

700 E. Franklin St., Suite 3A,
Richmond, Virginia 23219

804.354.0641
Fax: 804.354.0690
TTY: 804.237.7545

www.phoneHOME.org

Thank you for contacting HOME for your housing counseling needs. In order to better serve you, we need to gather additional information from you to assess your total financial and credit obligation. This information will help us develop an individual action plan to assist you in resolving your mortgage delinquency.

Please sign the enclosed forms and provide us with **copies** (do not send originals) of the following documents listed below by fax, email, or mail within 10 business days. ***If you do not have all of the documents listed, please submit what you can.*** All information is held in strictest confidence and is only used for program purposes.

Documents that you will need to send to us:

- Bank Statement (2 most recent months)
- Pay stubs from each person on the mortgage (2 most recent months)
- Proof of income from all source
- (SS, SSI, unemployment, alimony, child support, retirement, pension, etc)
- Copies of credit card statements (most recent month)
- Copies of your bill statements (utilities, phone, gas, cable, insurance, etc)
- Copies of the following loan documents:
 1. Loan Application
 2. HUD-1 Settlement Statement
 3. Good Faith Estimate Statement
 4. Truth in Lending Disclosure
 5. Mortgage Note

Upon receiving your intake application and requested documents you will be contacted within 30 business days. We will contact you sooner if you have a pending foreclosure sale date. Your file will be given to a certified professional counseling counselor who will work with you to develop a plan to help you avoid foreclosure of your home.

Should you have any questions please email us at preventforeclosure@phonehome.org or call us at 804.354.0641.

Fax these forms to: 804.354.0690, or Scan & Email forms to: preventforeclosure@phonehome.org, or Mail forms to: HOME Inc., Attn: Lending Protection Team
700 E. Franklin St., Suite 3A, Richmond, VA 23219

Foreclosure Prevention Information Sessions

We also offer bi-weekly group sessions in Richmond that can help you get a lot of your questions answered quickly and learn how to prevent foreclosure of your home.

**The next sessions are on July 6 & July 20 from 6:30-7:30 pm.
Please call 804.354.0641 to RSVP as seating will be limited to the
first 50 individuals each session.**



Lending Protection Intake and Assessment

Office Use:	
Date:	
Counselor:	
Client #:	
Time: <input type="checkbox"/> Phone/ <input type="checkbox"/> Office/ <input type="checkbox"/> Email/ <input type="checkbox"/> Mail/ <input type="checkbox"/> Fax	
First Homeowner:	
Name on Mortgage:	
Social Security #:	
Date of Birth:	Age:
Employer:	
Part-Time Employer:	
Monthly Gross Income:	
Monthly Net Income(take home pay):	
Second Homeowner:	
Name on Mortgage:	
Social Security #:	
Date of Birth:	Age:
Employer:	
Part-Time Employer:	
Monthly Gross Income:	
Monthly Net Income(take home pay):	

Address:	
City:	
State:	Zip:
Phone#:	
Other #:	
Mailing Address <small>(if different)</small> :	
Persons in household: # of Adults _____ # of Children under 18 _____	
<input type="checkbox"/> Richmond <input type="checkbox"/> Henrico <input type="checkbox"/> Chesterfield <input type="checkbox"/> Hanover <input type="checkbox"/> Other _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian & White <input type="checkbox"/> Asian & White <input type="checkbox"/> African American & White <input type="checkbox"/> American Indian & White <input type="checkbox"/> American Indian & African American <input type="checkbox"/> Other Multiple Race	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<input type="checkbox"/> Disabled <input type="checkbox"/> 62+ <input type="checkbox"/> Female Head of Household	
Office Use: <input type="checkbox"/> Poverty <input type="checkbox"/> Very low <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Other	

Reason for default / Note:

How did you learn about HOME:

Mortgage Loan #1

Loan Co Name:

Loan #:

FHA Case #:

Phone#:

Fax #:

Date Of Purchase:

Origination Date:

Loan Amt: \$

Amt Owed(Principal Balance):\$

Assessed Value: \$

Interest rate: APR:

Of months Delinquent:

List months you are Delinquent:

Monthly Payment Amount: \$

Payment History:

Payment Plan:

Amt. to reinstate: \$

Cash On Hand: \$

Are you in Bankruptcy: (Yes or No)

Date Filed: Attorney:

**Foreclosure Sale Date? (Yes or No)
If yes, When?**

Do you Have...

