

Loan Information

<input type="checkbox"/> Notice of Default Lender	Balance/Past Due	Date
<input type="checkbox"/> Notice of Trustee Sale Lender	Bid Opening	Date of Sale

Date of Purchase	Original Cost \$	Estimate Market Value \$	Originator of Existing Loan
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SFR <input type="checkbox"/>	# of Units	# Bedrooms	# Baths	Sq. Ft. Living Area
Condo <input type="checkbox"/>				

1 st Loan	Lender Name	Loan Amount \$	Term	Loan #	<input type="checkbox"/> FHA <input type="checkbox"/> Conv <input type="checkbox"/> VA <input type="checkbox"/> CalVet <input type="checkbox"/> EqLn
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2 nd Loan	Lender Name	Loan Amount \$	Term	Loan #	<input type="checkbox"/> FHA <input type="checkbox"/> Conv <input type="checkbox"/> VA <input type="checkbox"/> CalVet <input type="checkbox"/> EqLn
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3 rd Loan	Lender Name	Loan Amount \$	Term	Loan #	<input type="checkbox"/> FHA <input type="checkbox"/> Conv <input type="checkbox"/> VA <input type="checkbox"/> CalVet <input type="checkbox"/> EqLn
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1 st Loan	\$	Loan Payment P & I %	Rate %	Rate Reset %	<input type="checkbox"/> Fix <input type="checkbox"/> ARM <input type="checkbox"/> HyBd <input type="checkbox"/> Pay Opt <input type="checkbox"/> IntOnl
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2 nd Loan	\$	Loan Payment P & I %	Rate %	Rate Reset %	<input type="checkbox"/> Fix <input type="checkbox"/> ARM <input type="checkbox"/> HyBd <input type="checkbox"/> Pay Opt <input type="checkbox"/> IntOnl
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3 rd Loan	\$	Loan Payment P & I %	Rate %	Rate Reset %	<input type="checkbox"/> Fix <input type="checkbox"/> ARM <input type="checkbox"/> HyBd <input type="checkbox"/> Pay Opt <input type="checkbox"/> IntOnl
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Loan Status Current 30 – 60 days 61 – 120 days 120 days + Unknown

Has Homeowner talked to lender within the last 30 days? Yes No

REASON for Default: Reduction of Income Medical Issues Death in Family Increase in Expenses
 Poor Budget management skills Business Venture Failed Loss of Income
 Divorce/Separation Increase in Loan Payment Other

Mode of Counseling Phone Face to Face Other

- I understand that Los Angeles Neighborhood Housing Services/Los Angeles County NeighborWorks Center For Foreclosure Solution Partners 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.
 - 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 and Conflict of Interest Statements.
 - I understand that Los Angeles Neighborhood Housing Services, Inc. receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
 - I give permission for NFMC or LANHS/LA CFS Partners program administrators and/or their agents to follow-up with me between now and June 30, 2010 for the purposes of program evaluation.
 - The counseling services, lending products, affordable housing and other forms of assistance that may be offered by Los Angeles Neighborhood Housing Services, its affiliates, directors, officers, employees or agents (Affiliate Services) may be also offered by other providers and that you are under no obligation to accept Affiliate Services.**
- Check here to decline provision to have NFMC follow up with you.

Signature _____

Signature _____

Homeowner Action Plan

Goal	<hr/> <hr/>
Objectives	<p>1. ASSESS AFFORDABILITY</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>2. EXPLORE WAYS TO INCREASE INCOME</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>3. EXPLORE WAYS TO DECREASE EXPENSES</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>4. EXPLORE POSSIBLE LOAN MODIFICATION/FORBEARANCE</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>5. DEVELOP PLAN FOR POSSIBLE TRANSITION OUT OF THE PROPERTY</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Next/Action Steps	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
End Date of Action Plan	

Plan was reviewed with client Yes _____ No _____