

## STEP UP SUNCOAST MORTGAGE APPLICATION

<b>PLEASE PRINT</b> Applicant Information: Application must be fully completed to be accepted for funding consideration									
<b>Applicant Name:</b>					Age: _____		Social Security #: _____		Date of Birth: _____
Home Address: City, State, Zip Code (include apartment #): _____					How long have you lived in home. _____		Where were you Born _____		Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Mailing Address: (If You use P.O. Box) _____			Do you receive: Subsidized Housing <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> Assisted Living <input type="checkbox"/>			Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>		Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Telephone #: _____			Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>		# Household Adults: _____ Children: _____		Race (Choose as many as apply): White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> US Indian/Alaskan Native <input type="checkbox"/> Other _____ <input type="checkbox"/>		
Cellular Telephone #: _____			Education Level Attained: _____		Marital Status: S__M__DIV__ WID__SEP__				
Email address: _____			Housing: Own <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> At Risk Homeless <input type="checkbox"/> Subsidized <input type="checkbox"/> Other <input type="checkbox"/>		Insurance: Medicare <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> Self Insured <input type="checkbox"/>				
Employment Income Information: List all income sources from employer for the past 3 months									
Employer: Current/Recent			Telephone #: _____		Employment Date From: _____		Employment Date To: _____		Hourly Wage: _____
Employer Address: _____			Job Status: FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal <input type="checkbox"/>		Pay Frequency: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/>			Hours/Week: _____	
Other income information: List all other income sources for the past 3 months									
Source	How much?	How often?	Source	How much?	How often?	Source	How much?	How often?	
Unemployment			TANF/Wages			Child Support			
Social Security			Retirement			Other			
SSI/SSDI			Pension			Other			
Do you currently receive Food Stamps: Yes <input type="checkbox"/> No <input type="checkbox"/> How much _____									
<b>Other Adult Household Member Name:</b>									
Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>			Relationship to Applicant: _____		Age: _____		Social Security #: _____		Date of Birth: _____
Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>			Race: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>		Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>		Education Level: _____
Employment Income Information: List all income sources from employer for the past 3 months									
Employer: Current/Recent					Telephone #: _____		Hourly Wage: _____		Hours/Week: _____
Other income information: List all other income sources for the past 3 months									
Source	How much?	How often?	Source	How much?	How often?	Source	How much?	How often?	
Unemployment			TANF/WAGES			Child Support			
Social Security			Retirement			Other			
SSI/SSDI			Pension			Other			
<b>Other Adult Household Member Name:</b>									
Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>			Relationship to Applicant: _____		Age: _____		Social Security #: _____		Date of Birth: _____
Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>			Race: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>		Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>		Education Level: _____
Employment Income Information: List all income sources from employer for the past 3 months									
Employer: Current/Recent					Telephone #: _____		Hourly Wage: _____		Hours/Week: _____
Other income information: List all other income sources for the past 3 months									
Source	How much?	How often?	Source	How much?	How often?	Source	How much?	How often?	
Unemployment			TANF/WAGES			Child Support			
Social Security			Retirement			Other			
SSI/SSDI			Pension			Other:			

Child (under 18 years of age) household member information:					
Child #1 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Race:	Education Level:	
Child #2 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Race:	Education Level:	
Child #3 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Race:	Education Level:	
Child #4 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Race:	Education Level:	

Please state why you are requesting assistance:

The information above is, to the best of my knowledge, true and complete. I understand that by signing this application, I give the agency the authority to Verify the information provided on the application. I understand that my application is not considered complete until all supporting documentation is Provided and I have met with a MCAA Specialist.

In order to provide these services at no charge to you, we must provide our funding sources with the information for all people who attend our programs. Please be advised that this information is strictly confidential and will not be shared with anyone.

Manatee Community Action Agency, Inc. and its funding sources collect your Social Security number for the following purposes: clarification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing, tax reporting and Qualification for grant or loan processing under Section 119.07(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes. By signing below, I/We acknowledge receipt of the Social Security Number Collection Policy disclosure.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Co-Applicant/ other Adult

\_\_\_\_\_  
Date:

**To Be Completed If Applying for Mortgage Help ONLY**

First Lender \_\_\_\_\_ Acct# \_\_\_\_\_ Loan Bal. \$ \_\_\_\_\_

Original Date of Loan \_\_\_\_\_ Original Amount of Loan \$ \_\_\_\_\_

Type of Loan (FHA, Conv., VA, USDA) \_\_\_\_\_ Fixed \_\_\_ Adjustable \_\_\_ Interest Only \_\_\_ Interest Rate \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_ # of Months Past Due \_\_\_\_\_ Total Amount now Due \$ \_\_\_\_\_