 Good Faith Estimate Truth in Lending HUD1Did you read all loan documents? Y / N

Where did the closing take place?

How long was the closing?

Were you solicited for the loan? Y / NWas a Broker involved? Y / N

Name of Broker:

Name of Broker Company:

Mortgage Loan #2

Loan Co Name:

Loan #:

FHA Case #:

Phone#:

Fax #:

Date Of Purchase:

Origination Date:

Loan Amt: \$

Amt Owed(Principal Balance):\$

Assessed Value: \$

Interest rate: APR:

Of months Delinquent:

List months you are Delinquent:

Monthly Payment Amount: \$

Payment History:

Payment Plan:

Amt to reinstate: \$

Cash On Hand: \$

Are you in Bankruptcy: (Yes or No)

Date Filed: Attorney:

Do you Have...

 Good Faith Estimate Truth in Lending HUD1Did you read all loan documents? Y / N

Where did the closing take place?

How long was the closing?

Were you solicited for the loan? Y / NWas a Broker involved? Y / N

Name of Broker:

Name of Broker Company:

Lending Protection

Clients Current Financial Situation

Name:

Applicant

Income source	Monthly net income
Wages/salary	
Benefits	
Food Stamps	
Child support	
Other	
Total	\$ -

Co-Applicant

Income source	Monthly net income
Wages/salary	
Benefits	
Food Stamps	\$ -
Child support	
Other	
Total	\$ -

Other > 18yrs

Income source	Monthly net income
Wages/salary	\$ -
Benefits	
Food Stamps	
Child support	
Other	
Total	\$ -

Summary

Total Income	\$ -
Total Expense	\$ -
Debt Payment	
Deficit/Surplus	\$ -

Expense	Monthly Amount
Mortgage Loan 1	
Mortgage Loan 2	
Mortgage Loan 3	
Taxes / Insurance	
Electricity	
Gas / Oil Heat	
Water / Garbage	
Cable / Satellite	
Phone	
Cell / Pager	
Car Payment	
Car Payment	
Car Payment	
Car Insurance	
Gas / Fares / Parking	
Car Maintenance	
Groceries	
Work Lunches	
School Lunches	
Eating Out	
Toiletries / Cleaning Products	
Dry Cleaning	
Laundry	
Hair Care	
Pet Care	
Child Support	
Child Care	
Allowances	
Medical / Life Insurance	
Medical / Dental Care/Optical	
Prescriptions	
Clothing	
Entertainment	
Tobacco / Alcohol	
Subscriptions / On line	
Gifts	
Offerings / Donations	
savings	
Recreational	
Credit Cards	
Other	
Total	\$ -



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Authorization to Obtain Credit Report

I hereby authorize Housing Opportunities Made Equal to obtain a copy of my credit report to assist in resolving my housing issue. A fax or copy of this authorization form is sufficient.

Client Name: _____
(mortgagor – primary person on mortgage loan)

Social Security #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (home): _____ (other): _____

Present Employer: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ **Date:** _____

Not Applicable

Client Name: _____
(additional person on mortgage loan or spouse)

Social Security #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (home): _____ (other): _____

Present Employer: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ **Date:** _____

*****For office use Only*****

rev.7/08

Date Completed: _____ Staff: _____



HOUSING OPPORTUNITIES MADE EQUAL OF VIRGINIA, INC.
700 E. FRANKLIN STREET, SUITE #3A
RICHMOND, VIRGINIA 23219
(804) 354-0641 FAX (804) 354-0690

A Certified HUD-Approved Counseling Agency

Authorization for Release of Information

I/We hereby give permission to Housing Opportunities Made Equal of Virginia to provide and obtain information from the following lenders/persons necessary to assist in the solution of my housing problems.

Lender(s) to whom I/we have a mortgage loan(s):

First Mortgage _____ **Loan#** _____

Second Mortgage _____ **Loan #** _____

Third Mortgage _____ **Loan #** _____

Other(s):

Signature **Last 4 digits of SSN** _____
Date _____

Signature **Last 4 digits of SSN** _____
Date _____

I acknowledge that this authorization may be revoked at any time, but not retroactive to information already released in accordance to the authorization. The revocation may be done verbally or in writing



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PRIVACY NOTICE

Housing Opportunities Made Equal is committed to assuring the privacy of individuals who have contacted us for assistance. We realize the concerns you bring to us are highly personal in nature. We assure you that all information shared both verbally and in writing will be managed within legal and ethical consideration. Your personal information will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Prevention Services Agreement. We may also use anonymous aggregate 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 verbally, 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.

