BRIGHTON PARK NEIGHBORHOOD COUNCIL

Please be advised that we are a HUD-Approved Housing Counseling Agency. Our services are completely FREE to the community!

Address:	Phone:	Fax:	Email:	Office Hours:
4477 S Archer Ave. Chicago, IL 60632	(773) 523-7110	(312) 229-8933	financialservices@bpncchicago.org	Monday-Friday 9am to 4pm

Foreclosure Prevention Counseling

Client's Name: _____ **Counselor's Name:** _____

Appointment Date: _____ **Time:** _____

For assistance with current mortgage, please bring the following documents:

Failure to bring the necessary documentation will only delay your appointment to a later day to be seen with a counselor.

List of Documents

Recent 30 days of income:

- ☐ Paystubs
- ☐ Unemployment Benefit Letter or payment detail
- ☐ SSI/SSDI/SSA Benefit Award Letter (2025)
- ☐ Pension Letter
- ☐ Workers Compensation/Temporary Disability: Award Letter
- ☐ Rental Income: Rental leases & proof of rental receipts
- ☐ Divorce Decree or court order for child support or alimony
- ☐ Self-Employment: recent quarters of Profit & Loss Statement
- ☐ Public Aid/ Welfare Benefit Letter

Other documents

- ☐ Bank statements for the last 2 months (All accounts and all pages)
- ☐ 2023 or 2024 State & Federal Income Tax Returns w/W2 (Signed & Dated)
- ☐ Utility Expenses: electricity, natural gas, water, cell phone, auto/life insurance, credit cards, etc.
- ☐ Hardship Letter
- ☐ Recent mortgage statement (All pages)

Original closing documents:

Before October 2015

- ☐ Good Faith Estimate
- ☐ Truth-in-Lending
- ☐ HUD-1 Settlement
- ☐ Note
- ☐ Mortgage

After October 2015

- ☐ Loan Estimate
- ☐ Closing Disclosure
- ☐ Note
- ☐ Mortgage

If applicable:

- ☐ 1st & 2nd Property Tax Bill
- ☐ Homeowner's Insurance Policy
- ☐ Refinance documents
- ☐ Loan modification agreement
- ☐ Foreclosure Court Summons

Action Plan:

If you have any questions about your appointment or need to reschedule, please contact us at (773) 523-7110 and ask to speak with a team member in the Financial Services Department

*An appointment to meet with a housing counselor will not be scheduled if you are missing 3 or more of the documents.

BRIGHTON PARK NEIGHBORHOOD COUNCIL

4477 S. Archer Ave Chicago, IL 60632 | T: (773)523-7110 | F: (773) 523-7023/(312) 229-8933

Authorization Form

Applicant: _____ **Last 4 Digits of SSN#:** _____

Co-Applicant: _____ **Last 4 Digits of SSN#:** _____

Current Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Telephone#: _____ **Email:** _____

Lender/Servicer: _____ **Loan #:** _____

Loan Type: **Conventional ( )** **FHA ( )** **VA ( )**

Sub-Grantee Nonprofit Agency: Brighton Park Neighborhood Council:

Director of Housing & Financial Services:	Evelyn Tapia	etapia@bpncchicago.org
Housing Counselors:	Jasmine Gonzalez	jgonzalez@bpncchicago.org
	Jasmin Anzo	janzo@bpncchicago.org

I/We agree to allow Brighton Park Neighborhood Council to run a soft pull of my credit report at the time of intake. Instead of a new credit pull, I agree to provide Brighton Park Neighborhood Council with a copy of my credit report dated within 30 days of the intake date with all three credit bureaus.

I /We understand that Brighton Park Neighborhood Council provides foreclosure prevention counseling after which I will receive a written action plan consisting of recommendation for handling my situation, possibly including referrals to other organizations as appropriate.

I/We further authorize Brighton Park Neighborhood Council and its representatives to speak with my/our lender and with whoever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan.

Brighton Park Neighborhood Council agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize Brighton Park Neighborhood Council and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring

This authorization will not be valid unless signed below by all applicants and co-applicant named above and will only remain valid until revoked in writing by any applicant or co-applicant named above.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

BRIGHTON PARK NEIGHBORHOOD COUNCIL
AGENCY DISCLOSURE TO CLIENTS

This Disclosure Statement is provided by Brighton Park Neighborhood Council to all clients seeking Foreclosure Prevention Counseling from Brighton Park Neighborhood Council.

