



SM
KENTUCKY HOMEOWNERSHIP
PROTECTION CENTER

Protect My Kentucky Home

April 4, 2020

Dear Homeowner:

Thank you for your inquiry of the Kentucky Homeownership Protection Center, the only statewide program created by the Kentucky state government to provide access to free financial counseling to struggling Kentucky homeowners. In response to the widespread unemployment caused by the COVID-19 pandemic, Kentucky Housing Corporation has made available limited funding to assist homeowners in distress. Included is an application packet for the Kentucky Unemployment Bridge Program. Receipt of this packet does not guarantee program approval. Please complete the packet as thoroughly as possible and gather all the applicable items on the attached checklist. Once complete, contact your assigned housing counseling agency, the name and number of which was provided after completion of your initial intake. Due to limiting funding available, time is of the essence to return this packet and all requesting documentation.

Your housing counselor will pre-screen you for the Unemployment Bridge Program, the details of which are included in this packet. Should you meet initial qualifications, your counselor will remain your primary contact during the entire application process. If you do not meet the program requirements, your housing counselor may still be able to help you with your lender's process to request mortgage assistance. This may require completion of some additional paperwork. These services provided by your housing counselor are **at no cost to you**.

Also enclosed in this packet is a page of Helpful Tips/Expectations. These tips will help you navigate the process as smoothly as possible. Remember, your next step after completing this paperwork is to contact your assigned housing counseling agency. Time is of the essence when requesting mortgage assistance.

Best Regards,
The Kentucky Homeownership
Protection Center

**Kentucky Housing Corporation
Unemployment Bridge Program**

Helpful Tips and Timelines

Please note: Turn times depend heavily on the completeness of the application packet when it is submitted. The average turn time is sixty days from application to closing.

- Once your packet is complete, your counselor will make an appointment for either a face-to-face meeting or pre-screening over the phone. Your counselor will also let you know how to get the application packet to them for review.
 - These documents can be completed using Adobe or by printing them to complete. KHC will accept an electronic signature. Once complete, you can email this packet and all required documentation to your counselor.
- After the application packet is reviewed by the counseling agency, it will be submitted to Kentucky Housing Corporation (KHC) for review. Your counselor will keep you updated on any decisions regarding your file, including any additional documentation needed.
- If you are approved, you will be notified by your counselor. Also, your information will be sent to your servicing lender(s) for final approval. This step can take close to thirty days, depending on the servicer.
 - If you do not meet program requirements, our counselor may still be able to assist you with other options—**FREE OF CHARGE.**
- Once your servicing lender(s) have approved you for the Unemployment Bridge Program, a member of KHC's closing team will call you to schedule a closing. You will need to provide a copy of your picture ID.
- The maximum possible assistance is 6 months or \$10,000, whichever comes first. The first payment to your servicing lender(s) will be any arrearage payment not to exceed the maximum possible assistance. This payment is wired within ten business days from closing.
- Once arrearages have been paid, any remaining assistance, up to a total of \$10,000 can be used for monthly mortgage payments, which will begin the month following closing. Payments are wired directly to your mortgage servicer on the 10th day of the month.
- All payments can take 10 – 14 business days to post to your account.
- At the end of your program, you will receive written notification from KHC of when you should resume your mortgage payments.
- If at any time from application through receipt of benefits, you regain employment or recover lost income, you **MUST** notify your housing counselor immediately. Failure to do so may result in a required repayment of assistance received.



KENTUCKY HOMEOWNERSHIP PROTECTION CENTER

www.ProtectMyKYHome.org

Homeowner's Checklist

Please complete and gather the following items. Do not send originals. Do not staple documents.

- Fully completed Hardship Application Package attached
- Any Correspondence from your mortgage company or their attorney, including monthly mortgage statement.
- Any documentation from the courts or the Sheriff regarding a foreclosure
- Copies of most recent property tax and homeowner's insurance bills, unless these are part of your house payment already.
- Most recent paystub reflecting 30 days ytd income for all employment
 - Proof of unemployment (Monetary Determination Letter and check stub from Unemployment)
- Most recent complete bank statements for all accounts—**NEED ALL PAGES**
- Last year's **COMPLETE** Federal tax returns with all schedules, W-2's, and 1099's—must be signed and dated. If you have not yet filed, provide 2019 W-2's/1099's and 2018 complete tax returns.
 - **DO NOT SEND STATE RETURNS**
 - If Self-Employed, include YTD Profit and Loss statement.
- Proof of value (copy of property tax bill, deed from purchase, appraisal, etc)
- Divorce decree or legal separation documents including quit claim deed (if applicable)

Please complete your paperwork, gather your supporting documentation requested and call your assigned counseling agency within **seven (7) calendar days** of receipt of this information. Appointments are made on a first come first serve basis. Should you not call or complete your documents within the 7 days your case may be **withdrawn from consideration**.