Release of Information to third parties

- In order to provide effective services you will be requested to authorize disclosure of 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 which make our services possible.
- We may also disclose any information about you or former customers to anyone if it is required by law (e.g. if we receive a court order for the information).
- Within the organization, we restrict access to your personal information to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards to protect your personal information.

You may choose at any time to “opt-out” of certain disclosures

- You have the opportunity to “opt out” of disclosures of your personal information to third parties (such as creditors), that is, direct us not to make those disclosures.
- If you choose to “opt-out” we will not be able to contact or answer questions from your creditors. However, if at anytime, you wish to change your decision to “opt-out”, you may contact us at (804) 354-0641 and do so.

Please sign that you have read and received this privacy notice and please keep a copy for yourself.

X _____

X _____

Date: _____

Date: _____



Disclosure Form

Housing Opportunities Made Equal (HOME) is pleased that you have come to us for services and are looking forward to working with you. We are here to assist you in resolving your housing issue. Generally, your services will include the following:

- The gathering of essential demographic and financial information to help us resolve your housing need
- An assessment of your housing situation
- A case management plan that provides instructions and identifies resources for resolving your housing need
- Individual face to face ,telephone and/or group counseling designed to guide you through the process of resolving your housing need
- Follow-up calls and/or letters to track the outcome of our services

Housing Opportunities Made Equal of Virginia, Inc. upholds the highest standards of customer service. As such, HOME of Virginia, Inc. staff members providing these services will adhere to the following guidelines:

HOME does not offer legal counsel or services. HOME staff members will provide counseling, group education and/or instructional information only regarding your housing, personal financial management or credit situation under this program.

HOME does not provide debt consolidation services nor will any member of HOME's staff take over or assume responsibility for the finances of any participating client.

HOME does not pay or receive fees or other considerations for referrals to or from any program administered by HOME.

HOME staff members will not recommend that clients participate or engage in any services whereby the staff members themselves or any member of their immediate family have a financial interest.

No staff member of HOME will disclose any personal information without proper authorization of the participant.

HOME strongly believes in and promote housing choice. To that end, HOME does not endorse any realtor or lender. Participants in HOME's Pre-Purchase Counseling/Downpayment Assistance Programs shop for and select the lender and realtor that best suits their needs.

HOME wishes each participant to be apprised of the impact of bankruptcy on his/her credit report. HOME's bankruptcy class seeks to educate participants on how to manage their money and use credit wisely following the filing of bankruptcy.

HOME, in many instances, will need to pull your credit report in order to assess the condition of your credit either to determine your readiness for homeownership or to assist in the resolution of mortgage delinquency. It is possible that this action will have a negative effect on your credit score. HOME will use this option sparingly and will work to minimize any negative effect on your credit report.

HOME employs persons who are qualified to provide the services rendered. To that end, all HOME counselors are required to be certified as Professional Housing Counselors. New counselors employed by HOME have one year to acquire such certification, which can be obtained through the Virginia Association of Housing Counselors, the National Federation of Housing Counselors or NeighborWorks. A biographical sketch of each counselor will be shared at the beginning of each group session or individual counseling session.

Central to HOME's mission is the elimination of housing discrimination. All of HOME's programs and services are required to educate participants about fair housing.

All but one of HOME's services are free of charge. HOME does charge a nominal fee of \$50.00 per person to participate in its Bankruptcy Recovery Program. HOME does not receive any funding to provide the Bankruptcy Recovery Program. All other services are free to qualifying participants and are funded one or more of the following sources: US Department of Housing and Urban Development; The Virginia Department of Housing and Community Development; The City of Richmond, Virginia, Department of Community Development; Virginia Housing & Development Authority (VHDA); Neighborworks; The County of Henrico Virginia, Department of Community Revitalization; The County of Chesterfield, Virginia, CDBG Department; Capital One Financial Services, The Greater Richmond Community Foundation; Genworth; Bank of America and other private donors.

This certifies that I have read and understood the above statement of disclosure.

Participant Signature

Date

Participant Signature

Date