authorization HUD

1. I understand that 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 the Department of Housing and Urban Development (HUD) and, as such, is required to share some of my personal information with NJHMFA program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for HUD program administrators and/or their agents to follow-up with me between now and June 30, 2022 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 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.
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's signature \_\_\_\_\_ Date \_\_\_\_\_

Client's signature \_\_\_\_\_ Date \_\_\_\_\_







## Counseling Authorization NJ HMFA

1. I understand that National Foundation for Debt Management (NFDm) provides foreclosure mitigation counseling/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 housing agencies as appropriate.
2. I understand that NFDm receives funds through the **New Jersey Housing Finance and Mortgage Agency (NJHMFA) program** and, as such, is required to share some of my personal information with NJHMFA program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NJHMFA program administrators and/or their agents to follow-up with me between now and June 30, 2022 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 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.
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's signature \_\_\_\_\_ Date \_\_\_\_\_

Client's signature \_\_\_\_\_ Date \_\_\_\_\_





NATIONAL FOUNDATION  
FOR DEBT MANAGEMENT



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

## 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

\_\_\_\_\_  
Homeowner/Co-Borrower/Spouse/Civil Union Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner/ Co-Borrower/Spouse/Civil Union Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner/Co-Borrower/Spouse/Civil Union Partner

\_\_\_\_\_  
Date

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