****IMPORTANT: BE SURE TO COMPLETE THE PAPERWORK AND THEN CALL YOUR ASSIGNED COUNSELING AGENCY FOR FUTURE INSTRUCTIONS.**

FUNDING IS LIMITED. TIME IS OF THE ESSENCE.

For internal use only:

HPC Case Number: _____

Loan Number: _____

Date Mailed: _____

Return By: _____

Kentucky Housing Corporation
UNEMPLOYMENT BRIDGE LOAN PROGRAM
Program Disclosure

The following discloses some of the terms and conditions of the Unemployment Bridge Loan in order to provide you with an opportunity to make an informed and voluntary decision to be considered for this program.

PROGRAM AND LOAN TERMS

- Program assistance is not a grant but a five (5) year, 0 percent interest, deferred, forgivable, subordinate loan due and payable by the terms set forth by KHC in the loan documents.
- The assistance will be paid directly to the servicer(s) in 1.)One lump-sum, initial payment for arrearages, 2.)Monthly mortgage payments each month for up to 6months, or 3.)A combination of the two. If borrower's past due amount exceeds \$10,000, the borrower is responsible for the remaining balance. The lender(s) may continue collection activities or reject the UBP file.
- KHC shall advance only the actual amount of each monthly payment due to the lender(s) in an aggregate amount not to exceed Ten thousand and 00/100 dollars (\$10,000.00) for a period of up to six (6) months from the date of the Promissory Note.
- The final amount actually disbursed to the lender(s) may be LESS than the amount of the promissory note. After KHC disburses the last payment on borrower's behalf, the borrower(s) will be sent a statement by KHC, indicating the total amount of funds disbursed to the lender(s).
- The property must be owner-occupied as the primary residence of the borrower(s).
- Borrower(s) must notify the counseling agency if, at any time from application through receipt of UBP assistance, a change in employment or income occurs. Failure to do so would result in required repayment of any assistance received while reemployed.
- A borrower in a Home Affordable Modification program (HAMP) trial period may not use UBP to make their trial period payments. A homeowner who is currently in a HAMP trial period plan and becomes unemployed may seek consideration for UBP. If the homeowner is accepted into UBP, the homeowner's trial period plan must be terminated.

By signing below, I / We acknowledge that I / We have read and understand the terms above.

Borrower Date

Co-Borrower Date

Print Name: _____

Print Name: _____

Kentucky Unemployment Bridge Program

Hardship Application

Borrower Information		Co-Borrower Information	
Name:		Name:	
Marital Status: ___ Unmarried ___ Married ___ Divorced ___ Separated ___ Single		Marital Status: ___ Unmarried ___ Married ___ Divorced ___ Separated ___ Single	
Household size: _____ # of Dependents _____ # of Earners: _____			
Social Security Number:	Date of Birth:	Social Security Number:	Date of Birth:
Home phone number with area code:		Home phone number with area code:	
Cell or work phone number with area code:		Cell or work phone number with area code:	
Email Address:		Email Address:	
Street Address:		Street Address:	
Mailing Address (If different from above):		Mailing Address (If different from above):	
City, State and Zip		City, State and Zip	
I/we want to: ___ Keep the property ___ Sell the property			
The property is my/our: ___ Primary Residence ___ Second Home ___ Investment			
The property is: ___ Owner occupied ___ Renter Occupied ___ Vacant			
The property is: ___ Single family home ___ Manufactured home ___ Condo/Townhome			
Do you own other residential property? ___ Yes ___ No If yes, address of other residential property: _____			
Have you filed bankruptcy? ___ Yes ___ No If yes, ___ Chapter 7 ___ Chapter 13 Filing Date: _____			
Has the bankruptcy been discharged? ___ Yes ___ No Bankruptcy Case Number: _____ Date of Discharge: _____			
Borrower Employment History (2 years)		Co-Borrower Employment History (2 years)	
Employer Name		Employer Name:	
Start/End Dates:	Gross Monthly Income:	Start/End Dates:	Gross Monthly Income:
Phone number with area code:		Phone number with area code:	
Employer Name		Employer Name:	
Start/End Dates:	Gross Monthly Income:	Start/End Dates:	Gross Monthly Income:
Phone number with area code:		Phone number with area code:	
Employer Name		Employer Name:	
Start/End Dates:	Gross Monthly Income:	Start/End Dates:	Gross Monthly Income:
Phone number with area code:		Phone number with area code:	

