



We are so glad that you took the tough first step and contacted the St. Johns Housing Partnership about your mortgage. We understand how hard that was to do and we promise to work with you to find a resolution to your situation. We are a HUD approved, non-profit, high performing housing counseling agency. We have HUD certified housing counselors on staff to assist you. We have been nationally recognized for helping clients resolve their mortgage issues. You can find stories recognizing our accomplishments in the Washington Post and the HUD Office of Housing Counseling eNewsletter "The Bridge".

If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations. St. Johns Housing Partnership is committed to providing services that are accessible to the widest possible audience, regardless of ability or language barrier.

To assist us in providing you with the most effective and efficient service, please complete the attached worksheets as thoroughly as possible. If there are questions or information that you do not understand, that is okay, do your best. Your signature on each form is the most important part. In order to begin the process, we will need you to provide us with copies of the following documents and the attached forms.

This checklist is a **REQUIREMENT** & the following items must be returned with the packet.

- Complete and sign all forms in the attached package
- Recent Mortgage Statement
- 2 most recent bank statements (all pages)
- Proof of all income: a full month's paystubs, current Social Security Award letter, Pension Statement, Retirement Award letter, etc.

To return your documents as QUICKLY as possible, you can:

Email them to documents@sjhp.org or

Fax them to 904-819-1268 or

Mail them to 93 Orange Street, St. Augustine, FL 32084

If you need help with this packet, let us know by calling 904-819-1266

Please ensure that all copies provided are legible. Once you provide all documents requested, you will be given a telephone appointment with a counselor. Many other families are in the same position as you are, so the demand for our service is high. Due to the high demand, our office will NOT accept walk-in appointments.

You can reach us at (904) 819-1266. Please allow up to five (5) business days for someone to contact you after you have submitted all the required information. We appreciate your patience. You have taken the first step to resolving your situation. We look forward to working with you.

The St. Johns Housing Partnership and its employees are **NOT** attorneys. The information provided in this document is to be used as a resource and is based solely on the experience of the agency's counselors and training. This form is to be completed only for the purpose of providing Foreclosure Mitigation and Credit Counseling. 03.18.2021

Intake Form

Date: _____

County: _____

Borrower Information:

Name: First: _____ M: _____ Last: _____

Address: Street: _____

City: _____ State: FL Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Email Address: _____ Race: _____

Social Security #: _____ Birthdate: _____ Gender: (Circle One) Male Female

Head of Household: Yes/No Hispanic: Yes/No Disabled: Yes/No Disabled Dependent: Yes/No

Level of Education: (Circle One) College High School or GED Primary Vocational None

Family Size: _____ # of Dependents: _____ Ages of Dependents: _____

Marital Status: (Circle One) Married Single Domestic Partner Active Military: Yes / No Veteran: Yes/No

Have you received Foreclosure Notice: Yes/No If Yes, When?: _____ Has your mortgage ever had a modification? Yes/No If Yes, When?: _____

How many vehicles do you own? _____

Have you filed Bankruptcy: Yes/No Type of Bankruptcy Filed: _____ Bankruptcy discharge date: _____

Bankruptcy filing date: _____ Provide DATE your mortgage hardship began: _____

What is the primary reason for your hardship and/or loan default?

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Borrower Employer Information:

Primary Employer: _____ Position: _____ Self Employed: Yes/ No

Hire Date: _____ Years in Profession: _____

Co-Borrower Information:

Total # of Co-Borrowers: _____

Name: First: _____ M: _____ Last: _____

Cell Phone: _____ Other: _____

Email Address: _____ Race: _____

Social Security #: _____ Birthdate: _____ Gender: (Circle One) Male Female

Head of Household: Yes/No Hispanic: Yes/No Disabled: Yes/No Disabled Dependent: Yes/No

Level of Education: (Circle One) College High School or GED Primary Vocational None

Marital Status: (Circle One) Married Single Domestic Partner Active Military: Yes / No Veteran: Yes/No

Co-Borrower Employer Information:

Primary Employer: _____ Position: _____ Self Employed: Yes/ No

Hire Date: _____ Years in Profession: _____

Property and Mortgage Information:

Type of Property: (Circle One) Single Family Condo/Townhouse Mobile Home Multi Family

Do you own any other properties? Yes/No If yes, how many: _____

Is your property listed for Sale: Yes/ No

Real Estate Agent Name: _____ Real Estate Agent Phone#: _____

Are property taxes part of the monthly payment? Yes/ No

Is your Homeowners Insurance part of the monthly payment? Yes/ No

How did you hear about St. Johns Housing Partnership? _____

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge.

