

NON-FHA FINANCIAL PACKET

**The following are required to be considered a complete packet for review:**

- \_\_\_ DETAILED letter explaining the circumstances that prevent you from making your payment to WCDA
- \_\_\_ SIGNED Credit Authorization  
**\*\*PLEASE NOTE: WE WILL BE PULLING A CREDIT REPORT TO PROCESS THIS REQUEST\*\***
- \_\_\_ Complete Projected Monthly Budget - Signed
- \_\_\_ Copies of paystubs covering the most recent 2 months
- \_\_\_ Verification of Employment with only Sections 1, 7 & 8 completed
- \_\_\_ FULL copies of all your 3 most recent months bank statements showing all activity
- \_\_\_ FULL copies of all your most recent brokerage or investment statements showing all activity
- \_\_\_ Copies of your 2 most recent tax returns

**IF APPLICABLE:**

- \_\_\_ Paystubs or letter from any person who is contributing funds to the household expenses
- \_\_\_ Proof of rent money received. i.e. lease agreement or letter from renter
- \_\_\_ Copy of Social Security Benefits Letter
- \_\_\_ Proof of child support income
- \_\_\_ Proof of bills that are not typical monthly bills (i.e. medical, IRS, collections/judgments)
- \_\_\_ Proof of child support you are obligated to pay
- \_\_\_ Copy of divorce decree

**\*\*\*IF ALL THE DOCUMENTS REQUESTED ARE NOT RECEIVED IT WILL CAUSE A DELAY IN PROCESSING YOUR REQUEST\*\*\***





Wyoming Community Development Authority  
"Financing Affordable Housing in Wyoming"

Name(s) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

WCDA Loan Number \_\_\_\_\_

Property Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

I/We hereby authorize WCDA to obtain my/our current credit report for the purpose of qualifying for potential loss mitigation assistance.

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Signature \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_



# of people in the household

Name

# Projected Monthly Budget

<b>HOUSING</b>	Monthly (\$)	<b>DONATIONS</b>	Monthly (\$)
1st Mortgage-principal & interest		Tithes / Offerings	
2nd Mortgage-principal & interest		Charity	
Property Taxes		<b>EDUCATION</b>	
Homeowner's Insurance		Tuition / Lessons	
Mortgage Insurance		Books, paper, supplies	
Homeowner's Association Dues		Newspaper / Magazines	
Other		Other	
Other		<b>GIFTS</b>	
Other		Birthday	
<b>UTILITIES</b>		Holidays	
Electric		Other	
Gas / Propane		<b>PERSONAL</b>	
Water/ Sewer / Trash		Barber / Beauty Shop	
Telephone / Cell		Toiletries	
Cable / Satellite / Internet		Children's Allowance	
<b>TRANSPORTATION</b>		Tobacco	
Car Payment / Balance =		Alcohol	
Car Payment / Balance =		Household	
Fuel		Other	
Auto Insurance		<b>ENTERTAINMENT</b>	
Car Inspections		Movies/Sporting Events/Concerts	
Car Maintenance / Repair		Video Rentals	
License Plates / Registration		Gambling / Lottery Tickets	
Public Transportation		Fitness / Social Clubs	
Parking / Tolls		Vacation / Trips	
Other		Hobbies / Crafts	
<b>FOOD</b>		Other	
Groceries		<b>MISCELLANEOUS</b>	
Eating Out		Home Maintenance / Furnishings	
School Lunch		Bank Account Fees	
Work related (Lunch / Snacks)		Pet Care / Supplies	
Other		Postage	
<b>INSURANCE</b>		Other	
Health (not deducted from pay)		<b>DEBTS</b>	
Life		Student Loan(s) / Balance =	
Disability		Credit Card / Balance =	
Other		Credit Card / Balance =	
<b>MEDICAL</b>		Credit Card / Balance =	
Doctor		Credit Card / Balance =	
Dentist		Medical Bills / Balance =	
Prescriptions		Personal Loan / Balance =	
Chiropractor		Other / Balance =	
Other		Other / Balance =	



Name \_\_\_\_\_

CHILDCARE			OTHER EXPENSES	
Daycare / Sitter				
Child Support / Alimony				
Other				
CLOTHING			ELECTIVE DEDUCTIONS FROM INCOME	
Clothes / Shoes			Savings	
Laundry / Dry Cleaning			IRA Contribution	
INCOME		Gross	Net	
Homeowner #1			401K	
Homeowner #2			Other	
Social Security			Other	
Disability			Other	
Unemployment			Other	
Child Support			Other	
Alimony			Other	
Other			Other	

Estimated Property Value		1st Mortgage Balance	
		2nd Mortgage Balance	

I/We certify that the information provided is true and correct to the best of our knowledge.