Hardship Statement

I (We) am/are requesting review for the Unemployment Bridge Program. I/We am/are having difficulty making our monthly mortgage payment because:

_____ My household income has been reduced due to unemployment. Date of unemployment: _____

_____ My employment income has been reduced by at least 15%. Date reduction in income began: _____

_____ Other:

Explanation:

Borrower's Monthly Income	Pre-Event	Current	Co-Borrower's Monthly Income	Pre-Event	Current
Base Pay:	\$	\$	Base Pay:	\$	\$
Disability Income	\$	\$	Disability Income	\$	\$
Rents Received	\$	\$	Rents Received	\$	\$
Unemployment Income	\$	\$	Unemployment Income	\$	\$
2 nd job:	\$	\$	2 nd job:	\$	\$
Child Support:	\$	\$	Child Support:	\$	\$
Other:	\$	\$	Other:	\$	\$
Social Security	\$	\$	Social Security	\$	\$
Total Monthly Income	\$	\$	Total Monthly Income	\$	\$

LIQUID ASSETS (NON-RETIREMENT)

ACCOUNT TYPE:	BANK NAME	ACCOUNT BALANCE:
Checking Account(s)		\$
Savings Account(s)		\$
Money Market Funds:		\$
Stocks/Bonds/CDs		\$
Other:		\$
TOTAL LIQUID ASSETS:		TOTAL LIQUID ASSETS: \$

Mortgage Information

Name of Lender:		
Name(s) of Borrower(s) on Note:		
Loan Number:	Current Balance:	Monthly Payment:
Last Month Paid/Accepted:	Past Due Balance:	Loan Term ___ 30 Years ___ 15 Years
Loan Type: ___ FHA ___ VA ___ RHS ___ Conventional ___ Contract for Deed		
Rate Type: ___ Fixed Rate ___ Adjustable Rate (ARM)		If ARM, what is the adjustment period?
Who pays the real estate tax bill on this property? ___ I/we do ___ Lender does ___ Paid by condo or HOA Are the taxes current? ___ Yes ___ No What is your annual property tax premium? \$ _____ Condominium or HOA fees? Yes ___ No \$ _____ Paid to: _____		Who pays the homeowner's insurance for this property? ___ I/We do ___ Lender does ___ Paid by condo or HOA Is the policy current? ___ Yes ___ No What is your annual insurance premium: \$ _____

Second Mortgage Information

Name of Lender:		
Name(s) of Borrower(s) on Note:		
Loan Number:	Current Balance:	Monthly Payment:
Last Month Paid/Accepted:	Past Due Balance:	HELOC?

Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are *not required* to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, the counselor is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. ***If you do not wish to furnish the information, please check the box below.***

BORROWER	<input type="checkbox"/> I do not wish to furnish this information.	Co-BORROWER	<input type="checkbox"/> I do not wish to furnish this information.
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

To be Completed by Counselor <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Counselor's Name (print or type)	Name/Address of Counseling Agency
	Counselor's Signature Date	
	Counselor's Phone Number (include area code)	

Certification of No Felony Conviction

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion. **Please Read and Initial Below:**

BORROWER (Initial)

____ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion.

CO-BORROWER (Initial)

____ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion.

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, Kentucky Housing Corporation, _____ [name of your counseling agency], the Commonwealth of Kentucky, the U.S. Department of Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

Borrower(s) Acknowledgement and Agreement

In making this request for consideration under the HHA program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified in this Hardship Application is/are the reason that I need to request Unemployment Bridge Program (UBP) assistance.
2. I understand that KHC, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, KHC may cancel any Agreement under UBP.
4. That my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I currently have.
5. I am willing to provide all requested documents and to respond to all questions in a timely manner.
6. I understand that the information in this document will be used to evaluate my eligibility for UBP, but no obligations to provide assistance will be based solely on the statements in this document.
7. I understand that KHC will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any UBP Agreement by KHC to (a) the U.S. Department of the Treasury, (b) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (c) companies that perform support services in conjunction with UBP; and (e) any HUD-certified housing counselor.