Are Your Taxes and Insurance Included in your Payment? Yes \_\_\_\_\_ No \_\_\_\_\_

If Not How Much Are Your? Taxes \_\_\_\_\_ Insurance \_\_\_\_\_

Second Lender \_\_\_\_\_ Acct # \_\_\_\_\_ Loan Bal. \$ \_\_\_\_\_

Original Date of Loan \_\_\_\_\_ Original Amount of Loan \$ \_\_\_\_\_

Type of Loan \_\_\_\_\_ Interest Rate \_\_\_\_\_

Monthly Payments \$ \_\_\_\_\_ # of Months Past Due \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_

Have you received Down Payment Assistance (SHIP) Funds Yes \_\_\_\_\_ No \_\_\_\_\_

From Which: City \_\_\_\_\_ County \_\_\_\_\_

**ADDITIONAL INFORMATION**

Referred to MCAA by (please circle all that apply)

Bank or Mortgage Company      Friend      Walk-In      Newspaper      Realtor  
 Government/Agency      Advertisement      other/Agency \_\_\_\_\_

If you were referred by a Bank, or Mortgage Company, which one? \_\_\_\_\_

**AUTHORIZATION**

I/We hereby authorize Step Up Suncoast, Inc. to release/exchange information from my records in order to assist me in resolving my/our mortgage default. This information will be released only to those institutions, companies, and agencies that our organization believes can provide assistance in solving a mortgage default.

I/We hereby give permission to pull my (our) credit report for the purpose of my (our) application for assistance in regards to my home mortgage. All information will be kept confidential between my Counselor and me. I further understand that the Step Up Suncoast, Inc. (SUS) will be held harmless for information received in this credit report.

I/We hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

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

I/We understand that SUS and its representative are not legal authorities and will not be held liable for any legal actions resulting in my case.

\_\_\_\_\_  
 Client/Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Client/Applicant

\_\_\_\_\_  
 Date

**HOUSEHOLD BUDGET WORKSHEET**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

<b>MONTHLY TAKE HOME INCOME</b>	
Salary/Wages/Business Draw	
Salary or Wages (Spouse)	
Social Security (REGULAR)	
Social Security (SSI/SSDI)	
Pension/Retirement	
Alimony/ Child Support	
Investment Dividends	
Unemployment	
Food Stamps	
Other	
Other	
<b>TOTAL TAKE HOME INCOME</b>	

<b>MONTHLY LIVING EXPENSES</b>	
Alimony/Child Support (outgoing)	
Auto Gas/Repair/Bus/Taxi	
Auto Insurance	
Cable TV/ Satellite Fees	
Cable/Phone/Internet Bundles	
Charitable Contributions	
Child Care	
Children's Activities	
Clothing Maintenance (Laundry Mat/Dry Cleaning)	
Clothing Purchases	
Electric Bill	
Entertainment/Recreation (Alcohol, Tobacco, Lottery, Hobbies, Movies/Rentals)	
Food (in-home/Groceries)	
Food (out of home-Coffee, Lunch, Dinner)	
Gas and Oil Bill	
Health and Dental Insurance	
Household items (soaps, paper towels, cleaning supplies)	
Internet Access	
Life and Disability Insurance	
Memberships (Health Club etc.)	
Personal Care (Grooming/Toiletries)	
Pets (Food, Shots, Litter, etc.)	
Prescriptions	
Property Services (Gardener, Pool)	
Security Services (Alarm)	
Subscriptions	
Telephone (Home)	
Telephone (Cell, Pager)	
Tuition and School Supplies	
Water Bill	
Other Expenses	
<b>TOTAL MONTHLY LIVING EXPENSES</b>	

<b>SECURED DEBTS (Monthly Payments)</b>	
Rent	
1 <sup>st</sup> Mortgage	
2 <sup>nd</sup> Mortgage	
Homeowner/Condo Fees	
Land Lease (Trailer Park, other)	
Auto Loans/Leases	
Auto Loans/ Leases	
Recreation (Boat, ATV, etc.)	
Property Taxes	
Mortgage Insurance (Home Owners Insurance)	
Rental Insurance	
Student Loans	
Other Loans	
Other Loans	
<b>TOTAL SECURED DEBT</b>	