\_\_\_\_\_ Date

\_\_\_\_\_ Date







# Request for Verification of Employment

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

**Instructions:** Lender – Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.  
Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.  
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

## Part I – Request

1. To (Name and address of employer)	2. From (Name and address of lender)
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional)
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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## Part II – Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly \$ _____				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Pay Grade		
12B. Gross Earnings				Base Pay	\$	16. Date of applicant's next pay increase
Type	Year To Date	Past Year	Past Year	Rations	\$	
Base Pay	\$ Thru _____	\$	\$	Flight or Hazard	\$	
Overtime	\$	\$	\$	Clothing	\$	
Commissions	\$	\$	\$	Quarters	\$	
Bonus	\$	\$	\$	Pro Pay	\$	
Total	\$	\$	\$	Overseas or Combat	\$	17. Projected amount of next pay increase
				Variable Housing Allowance	\$	18. Date of applicant's last pay increase
						19. Amount of last pay increase

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

## Part III – Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)		
22. Date Terminated	Base _____	Overtime _____	Commissions _____ Bonus _____
24. Reason for Leaving		25. Position Held	

**Part IV – Authorized Signature** - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	



## INFORMATION REGARDING THE FOLLOWING LOSS MITIGATION

### OPTIONS

#### REPAYMENT PLANS:

\* **Credit Reporting:** Please note that we will continue to report the delinquency status of your loan to credit reporting agencies as well as your entry into a Payment Plan in accordance with the requirements of the Fair Credit Reporting Act and the Consumer Data Industry Association requirements. **CREDIT SCORING COMPANIES GENERALLY CONSIDER THE ENTRY INTO A PLAN WITH MODIFIED PAYMENTS AS AN INCREASED CREDIT RISK. AS A RESULT, ENTERING INTO A PLAN WITH MODIFIED PAYMENTS MAY ADVERSELY AFFECT YOUR CREDIT SCORE, PARTICULARLY IF YOU ARE CURRENT ON YOUR MORTGAGE OR OTHERWISE HAVE A GOOD CREDIT SCORE.**

#### PRE-FORECLOSURE (SHORT SALE) OR DEED IN LIEU OF FORECLOSURE:

\* **Credit Reporting:** Please note that we will report to the credit bureaus that a short sale or deed in lieu was accepted by W.C.D.A. after proper documents are filed. **AS A RESULT, THIS WILL ADVERSELY AFFECT YOUR CREDIT SCORE, PARTICULARLY IF YOU ARE CURRENT ON YOUR MORTGAGE OR OTHERWISE HAVE A GOOD CREDIT SCORE.**

\* Most insurers require a borrower must be in default before W.C.D.A. can consider a Pre-foreclosure Sale (short sale) or Deed in Lieu of foreclosure.

\* On FHA loans this will be reported on their CAIVRS. Borrower(s) will not be able to obtain a FHA loan for a minimum of three (3) years.

\* Some Insurers may require Borrower(s) to make cash contributions.

\* Please be aware that in the event that WCDA forgives your debt, or any portion of it, there may be tax consequences to you as a result. You should consult with your tax advisor about any such potential tax consequences. WCDA does not provide any tax advice so we cannot answer any questions about tax consequences that you may have.

#### SERVICE MEMBERS and FEDERAL EMPLOYEES

\* All Service members and Federal employees should obtain guidance from your employer regarding the potential impact on security clearance and employment.0

## **HOUSING COUNSELING AGENCIES IN WYOMING**

### **WYOMING HOUSING NETWORK, INC.**

Program Development Director  
2345 East 2nd Street  
Casper, WY 82609  
Telephone: (307) 472-5843  
Fax: (307) 472-0893

### **INTERFAITH OF NATRONA COUNTY, INC.**

140 East K Street  
Casper, WY 82601  
Telephone: (307) 235-8043  
Fax: (307) 235-8711  
E-mail: [interfaithnc@yahoo.com](mailto:interfaithnc@yahoo.com)

### **GREENPATH FINANCIAL WELLNESS -**

2232 Dell Range Blvd.  
Cheyenne, WY 82001  
Telephone: (307) 638-3559  
Toll Free: (800) 550-1961  
Fax: (970) 336-0004  
Website: [www.greenpath.com](http://www.greenpath.com)  
Type of Counseling: HECM, Default/Foreclosure, Rental and Pre-Purchase Counseling

### **WYOMING FORECLOSURE HOTLINE**

Wyoming Attorney General's Office & Brothers Redevelopment, Inc.  
Telephone: (855) 996-2256  
Main office in Cheyenne, WY  
Type of Counseling: Foreclosure Prevention, Refinance Options, Pre-purchase housing counselor

# FORECLOSURE FRAUD NOTICE

Foreclosure fraud has become epidemic. Help stop foreclosure fraud.

Be suspicious of:

- Anyone that guarantees to stop foreclosure
- Pressures you to sign any agreement
- Tells you not to contact your mortgage company
- Wants to charge you up-front
- Tells you to make payments to them
- Offers to fill out the paperwork for you
- Tells you foreclosure “scams” are not real

There are reputable groups who can help and you *will not* be charged for their services.