



KINGDOM COMMUNITY DEVELOPMENT CORPORATION

Dear Homeowner (s)

Thank you for contacting Kingdom Community Development Corporation for assistance with your mortgage difficulty. We provide comprehensive homeownership counseling for clients in a default/delinquency or foreclosure situation. Default counseling is a cooperative process where the counselor acts as a facilitator and educator rather than a lending expert. We are here to help; however, we can only provide assistance on your primary residence. The primary residence must be listed as **REAL** Property by the tax office. If you called needing assistance and the property is rental property please let us know by calling us immediately. If this is a manufactured home not permanently affixed to the land or if you do not own the land we **will not** be able to assist you.

All borrowers listed on the mortgage **must sign** the client agreement and third party authorization forms included in the package. They must be signed when you come in for your initial appointment. We have included an appointment checklist with this package. All items are needed at time of scheduled appointment.

Please bring your current Mortgage Statement(s), Two most recent bank statements for every account, Last 2 months of pay stubs and/or other income documents, your last two years signed tax returns. Please write a brief (1 page or less hardship letter explaining what caused you to get behind). A sample hardship letter is enclosed.

Appointments take from 90mins to 2hrs. If you are going to be late please call in advance to let us know. If you are more than 15 minutes late you may not be seen and will have to reschedule. The building is located directly across from the main post office on Green St. We are located three buildings down from Walgreens. Parking is in the rear.

Your appointment is on _____ at _____

If you have any other questions please call the office during normal business hours. Our office is open from 9am-5pm Monday through Friday. We are open until 8pm on Tuesday by appointment only.

Please note: When accessing our services if you need assistance due to language barrier, mobility impairments, visual or hearing impairments or other disabilities please let us know so we can provide necessary accommodations.

HCO#

Kingdom Community Development Corporation
129 N. Main St. Spring Lake, NC 28390
(Office) 910.484.2722 (Fax) 910.484.5630

Authorization to Release Information

I/We-----
authorize the release of any of the following financial information requested by Kingdom
Community Development Corporation employees: Elsie Gilmore, Blake Lucas, B.J.
McMillan, Shameka Wright or other delegated staffer including:

- Employment and Income Records
- Checking, Savings and/or Other Deposit Account Records
- Social Services, VA, and Other Benefit Payment Verification
- Courthouse and Other Public Records (titles, Liens, taxes, fixed assets, verifications,
etc.)
- Creditor and/or Collection Account Information
- Mortgage Account Information and/or Rental History

This authorization should be extended to any employee of Kingdom CDC identifying
themselves with the company information listed above AND with the required personal
information to identify me.

Upon receipt, you are authorized to speak with Kingdom CDC employees by phone and to
provide information both verbally and in writing as requested.

_____ Signature	_____ Social Security Number	_____ Date of Birth
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_____ Signature	_____ Social Security Number	_____ Date of Birth
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Address

City, State, Zip

Primary Contact Phone _____

Account#

Date Signed



Kingdom Community Development Corporation

129 N. Main St

Spring Lake, NC 28390

(Office) 910.484.2722 (Fax) 910.484.5630

NFMC# _____

PRIVACY POLICY

Kingdom CDC is committed to assuring the privacy of individuals and / or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your personal financial information, such as your total debt information, income, living expenses and personal information concerning your financial circumstances will be provided to creditors and possibly others with your specific authorization.

We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregated data in all circumstances.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST OR** when our staff has been served by a valid subpoena.

The following **PRIVACY PRACTICES** details circumstances under which we will release your information to a third party:

1. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.
2. We may compile data and aggregate information that you give us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors, or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
4. We may disclose all of the information that we collect, as described below, to creditors and related financial institutions who need this information in order to put you on a debt solver program (DSP).
5. 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, electronics and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
6. We collect nonpublic personal information about you from the following source.
 - >- Information we received from you, our application or others forms you provide;
 - >- Information about your transactions with us, your creditors, or others; and
 - >- Information we receive from a credit-reporting agency.
7. We may disclose the following kinds of nonpublic personal information about you:
 - >- Information we receive from you 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 credit-reporting agency, such as your credit history.

RELEASE: I hereby authorize this Housing Counseling Agency to release all non-public information it obtains about me to (1) my creditors and (2) any third parties necessary to resolve the matters(s) discussed during my counseling session.

I further **RELEASE** and authorize all of my creditors to provide non-public information about me to this Housing Counseling Agency.

Consumer _____ Date _____

Consumer _____ Date _____

KINGDOM COMMUNITY DEVELOPMENT CORPORATION

Counseling Services Disclosure Statement

I/We understand that it is my/our right and responsibility to decide whether to engage in any course of housing counseling with Kingdom Community Development Corporation and determine whether counseling is suitable for my/our housing problem.

I/We understand that we are not obligated to receive, purchase or utilize any other services offered by Kingdom Community Development Corporation, or its exclusive partners, in order to receive housing counseling.

I/We understand that KCDC has the discretion to charge reasonable fees for some counseling services, and that these fees will be explained to me prior to any counseling. I further understand that fees will not be charged if they create a hardship and that I will not be denied counseling if I cannot pay the fees.

I/We understand that KCDC provides information on a broad range of housing programs and products and that the housing counseling I receive from KCDC in no way obligates me to choose any particular loan product or housing program discussed in my counseling sessions.

I/We understand that KCDC does not guarantee that I/we will receive mortgage financing from any lender and/or other mortgage financing entity.

I/We may be referred to other housing services of the organization or to 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.

I/We understand that a counselor may answer questions and provide information but cannot give legal advice. If I want legal advice, I will be referred for appropriate assistance.

I have reviewed and understand the above Kingdom Community Development Corporation Disclosure Statement.