<b>OTHER DEBTS</b>	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Payday Loans	
Rent-to-Own (Babcock, Aarons)	
Medical Bill Payments	
Other	
<b>TOTAL UNSECURED DEBT</b>	

<b>SUMMARY</b>	
Total Take Home (income)	
a. Total Living Expenses ( - )	
b. Total Secured Debt Payments ( - )	
c. Total Other Debt Payments ( - )	
TOTAL FROM A+B+C =	
Subtract ABC total from Total Home Income	

**Use this space for additional items not listed:**


**A HUD Approved Agency**

**SOCIAL SECURITY NUMBER COLLECTION  
POLICY DISCLOSURE**

Effective October 1, 2007

Please be advised, Step Up Suncoast, Inc.(SUS), and its government funding sources collect your Social Security number for the following purpose: Classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.07(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes.

**PLEASE RETAIN THIS DISCLOSURE FOR YOUR RECORDS**

ALL OF THE FOLLOWING ITEMS ARE NEEDED  
FOR  
HOUSING/MORTGAGE COUNSELING  
APPOINTMENTS

- 1) ID'S FOR ALL ADULTS
- 2) SOCIAL SECURITY CARDS FOR EVERYONE IN HOUSEHOLD
- 3) PROOF OF ALL HOUSEHOLD INCOME (PAYSTUBS 2 MONTHS) **CURRENT**, CHILD SUPPORT (IF YOU GET CHILD SUPPORT I NEED THE COURT ORDER AND THE PRINT OUT FROM THE STATE SHOWING WHAT YOU ARE GETTING, DISABILITY, VA, PENSION, AFDC, FOODSTAMPS, ETC.) **IF YOU ARE SELF EMPLOYED I WILL NEED A PROFIT & LOSS STATEMENT FOR 6 MONTHS**
- 4) PROOF OF **ALL ASSETS** (CASH, BANK ACCOUNTS, RETIREMENT PLANS, OR CREDIT UNION ACCOUNTS, ETC.)
- 5) IF FOR MORTGAGE HELP: NEED CLOSING PAPERS, CURRENT STATEMENT OR PAYMENT BOOK, AND ANY LETTERS THAT YOU HAVE GOTTEN FROM MORTGAGE CO.
- 6) BRING **ALL CURRENT BILLS THAT YOU PAY EVERY MONTH.** AND NOT JUST THE FRONT PAGES THE COMPLETE BILLS. (ELEC., WATER, CABLE, GAS, FOOD, PHONE, CELL PHONE, CAR, INSURANCES, CREDIT CARD BILLS, LOANS, MEDS, DOCTOR BILLS, ETC.)
- 7) I WILL BE DOING A COMPLETE BUDGET FOR THE HOUSEHOLD THIS IS WHY I NEED TO KNOW YOUR BILLS AND INCOME IF I'M GOING TO TRY TO HELP YOU GET OUT OF TROUBLE
- 8) MOST APPOINTMENTS ARE AT LEAST 3-4 HOURS, SOME HAVE BEEN LONGER DEPENDING ON THE CLIENT
- 9) PLEASE BE ON TIME FOR YOUR APPOINTMENT, ALSO HAVE ALL PAPER WORK AND DOCUMENTS NEEDED TO ASSIST YOU. **IF YOU CAN PLEASE MAKE COPIES**
- 10) DIVORSE PAPERS, AND QUICK CLAIM DEED IF APPLICABLE
- 11) REQUEST FOR TRANSCRIPT OF TAX RETURN – FORM 4506-T (ATTACHED)
- 12) HOME AFFORDABLE HARDSHIP AFFIDAVIT (ATTACHED)
- 13) I WILL ALSO NEED A STATEMENT FROM YOU EXPLAINING HOW YOU GOT BEHIND OR INTROUBLE WITH YOUR MORTGAGE (**HARDSHIP LETTER**)