Borrower (signature): _____

Date: _____

Co-Borrower (signature): _____

Date: _____

BORROWER INCOME

Number of Adults over 18? _____

Number of Children in Household? _____

Ages of Children? _____

MONTHLY INCOME	PRIMARY BORROWER		CO-BORROWER	
	CURRENT		CURRENT	
	Gross	Net after Deductions	Gross	Net after Deductions
Employment Income	\$	\$	\$	\$
Disability – SSI / SSD / SSA	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Child Support / Alimony	\$	\$	\$	\$
Workers' Compensation	\$	\$	\$	\$
Retirement Benefits	\$	\$	\$	\$
Veterans' Benefits	\$	\$	\$	\$
Food Stamps / Welfare	\$	\$	\$	\$
Other:	\$	\$	\$	\$
INCOME	\$	\$	\$	\$

By signing this form, I am certifying that all sources of income have been disclosed.

Borrower (signature): _____

Date: _____

Co-Borrower (signature): _____

Date: _____

EFFECTIVE HOUSING COUNSELING RELIES ON AN ACCURATE BUDGET TO DEMONSTRATE YOUR ABILITY TO PAY YOUR LENDER. COMPLETE THE BUDGET BELOW IN FULL.

MONTHLY BUDGET PLAN					
Household Expenses		Household Expenses – Flexible		Household Expenses – Flexible (cont.)	
First Mortgage	\$ _____	Groceries	\$ _____	Movies / Theatre	\$ _____
Second Mortgage	\$ _____	School Lunches	\$ _____	Cable / TV	\$ _____
HOA Fees	\$ _____	Lunch at Work	\$ _____	Internet	\$ _____
Electricity	\$ _____	Restaurants/Takeout	\$ _____	Postage	\$ _____
Gas (in home)	\$ _____	Health Insurance	\$ _____	Pet Care / Supplies	\$ _____
Water, Sewer, Trash	\$ _____	Dentist	\$ _____	Lawn Care	\$ _____
Telephone	\$ _____	Medical Doctor	\$ _____	Home Repairs	\$ _____
Cell Phone	\$ _____	Prescriptions	\$ _____	Fitness / Social Clubs	\$ _____
Car Payment 1	\$ _____	Clothing	\$ _____	Vacations / Trips	\$ _____
Car Payment 2	\$ _____	Laundry	\$ _____	Hobbies / Crafts	\$ _____
Auto Gas	\$ _____	Dry Cleaning	\$ _____	Checking Fees	\$ _____
Parking / Bus / Taxi	\$ _____	School Tuition	\$ _____	Auto Repairs	\$ _____
Auto Insurance	\$ _____	School Supplies, Books	\$ _____	License / Registration	\$ _____
Childcare / Daycare	\$ _____	Lessons (music, dance)	\$ _____	Magazines, Books, Videos	\$ _____
Alimony	\$ _____	Donations / Church	\$ _____	Plants, Gardening	\$ _____
Life Insurance	\$ _____	Barber / Beauty	\$ _____	Other :	\$ _____
Other:	\$ _____	Tobacco	\$ _____	Other:	\$ _____
Other:	\$ _____	Beer, Wine, Liquor	\$ _____	Other:	\$ _____

Important Information: Please Complete the Following.

Have you filed for bankruptcy? Yes No
 If yes: Chapter 7 Chapter 13 Filing date: _____

Have you contacted a counseling agency for help? Yes No
 If yes: Agency name: St. Johns Housing Partnership
 Agency phone number: 904-819-1266

MONTHLY DEBTS	
Credit Card	\$ _____
Student Loan	\$ _____
Medical Bills	\$ _____
Rent to Own	\$ _____
Personal Loan	\$ _____
Other:	\$ _____
Other:	\$ _____
Debt Total:	\$ _____

Borrower (signature): _____

Date: _____

Co-Borrower (signature): _____

Date: _____

Budget Counselor (signature): _____

Date: _____

93 Orange Street
Saint Augustine, FL 32084
Tel: 904-819-1266/ Fax: 904-819-1268
mvetter@sjhp.org/ www.sjhp.org



Third Party Non-Profit Authorization Form

Loan Number: _____

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, the "Borrower" or "I"), authorize the following third party(ies):