Borrower Signature

Date

Co-Borrower Signature

Date

Notice to Homeowners

Be advised that by signing this document you understand that any documents and information you submit to KHC in connection with the UBP Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents, including but not limited to, misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing this document, you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to KHC in connection with the UBP Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

Third Party Authorization Form

Mortgage Lender/Servicer Name

[Account][Loan] Number

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above mortgage lender/servicer and its successors and assigns (individually and collectively, "Servicer") and the following third parties

[Counseling Agency]

[Agency Contact Name and Phone Number]

Kentucky Housing Corporation
[State HFA Entity]

Unemployment Bridge Program: 502-564-7630
[State HFA Contact Name and Phone Number]

[Other Third Party]

[Third Party Contact Name and Phone Number]

[Relationship of Other Third Party to Borrower and Co-Borrower]

(individually and collectively, "Third Party") to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower. I also understand and consent to the disclosure of my personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

The Servicer will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

Before signing this Third Party Authorization, beware of foreclosure rescue scams!

- It is expected that a HUD-approved housing counselor, HFA representative or other authorized third party will work directly with your lender/mortgage servicer.
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

This Third-Party Authorization is valid when signed by all borrowers and co-borrowers named on the mortgage and until the Servicer receives a written revocation signed by any borrower or co-borrower.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Borrower

Co-Borrower

Printed Name

Printed Name

Signature

Signature

Date

Date



Kentucky Homeownership Protection Center Authorization to Release Information

Authorization is hereby granted to Kentucky Housing Corporation (KHC), the Kentucky Homeownership Protection Center, and _____ (Counseling Agency), to obtain a consumer credit report through a credit reporting agency. I understand and agree that KHC and my Counseling Agency intend to use the consumer credit report for the consideration of pre-purchase counseling, foreclosure intervention/loss mitigation options, including the Kentucky Unemployment Bridge Program, and that all use of my credit report will be in compliance with Paragraph 604 of the Fair Credit Reporting Act (FCRA). I understand and agree that a consumer credit report may be obtained at the beginning of my counseling sessions and at the completion of those sessions.

My signature below authorizes the release of financial information which I have supplied to Counseling Agency for its financial counseling program. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balance(s); credit history; and copies of income tax returns. Authorization is further granted to the credit reporting agency to use a photo static reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

Borrower Name (print)

Co-Borrower Name (print)

Borrower Signature

Co-Borrower Signature

Borrower Social Security Number

Co-Borrower Social Security Number

Date

Date

Address (print)

City, State, Zip (print)

KENTUCKY HOMEOWNERSHIP PROTECTION CENTER

PRIVACY POLICY

The Kentucky Homeownership Protection Center (Protection Center) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. The Protection Center realizes that the concerns you bring are highly personal in nature. Be assured that all information shared both orally and in writing will be managed within legal and ethical considerations. All non-public 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 **Authorization to Release Information**. Anonymous aggregated case file information may also be used for the purpose of evaluating Protection Center services, gathering valuable research information and designing future programs.

Types of information that the Protection Center gathers about you

- Information received from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with the Protection Center, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information the Protection Center receives 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 the Protection Center not to make those disclosures.
2. If you choose to “opt-out”, the Protection Center 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 the Protection Center at (502) 564-7630, extension 775 and do so.

Release of your information to third parties

- So long as you have not opted-out, the Protection Center may disclose some or all of the information that is collected, as described above, to your creditors or third parties where it has been determined that it would be helpful to you, would aid in counseling you, or is a requirement of grant awards which make Protection Center services possible.
- The Protection Center may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if compelled by legal process).
- Within the organization, access to nonpublic personal information about you is restricted to those Protection Center employees who need to know that information to provide services to you. The Protection Center maintains physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.