**FOR ALL ITEMS LISTED BELOW:**  
**PLEASE BRING COPIES**

- 14) BRING IN 2 MONTHS OF BANK STATEMENTS IF YOU ARE EMPLOYED, IF SELF EMPLOYED I NEED 4 MONTHS (CURRENT ONES) **ALL PAGES IF IT STATES 1 OF 4 I NEED ALL 4 PAGES.**
- 15) BRING IN PAST 2 YEARS INCOME TAX RETURNS WITH W-2 FORMS. IF SELF EMPLOYED, PROOF OF QUARTLY TAX PAYMENTS FOR THE LAST FOUR QUARTERS AND TWO YEARS SIGNED AND DATED INCOME TAX RETURNS.
- 16) HOMEOWNERS INSURANCE STATEMENT AND PROPERTY TAX BILL
- 17) A CREDIT REPORT WILL HAVE TO BE PULLED AND **THIS WILL COST \$24.01 FOR SINGLE OR \$48.02 FOR A COUPLE (PAYABLE TO MCAA) MONEY ORDERS ONLY**

# STEP UP SUNCOAST, INC.



6428 Parkland Drive  
Sarasota, FL 34243  
(p) 941.827.2887  
(f) 941.827.3001  
[www.manateecaa.org](http://www.manateecaa.org)

## Hardee/DeSoto Office

Family Self Sufficiency  
LIHEAP  
Parents as Teachers  
202 No. 6<sup>th</sup> Avenue  
P.O. Box 628  
Wauchula, Florida 33873  
(p) 863-225-9963  
(f) 863-448-4475

## Rise and Shine/Head Start

- Early Head Start
- Head Start
- Voluntary Prekindergarten

(p) 941.750.6667  
(f) 941.746.7374

## Client Services

- Child Development Services
- Family Self-Sufficiency
- Healthy Families Manatee
- HIPPPY
- LIHEAP
- Weatherization
- Whole Child Project

(p) 941.827.0188  
(f) 941.827.0193  
941.748.0617

### Housing Counseling

(p) 941.757.1166  
(f) 941.827.4111

### Weatherization

(p) 941.757.1157  
(f) 941.827.3001

## Client/Counselor Agreement

STEP UP SUNCOAST, INC. and its Counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer or bank
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed 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 my/our counselor, whether verbally or in writing.

I/We will provide all necessary documentation and follow-up information within the timeframe requested.

I/We will be on time for appointments and understand that, if a I/we are 15 minutes or more late for an appointment, the counselor will either end at the scheduled time or will be rescheduled for another date and time.

I/We will call within 12 hours of a scheduled appointment if I/we will be unable to attend an appointment.

**I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.**

\_\_\_\_\_  
Homeowner Date

\_\_\_\_\_  
Homeowner Date

\_\_\_\_\_  
Homeowner Date

\_\_\_\_\_  
Homeowner Date

STEP UP SUNCOAST, INC.. and its employees are **NOT** attorneys. The information provided in the document is to be used as a resource and is based solely on the experiences of the Agency's counselors and training. This form is to be completed only for the purpose of providing Foreclosure Intervention & Default Counseling.



**HOUSING COUNSELING DIVISION**

*A HUD Approved Agency*

To: (Name of Lender) \_\_\_\_\_

Attn: \_\_\_\_\_

From: (Your Name) \_\_\_\_\_

Address \_\_\_\_\_

SS# \_\_\_\_\_

Acct # \_\_\_\_\_

**AUTHORIZATION TO RELEASE PERSONAL & FINANCIAL INFORMATION**

To Whom It May Concern:

With receipt of this written authorization, I (we) hereby authorize you to release personal or financial information, which may be contained in your files regarding the above, named person or accounts.

Release of information may be verbal, written, or by FAX transmission and released to:

Richard W Di Giorgio  
Representative of  
Step Up Suncoast, Inc.  
A HUD Approved Agency  
ID #80048  
6428 Parkland Dr.  
Sarasota, Fl. 34243  
941-757-1166 #7802  
rdigiorgio@stepupsuncoast.org

I further authorize Step Up Suncoast, Inc. (SUS) to obtain all information necessary, including a credit report, to assist me/us in an evaluation of our present situation. I understand that the information may be shared with volunteer advisors and/or lenders in an effort to determine eligibility for a workable solution to prevent foreclosure.

Step Up Suncoast, Inc. is a HUD certified counseling agency, providing services in Florida and I am requesting their assistance in resolving a current or threatened mortgage deficiency problem. Your cooperation with them in this matter will be greatly appreciated.

**I further more give this permission for one year from the date of this form to the representative listed above. Start**

**Date** \_\_\_\_\_ **End Date** \_\_\_\_\_

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

\_\_\_\_\_  
**Co-borrower Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Counselor Signature**

\_\_\_\_\_  
**Date**