Name of Non-Profit Counseling Agency/State HFA/Non-Profit Third Party Agent:
ST JOHNS HOUSING PARTNERSHIP

Contact Name: Marissa Vetter / Lisa Burns / Kelsey Wainwright
Mailing Address: 93 Orange St. St. Augustine, Florida 32084
E-Mail Address: mvetter@sjhp.org, lburns@sjhp.org, kelseyw@sjhp.org
Phone Number: (904) 819-1266 Fax (904) 819-1268
State license/Registration No. (if applicable), TIN, NMLS, or EIN: 59-3422856
Name of State Licensing Entity (if applicable):
Type of License: Non Profit 501 (c) (3)
HUD# 82498

(individually and collectively, "Third Party Agent") to 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, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower. I also authorize _____ to discuss and negotiate the terms of a workout arrangement (which may include a loan modification, short sale, deed in lieu or other form of mortgage relief) (a "Workout Arrangement"), with my Third Party Agent. I 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.

The decision to select a Third Party Agent to assist in negotiating my Workout Arrangement is voluntary; Borrower understands that Borrower can negotiate the terms of a Workout Arrangement directly with lender without Third Party Agent assistance.

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 Agent 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.**

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Except where Borrower provides specific instructions to the contrary, the Borrower acknowledges Lender may from time to time contact the Borrower directly to confirm or provide notice of information relevant to the processing and/or consummation of the Workout Arrangement.

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

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

Signature MUST match your Mortgage Statement:

Borrower		Co-Borrower	
_____ Printed Name		_____ Printed Name	
_____ Signature	_____ Date:	_____ Signature	_____ Date:

THIRD PARTY AGENT ACKNOWLEDGEMENT

The undersigned officer or representative of the Third Party Agent acknowledges that any material misrepresentation, misstatement or omission of fact made to Lender or any of behalf of the Third Party Agent lender, investor or insurer in connection with any modification or other workout arrangement under the Treasury Department's Making Homes Affordable Program ("MHA"): (a) may violate the anti-fraud provisions of MHAM (b) may be prosecuted pursuant to Section 18 U.S.C.1001et. seq. of the Federal Code of Crimes and Criminal Procedures and be punishable by up to 30 years in federal prison or \$1,000,000 fine, or both, and/or (c) may be prosecuted under the Civil False Claims Act (31 U.S.C. 3729-3733).

In addition, the Third Party Agent hereby represents that it is in compliance with all applicable federal and state laws, rules, and regulations, governing the registration, licensing, certification, business practices or conduct of loan or consultants providing mortgage relief services to consumers, and the contact and licensing information provided above is true and correct.

Third Party Agent- St. Johns Housing Partnership

Marissa Vetter, Housing Counselor

Date

Lisa Burns, Housing Counselor

Date

Kelsey Wainwright, Housing Counselor

Date

Credit Report Authorization

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

Spouse: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

I/We hereby authorize the St. Johns Housing Partnership, a counseling agency, to obtain a copy of my credit profile, to provide counseling, and to recommend referral service on my behalf. This authorization shall become effective immediately and shall remain in effect until revoked by me/us.

W/We also hereby certify that the information that I/We have given is true and accurate to the best of my/our knowledge. Furthermore, I/we understand that giving the St. Johns Housing Partnership authorization to obtain information and provide services on my/our behalf in no way guarantees that I/we will receive housing nor that we will be approved by a lender.

I/We hereby authorize the St. Johns Housing Partnership to obtain a copy of my/our credit report for the sole purpose of assessing my/our credit status and providing direct counseling services. I/We further understand that an inquiry will appear in my credit file as a result of pulling my/our file. I/We have also been advised by the St. Johns Housing Partnership that the inquiry will be made by the St. Johns Housing Partnership. Currently, the agency that they are using to obtain my information is American Credco. It is further understood by me/us that the St. Johns Housing Partnership is not responsible for the credit information found on my/our credit file.