Client's Signature _____ Date _____

Counselor Signature _____ Date _____

Telephone Counseling: Disclosure read to client? _____ yes _____ No

Budget Worksheet

Loan No. _____

Date _____

Name: _____

HCO No.: _____

Income				Expenses	
	Borrower 1	Borrower 2	Net		Monthly Not deducted from Payroll
Gross Wages				1 st Mortgage	\$
Self Employment				Property taxes (if not in mtg.)	\$
Overtime/Bonuses Commissions				HOI (if not in mtg.)	\$
Social Security Income				HOA Condo. Fees	\$
Retirement Pensions				2 nd Mortgage HELOCs	\$
Child Support/Alimony				Mortgages on Invstmt. Properties	\$
Unemployment Benefits				Other for Investmt. Prop.	\$
Rental Income Investment Prop.				Car Loans	\$ #
Non Borrower Contributions				Installment Loans	\$ #
Other				Credit Cards Store Charges	\$ #
Other				Student Loans	\$ #
Other				IRS/State/Govt Overpayments	\$
Total	\$	\$	\$	Total Credit Payments	\$

Budget Worksheet

			Electric	\$
			Gas Oil for Heating Cooking	\$
			Water Sewer Trash	\$
			Food /HHold Items	\$
			Home phone	\$
			Cell Cable Internet	\$
			Transportation/Gas	\$
			Auto Insurance	\$
			Medical Insurance	\$
			Medical Expenses Prescriptions	\$
			Education	\$
			Donations	\$
			Life Insurance Investments	\$
			Spending Money	\$
			Other	\$
			Other	\$
			Total Household Expenses	\$
	Total Gross Income	Total Net Income	Total Expenses	
	\$	\$	\$	

Borrower 1 _____

Date _____

Borrower 2 _____

Date _____

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Foreclosure Counseling Services and Partnership Disclosure Form

Foreclosure Mitigation Counseling may make you aware of products and/or services that we believe offer value to our clients. These products and/or services might be available directly from Housing Counselors, lenders, developers, or other agencies with which Credit Counseling has a working relationship. You are under no obligation to use the products and/or services identified by Housing Counseling, whether by us or from industry partners.

Services provided by Agency:

FLC: Financial Literacy
HBE: Homebuyer Education
BKC: Bankruptcy counseling
FMC: Foreclosure Mitigation counseling

Client's Printed Name _____

Signature _____

Date ____ / ____ / ____

Client's Printed Name _____

Counselor's Signature _____ Date _____



State Home Foreclosure Prevention Project
THIRD PARTY AUTHORIZATION AGREEMENT

Loan Servicer: _____ Loan Number: _____
Borrower Name: _____
Co-Borrower Name: _____
Property Address: _____

I/we, _____, the undersigned Borrower do hereby authorize servicer to release any and all information about any and all of my account(s) to any representative of the North Carolina Housing Finance Agency, North Carolina Office of the Commissioner of Banks and
Name of Third Party Authorized Agency: _____
Agency Address: _____
Telephone Number: _____
Relationship to Borrower: _____

and its representatives. I understand that this information is needed so that I can receive counseling assistance. The information released by servicer may include, but is not limited to, information relating to my loan amount and payment transactions and/or provision of copies of any and all loan documents and communication history associated with my account(s) in the possession of servicer. Under no circumstances will I hold servicer responsible for any claims, liabilities or damages that may arise as a result of or in connection with servicer's provision of information pursuant to the terms of this Agreement.

I/We further authorize servicer to speak with any representative of the North Carolina Housing Finance Agency, North Carolina Office of the Commissioner of Banks and any third party authorized agency indicated herein and its representatives regarding all aspects of my account(s) and account history, including information provided by any prior servicer.

I/We also authorize servicer to notify the North Carolina Housing Finance Agency, North Carolina Office of the Commissioner of Banks and any third party authorized agency indicated herein in the event that my/our loan payments become delinquent in the future, or if a loss mitigation workout is discussed, implemented, completed and/or results in default. The North Carolina Housing Finance Agency, North Carolina Office of the Commissioner of Banks and any third party authorized agency indicated herein agrees to maintain the confidentiality of borrower(s) information in accordance with NCGS § 45-106.

I acknowledge that this authorization will remain in effect for the duration of time that servicer serves as the loan servicer for my account(s). I also acknowledge that should I wish to terminate this authorization, I will notify servicer in writing. This authorization will not be valid unless signed below by borrower and all co-borrowers named above.

Primary Borrower (Print Name): _____ Last 4 Digits of Social Security Number: _____

Signature: _____ Date: _____

Co-Borrower (Print Name): _____ Last 4 Digits of Social Security Number: _____

Signature: _____ Date: _____



NFMC# _____

Addendum to Authorization Agreement

If NFMC client please read the following information below and sign at the bottom:

I/We _____ ("Borrower")
do hereby authorize Housing Counselor to release any and all information from my/our files to the North Carolina Office of the Commissioner of Banks, Pisgah Legal Services, Legal Aid of North Carolina, and/or Legal Services of Southern Piedmont regarding all aspects of my case. Borrower also authorizes the Housing Counselor to notify the North Carolina Office of the Commissioner of Banks in the event that my/our loan payments become delinquent in the future, or if a loss mitigation workout is discussed, implemented, completed and/or results in default.

The confidentiality of my non-public personal information will be maintained in accordance with applicable federal and state privacy laws including N.C.G.S. 45-106. I acknowledge that this authorization will remain in effect until legal assistance cease or until I withdraw this authorization in writing to the Housing Counselor. This authorization will not be valid unless signed below by each and every Borrower named above.

(Borrower's Signature)

(Borrower's Signature)