Complete list of services provided by Brighton Park Neighborhood Council in addition to counseling:

- School-based mental health counseling, case management, and crisis intervention services
- Before-and-after-school academic enrichment programming
- Youth and adult leadership training and organizing
- Public policy advocacy (violence prevention, education justice, immigration rights)
- Parent safety patrol and other violence prevention services
- Foreclosure mitigation counseling
- Homeownership Education: Pre-Purchase, Post-Purchase counseling
- Rental Counseling
- Financial Coaching and Financial Literacy workshops
- LIHEAP and Weatherization services
- Volunteer Income Tax Assistance through Ladder Up
- Affordable Care Act, SNAP, and Medical Card
- Property Tax and Homeowner Insurance Review, Property Tax Appeal

Description of any financial relationships between Brighton Park neighborhood Council and any other industry partners: [Illinois Housing Authority Development (IHDA), UnidosUS, and The Chicago Community Trust]

As a client of Brighton Park Neighborhood Council you are not obligated to receive any other services offered by Brighton Park Neighborhood Council or its industry partners (as identified above).

Brighton Park Neighborhood Council certifies that its staff and volunteers who will provide Resolving or Preventing Mortgage Delinquency, Home Maintenance and Financial Management under the HUD Comprehensive Housing Services have no conflict(s) of interest due to any other relationships with servicers, real estate agencies, mortgage lenders and/or other entities or industry partners (whether identified above or not) that may stand to benefit from particular counseling outcomes.

Executive Director/Authorized Official Signature

Patrick Brosnan, Executive Director

Printed Name and Title

I/we hereby verify that by signing this disclosure statement I/we confirm that I/we have read the above disclosed information, and received a copy of the disclosure statement.

Applicant's Signature: _____ **Date:**_____

Co-Applicant's Signature: _____ **Date:**_____

BRIGHTON PARK NEIGHBORHOOD COUNCIL

PRIVACY POLICY

Brighton Park Neighborhood Council (BPNC) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Counseling Authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs

Types of information that we gather about you

• Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
• Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
• Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1.You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.

2. You may Opt- out of this requirement, but proof of your decision to opt-out must be recorded in your client file.

3. If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at (773-523-7110) and do so.

__I choose to opt-out:
I request that Brighton Park Neighborhood Council(BPNC) make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that BPNC will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting Brighton Park Neighborhood Council.

Applicant's Signature: _____ **Date:**_____

Co-Applicant's Signature: _____ **Date:**_____

Release of your information to third parties

1.As long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.

2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.

3.We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).

4.We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

5. I acknowledge that I have read, received a copy of Brighton Park Neighborhood Council Privacy Policy

Applicant's Signature: _____ **Date:**_____

Co-Applicant's Signature: _____ **Date:**_____

OPEN DATE:_____ UNIQUE/CASE#:_____

In order to process your application, please complete the entire application. Please write legibly and with ink only

Personal Information

First name: _____ Last name:_____

Current address: _____ City: _____ State: _____ Zip code: _____

Date of birth:_____/_____/_____ Social Security #: _____-_____-_____

Home phone: (____)_____ Cell Phone #: (____)_____

Email address: _____ Preferred contact type: _____

Household size: _____ Number of Dependents: _____ Adults _____ Children

Best Time To Call:
- Morning
- Afternoon
- Evening

Do you live in a rural area?:
- Yes
- No
- Choose not to respond

Residency Status:
- Own
- Rent
- Other:_____

How long have you live at this current address:
_____ year's _____ months

Demographic Information:

Gender:
- Female
- Male
- Non-Binary
- Choose not to respond

Marital Status:
- Single
- Married
- Divorced
- Widowed

Ethnicity:
- Hispanic
- Not Hispanic
- Choose not to respond

Race:
- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- More than one race
- Choose not to respond

English Proficiency Status:
- Limited English Proficient
- Not Limited English Proficient
- Choose not to respond

Active Military:
- Yes
- No

Disabled?:
- Yes
- No

If yes, do you need special arrangements?
- Yes
- No

Preferred Language: _____ Highest Education Level _____

Employment History:

Are you employed?:
- Yes
- No

If yes, are you:
- Full-time
- Part-time
- Seasonal

How long have you been with this employer:
_____ year's _____ months

Are you self-employed?:
- Yes
- No

Employer's Name: _____ Employment start date: ____/____/____

Address: _____ City: _____ State: _____ Zip code: _____

Office phone: (____)_____ Your title/position: _____ Annual salary:$ _____

Are you paid?: Weekly Bi-weekly Semi-monthly Monthly Employment end date: ____/____/____

Are you unemployed?:
- Yes
- No

If yes, are you receiving benefits?:
- Yes
- No

When did you started receiving benefits: ___/___/___

Other Sources of Income:

1: _____ $_____

Co-Applicant:

Personal Information

First name: _____ Last name:_____

Current address: _____ City: _____ State: _____ Zip code: _____

Date of birth:_____/_____/_____ Social Security #: _____-_____-_____

Home phone: (____)_____ Cell Phone #: (____)_____

Email address: _____ Preferred contact type: _____

Household size: _____ Number of Dependents: _____ Adults _____ Children

Best Time To Call:
- Morning
- Afternoon
- Evening

Do you live in a rural area?:
- Yes
- No
- Choose not to respond

Residency Status:
- Own
- Rent
- Other:_____

How long have you live at this current address:
_____ year's _____ months

Demographic Information:

Gender:
- Female
- Male
- Non-Binary
- Choose not to respond

Marital Status:
- Single
- Married
- Divorced
- Widowed

Ethnicity:
- Hispanic
- Not Hispanic
- Choose not to respond

Race:
- American Indian/Alaskan Native
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- White
- More than one race
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English Proficiency Status:
- Limited English Proficient
- Not Limited English Proficient
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Active Military:
- Yes
- No

Disabled?:
- Yes
- No

If yes, do you need special arrangements?
- Yes
- No

Preferred Language: _____ Highest Education Level _____

Employment History:

Are you employed?:
- Yes
- No

If yes, are you:
- Full-time
- Part-time
- Seasonal

How long have you been with this employer:
_____ year's _____ months

Are you self-employed?:
- Yes
- No

Employer's Name: _____ Employment start date: ____/____/____

Address: _____ City: _____ State: _____ Zip code: _____

Office phone: (____)_____ Your title/position: _____ Annual salary:$ _____

Are you paid?: Weekly Bi-weekly Semi-monthly Monthly Employment end date: ____/____/____

Are you unemployed?:
- Yes
- No

If yes, are you receiving benefits?:
- Yes
- No

When did you started receiving benefits: ___/___/___

Other Sources of Income:

1: _____ $_____

Mortgage Information:

Who is your bank? _____ What is your current monthly payment? $_____

Are you behind on your payments? How many months?_____

- Yes
- No

Have you been processed with Foreclosure documents? If so, what date is your court? _____/_____ /_____

- Yes
- No

Do you have a Sale Date? When is the Sale Date? _____/_____ /_____

- Yes
- No

Have you file bankruptcy?

- Yes
- No

Is the bankruptcy active?

- Yes
- No

What chapter did you file?:

- Chapter 7
- Chapter 13

Have you been victim of predatory lending? Yes No

Are you currently working with any of the following to pursue a home retention option?

Attorney Lender Other Organization

When did your hardship begin? _____/_____ /_____

What is your hardship situation?

- Loss of income
- Reduction of income
- Medical expenses
- Increase in loan
- Death of family member
- Divorce/Separation
- Increase in expenses
- Other

Briefly explain your situation. _____

_____

Other:

How did you hear about the program? _____

What topics interest you?

- Credit Management/ Obtaining Credit
- Landlord Training
- Money Management/Establishing a Budget
- Foreclosure Prevention
- Homeownership Counseling
- Tenant/Landlord Rights
- Other: _____

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

OFFICE USE ONLY

Documents Received By: _____ **Date:** ____/____/____

Monthly Budget/Expenses

Monthly Income	Sources	Monthly Gross:	Monthly Net:
Borrower's Salary			
Co-Borrower's Salary			
Public Aid/Food Stamps			
Social Security/SSI:			
Rental Income			
Other income			

Monthly Expenses	Amount
Mortgage	$
Homeowners Association	$
Electricity	$
Water & Sewer	$
Natural Gas	$
Cellular Phone	$
Telephone	$
Food/Groceries	$
Auto Loan Payments	$
Transportation / Gasoline	$
Auto Insurance	$
Life / Medical Insurance	$
Education / Tuition / Books	$
Alimony / Child Support	$
Clothing	$
Cable	$
Internet	$
Miscellaneous Expenses (toiletries, pets etc.)	$
Other (specify)	$
Other (specify)	$

Total Income Available $_____

Total Expenses $_____

Income after Expenses $_____

Example of Hardship Letter

Name: (Your Name)
Address: (Your Address)
Lender Name: (Your Lender)
Loan #: (your Loan #)

To Whom It May Concern:

I am writing this letter to explain my unfortunate set of circumstances that have caused us to become delinquent on our mortgage. We have done everything in our power to make ends meet but unfortunately we have fallen short and would like you to consider working with us to modify our loan. Our number one goal is to keep our home and we would really appreciate the opportunity to do that.

I have been unable to pay my mortgage payments on time due to {explanation of the reasons you are experiencing hardship; be specific include date of when hardship started}.
I hope that we can work together, and quickly, to modify this loan so that I may begin to make the payments again as soon as possible.

Sincerely,

{Borrower Name}
{Date}

{Co-Borrower Name}
{Date}