Borrower Signature Social Security # Date of Birth

Co-Borrower Signature Social Security # Date of Birth

Client / Counselor Contract

St. Johns Housing Partnership and its counselors agree to provide the following services:

- Analysis of the mortgage default, including the amount and cause of default
- Development of a budget
- Presentation and explanation of reasonable options available to the Borrower
- Explanation of the collection and foreclosure process
- Assistance in communicating with the mortgage servicer
- Timely completion of planned action
- Identification of assistance resources
- Referrals for additional services
- Confidentiality, honesty, respect, and professionalism in all services

I/We, _____, agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will be on time for appointments and understand that, if we are late for an appointment, the appointment will still end at the scheduled time.
- I/We will call within 24 hours of a scheduled appointment if I/we will be unable to attend appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us. ***This includes not providing the requested information in a timely manner.***
- I/We hold St. Johns Housing Partnership, its employees, agents, and volunteers harmless from any claim, suit, action, or demand of my creditors, myself, or any other person resulting from advice or counseling.
- I/We understand that, unless I choose to “opt out,” the agency will, if asked by creditors, verify my appointment as well as the date and results of that appointment. I further understand that I have the right to “opt out” of having this information shared by e-mailing or writing to St. Johns Housing Partnership’s Credit Counseling Department.

I/We understand that I must call to schedule an appointment if I need further assistance and I understand that St. Johns Housing Partnership **does not allow walk-ins.**

Borrower (signature): _____

Date: _____

Co-Borrower (signature): _____

Date: _____

Disclosure Statement

This disclosure statement is provided by St. Johns Housing Partnership to all clients seeking intervention/housing counseling services.

Following is a complete list of services provided by St. Johns Housing Partnership, in addition to housing counseling:

- Foreclosure Prevention / Loss Mitigation
- Credit counseling and budgeting
- Homebuyer education
- Rental counseling

St. Johns Housing Partnership has no financial relationships with any other industry partners.

1. I acknowledge that I have received a copy of the St. Johns Housing Partnership's privacy policy.
2. I understand that the St. Johns Housing Partnership will close my case file after three (3) unsuccessful attempts to communicate with me via e-mail, telephone, and/or U.S. postal mail. I also understand that I have the option to request a copy of my file.
3. I understand that I am not obligated to use any of the services offered me and may be referred to other housing services offered by the agency or to an outside agency to assist with concerns that may have been identified.
4. Counselors may answer questions and provide information but will not give legal advice. If I want legal advice, the recommendation will be that I seek legal assistance from the appropriate entities.
5. I understand that the St. Johns Housing Partnership provides information and education on numerous loan products and housing programs. I further understand that the housing counseling that I receive from the St. Johns Housing Partnership does not obligate me to choose any of these particular loan products or housing programs.
6. I understand the St. Johns Housing Partnership will not make referrals to specific agencies but will provide me a list of agencies and I will make my own decision.

Hold Harmless Agreement

I give the St. Johns Housing Partnership permission to use my name in any current and future publications or reporting. Furthermore, in view of the fact that the St. Johns Housing Partnership is a nonprofit organization, I hereby release, hold harmless, and waive all claims associated with these publications and marketing materials that I may have against the St. Johns Housing Partnership and its employees.

Borrower (signature): _____

Date: _____

Co-Borrower (signature): _____

Date: _____

Privacy Policy

St. Johns Housing Partnership 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 with due 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 Mitigation Counseling Agreement. 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. 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 (904) 819-1266.

Release of your information to third parties:

1. So 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 that make our services possible.
2. 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).
3. Within the agency, 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.

Borrower (signature):

Date:

Co-Borrower (signature):

Date:

Social Security Information Purpose Statement

St. Johns Housing Partnership collects your Social Security number for one or more of the following purposes:

- Classification of Accounts
- Identification and Verification
- Credit Worthiness
- Billing and Payments
- Data Collection
- Reconciliation
- Tracking
- Benefit Processing
- Tax Reporting
- Accounts Payable
- Income Verification
- Other: _____

Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

I acknowledge that I have read the above disclosure and have been informed why I am being asked for my Social Security number.

Borrower (signature): _____

Date: _____

Co-Borrower (signature): _____

Date: _____

Complaint / Appeal Procedures

In the event of a complaint or appeal, the complaint / appeal shall first be heard by: **Marissa Vetter, Program Manager**

Should the first designated party be unable to resolve the difficulty, the second complaint / appeal will be heard by: **William Lazar, Executive Director**

Should the second-level complaint / appeal be unable to resolve the difficulty, the final hearing will be held by: **Current Residing President of the SJHP Board of Directors**

All complaints / appeals received by the St. Johns Housing Partnership will be referred to the recipient.

