

Tallahassee Lenders' Consortium Delinquency Counseling

224 Office Plaza Drive – Tallahassee, Florida 32301

PH: (850) 222-6609 – Fax: (850) 222-6687 – www.TallahasseeLenders.org

Licensed Mortgage Broker –NMLS #372580

Borrower's Name: _____

Property Address: _____

Contact Information: _____ / _____ / _____
(Home) (Cell) (Work)

Email: _____ / _____
(Preferred) (Alternate)

Social Security Number: _____ - _____ - _____ Age: _____ Date of Birth: ____/____/____

Sex: Male Female

Are you a U.S. Citizen? Y N
Are you a veteran? Y N
Are you disabled? Y N

Education
 Some High School
 High School Diploma/GED
 Some College
 College Degree

Race/National Origin
 American Indian
 Asian or Pacific Islander
 Black or African American
 Native Hawaiian or Pacific Islander
 White

Number of Occupants in Household: _____

Number of Dependents in Household: _____

Ethnicity
 Hispanic/Latino
 Not Hispanic or Latino

Employment History

Employer's Name: _____ Your Position: _____ Start Date: _____

Address: _____
(Street) (City) (State) (Zip)

**If employed for less than two years, please list your former employer.*

Employer's Name: _____ Your Position: _____ Start Date: _____

Address: _____
(Street) (City) (State) (Zip)

**Please list monthly income for each category*

Full-Time Job: \$ _____ Social Security: \$ _____ Child Support: \$ _____

Part-Time Job: \$ _____ Disability: \$ _____ Alimony: \$ _____ Total: \$ _____

Co-Applicant Information (leave blank if there is no co-applicant)

Name: _____
(First) (Last) (Middle) (Suffix)

Address (if different): _____
(Street) (City) (State) (Zip)

Contact Information: _____ / _____ / _____
(Work) (Cell) (Email)

Mortgage Information

1st Mortgage holder: _____ Address: _____ Phone: _____
How delinquent are you? Months: _____ Amount: \$ _____

2nd Mortgage Holder: _____ Address: _____ Phone: _____
How delinquent are you? Months: _____ Amount: \$ _____

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ACKNOWLEDGEMENT AND AUTHORIZATION

1. I/We certify that the financial information in the financial information form is a true and accurate account of my/our financial condition.
2. I/We consent for the Mortgage Investor, the Mortgage Service, the Mortgage Insurer and any other party of interest to engage in discussions and negotiations with the authorized counseling agency above regarding delinquency/foreclosure alternative programs.
3. I/We acknowledge that the Mortgage Investor, the Mortgage Service, the Mortgage Insurer are under no obligation to agree to an alternative to foreclosure and that no representative of the aforementioned entities have made any representations that my/our will be modified or otherwise authorized an alternative to foreclosure.
4. I/We consent for the Mortgage Investor, the Mortgage Service, and the Mortgage Insurer to discuss and share information about my mortgage and personal finance situation with counselors of the Tallahassee Lenders' Consortium.
5. I/We acknowledge the payments on my/our mortgage may be delinquent and that any collection action which may be currently in progress, including foreclosure proceedings, will continue without any delay while a foreclosure alternative is being reviewed.
6. I/We agree that discussions and negotiations of a possible foreclosure alternative will not constitute a waiver of or a defense to commencing or continuing any foreclosure or other collective action. The foreclosure action will be terminated and an alternative to foreclosure will be provided only if and when an agreement for a foreclosure alternative has been approved in writing.
7. I/We have had the opportunity to consult with legal and/or tax counsel prior to signing this document and I/We willingly agree to these terms and conditions whether or not I/We elected to retain such counsel.

(Borrower Signature)

(Social Security Number)

(Co-borrower Signature)

(Social Security Number)

(Date)

(Loan Number)