I acknowledge and understand the complaint / appeal procedure and have received a copy of the procedures for my record.

Borrower (signature): _____

Date: _____

Co-Borrower (signature): _____

Date: _____



FLORIDA FORECLOSURE COUNSELING PROGRAM PRIVACY POLICY AND PRACTICES

We value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information about you to support our housing counseling program from the following sources:

- Information that we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates or others;
- Information we receive from a consumer reporting agency; and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you for the sole purpose of assisting you with your housing need and for program compliance and audit checks:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

Who We Disclose To

We are required to provide information about you to the Florida Housing Finance Corporation as the funding agency for the Foreclosure Counseling Program and its authorized agents for purposes of data reporting, program compliance and audit purposes.

Confidentiality and Security

We restrict access to your personal information to employees who need that information to help them provide services to you, including making loan decisions, aiding you in obtaining loans from others, and financial and foreclosure counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Monitoring for possible fraud

Monitoring for possible fraud requires the identification of processes, controls and other procedures to mitigate risk, including an effective and secure information system and appropriate monitoring and quality assurance activities. FCP has a fraud/waste reporting system for clients to use if they suspect inappropriate activities occurring. The system can be accessed at: <https://apps.floridahousing.org/StandAlone/OIGFWAForm/>.



FORECLOSURE COUNSELING PROGRAM DISCLOSURE

Purpose of Housing Counseling

I/We understand that the purpose of the Foreclosure Counseling Program is to provide counseling and education to help customers address financial problems that put them at risk of losing their home. The counselor will analyze my/our financial and credit situation, identify problems preventing me/us from making my/our housing payments, and develop a plan to resolve those problems. The counselor will also provide assistance with debt-load management and preparation of a manageable monthly budget plan. I/We further understand that it is not be the counselor's responsibility to fix the problem for me/us but rather to provide guidance and education to empower me/us to pursue a loan modification or other resolution from my/our lender.

Loan Modification Assistance

As part of participation in the foreclosure counseling program, I/we understand that the counselor will help identify programs that best fit my/our needs. I/we understand that with my/our permission, my/our information will be submitted to my/our lender for consideration of a modification or other resolution options. I/We understand that the counselor will monitor my/our progress to ensure the process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive a loan modification or any other resolution from my/our lender.

Financial Management Education Classes

I/We understand that as part of the foreclosure counseling program, I/we will be required to complete financial management education classes.

Customer's Responsibility

I/We understand that it is my/our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

I/We have read and understand our rights and responsibilities detailed on this form.

Borrower (signature):

Date:

Co-Borrower (signature):

Date:

What do I do now?

Please review this checklist and **send ALL documents WITH** the Intake Packet:

- Complete and sign all forms in the attached package
- Recent Mortgage Statement
- 2 most recent bank statements (all pages)
- Proof of all income: a full month's paystubs, current Social Security Award letter, Pension Statement, Retirement Award letter, etc.

To return your documents as QUICKLY as possible, you can:

Email them to documents@sjhp.org or

Fax them to 904-819-1268 or

Mail them to 93 Orange Street, St. Augustine, FL 32084

If you need help with this packet let us know by calling 904-819-1266

Frequently Asked Questions

I don't have all my documents yet, can I send in the Intake and send my documents later? No, send in the packet when it is complete. Incomplete packets can become separated from the related documents and severely delay the processing of your file.

I don't get a mortgage statement in the mail. You are asking for assistance with your mortgage, contact your lender to get your most recent statement.

I don't have "income", I only have SSA/SSD for myself or other household members: Provide the MOST recent Social Security Award letter.

I don't get bank statements in the mail. Contact your bank to access your 2 most recent bank statements or access them through your account online. Provide ALL PAGES, front and back, even if the numbered page is blank. TRANSACTION HISTORIES or SCREEN SHOTS **will not** be accepted.

I don't have a traditional bank account, I use an online bank or a debit card that my income gets deposited to. Contact the card company or access it online and print out the statements or transactions **ONLY** if no statement is provided. This is the **only** time that TRANSACTIONS are permitted.