

626 E. Broad St., Suite 400,  
Richmond, Virginia 23219

804.354.0641  
Fax: 804.354.0690  
Virginia Relay: 711

[www.phoneHOME.org](http://www.phoneHOME.org)

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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)  
Do not send online account activity
- Proof of income from all sources
- (SS, SSI, unemployment, alimony, child support, retirement, pension, etc)
- Copies of credit card statements (most recent month)
- Copy of your mortgage statement
- Hardship letter (see insert on what to include for help)
- 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 or Deed of Trust

Upon receiving your intake application and requested documents you will be contacted within 10 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](mailto: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](mailto:preventforeclosure@phonehome.org), or Mail forms to: HOME Inc., Attn: Lending Protection Team  
626 E. Broad St., Suite 400, Richmond, VA 23219



# Lending Protection Intake and Assessment

8-11-11

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"/> Hispanic	
<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:	
<b>Foreclosure Sale Date? (Yes or No) If yes, When?</b>	
Do you Have... <input type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Truth in Lending <input type="checkbox"/> HUD1	
Did you read all loan documents? <input type="checkbox"/> Y / <input type="checkbox"/> N	
Where did the closing take place?	
How long was the closing?	
Were you solicited for the loan? <input type="checkbox"/> Y / <input type="checkbox"/> N	
Was a Broker involved? <input type="checkbox"/> Y / <input type="checkbox"/> N	
Name of Broker:	
Name of Broker Company:	

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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... <input type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Truth in Lending <input type="checkbox"/> HUD1	
Did you read all loan documents? <input type="checkbox"/> Y / <input type="checkbox"/> N	
Where did the closing take place?	
How long was the closing?	
Were you solicited for the loan? <input type="checkbox"/> Y / <input type="checkbox"/> N	
Was a Broker involved? <input type="checkbox"/> Y / <input type="checkbox"/> 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	
<b>Total</b>	<b>\$ -</b>

#### Co-Applicant

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

#### Other > 18yrs

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

#### Summary

<b>Total Income</b>	<b>\$ -</b>
<b>Total Expense</b>	<b>\$ -</b>
<b>Debt Payment</b>	
<b>Deficit/Surplus</b>	<b>\$ -</b>

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	
<b>Total</b>	<b>\$ -</b>



626 E. Broad St., Suite 400  
Richmond, Virginia 23219  
Phone: 804-354-0641  
FAX: 804-354-0690

### 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.3-11

Date Completed: \_\_\_\_\_ Staff: \_\_\_\_\_ Score: \_\_\_\_\_



HOUSING OPPORTUNITIES MADE EQUAL OF VIRGINIA, INC.  
(A Non-Profit HUD-Approved Housing Counseling Organization)  
626 E. Broad Street, Suite 400  
Richmond, VA 23219  
(804) 354-0641 FAX (804) 354-0690 VA RELAY: 711

### Authorization for Release of Information

I/We \_\_\_\_\_ and \_\_\_\_\_  
hereby give permission to Housing Opportunities Made Equal of Virginia, and specifically  
the following certified housing counselors Abigail George, Felicia Bolling, Iva Brown,  
Regina Chaney and Rochonda Hamilton to provide and obtain information from the  
following lenders and/or persons necessary to assist in the solution of my mortgage  
account.

Property Address: \_\_\_\_\_  
City \_\_\_\_\_ State: VA Zip Code: \_\_\_\_\_

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

First Mortgage \_\_\_\_\_ Loan# \_\_\_\_\_  
Second Mortgage \_\_\_\_\_ Loan # \_\_\_\_\_  
Third Mortgage \_\_\_\_\_ Loan # \_\_\_\_\_

Other persons or lenders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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*

Housing Opportunities Made Equal of Virginia is a HUD-Approved Housing Counseling  
Agency



626 E. Broad St., Suite 400  
Richmond, Virginia 23219  
Phone: 804-354-0641

## **FORECLOSURE PREVENTION SERVICES AGREEMENT**

8-11

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. HOME's foreclosure prevention services typically include:

- Gather information from you including; demographic information, reason for delinquency, housing goals, financial information, home value, credit report, and loan documents.
- Assess your situation and financial capacity to meet your mortgage obligation.
- Determine realistic options available to you.
- Develop and implement an action plan to help you meet your housing goals.
- Communicate and negotiate with your lender/mortgage company on your behalf.
- Provide contact information for additional community services that might be available.
- Provide periodic follow-up to you.

Please be aware that HOME has no authority or jurisdiction over the lender/mortgage company. Additionally, HOME does not delay, prevent, or stop any collection or foreclosure action that is pending against your loan. It is solely at the discretion of the lender/mortgage company to determine if they wish to work with you.

HOME staff will answer questions and provide information, but do not give legal advice or provide legal services. HOME staff will appropriately refer you to other agencies, organizations and service providers for assistance but you are not obligated to use any services offered. HOME staff will also provide information and education on various loan products and housing programs but in no way obligates you to use any of them.

HOME receives Congressional funds through the National Foreclosure Mitigation Counseling Program (NFMC) and is required to share some of your personal information with NFMC program administrators or their agents for the purpose of program monitoring, compliance, and evaluation.

### **The signing of this document:**

- Gives permission for NFMC program administers and/or their agents to pull your credit report up to 2 additional times between now and June 30, 2010 and gives authorization for them to follow-up with you between now and June 30, 2010 for the purpose of program evaluation.
- Acknowledges that you have received HOME's Privacy Policy.
- Acknowledges that in your consideration for receiving services form HOME, you agree to hold HOME and its staff free and harmless from any claims, damages, liabilities or injuries arising from these services.
- Acknowledges that you have reviewed and understand this agreement in its entirety.

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Client Signature

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Date



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

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. Please be advised that 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 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.

In signing this document you are acknowledging that you understand that the funders listed above will have access to your information for the purpose of program monitoring, compliance, and evaluation.

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

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**Participant Signature**

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**Date**

---

**Participant Signature**

---

**Date**

### **Dodd-Frank Certification**

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 begin receiving 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.

I/we certify under penalty of perjury that I/we 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.

I/we understand that the servicer, the U.S. Department of the 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.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date



## What to include in the Hardship Letter

1. Identifying information: including
  - Name
  - Address
  - Phone Number
  - Mortgage account number
  
2. The First paragraph should state the workout option you are seeking. For example, Loan modification/reduction in mortgage payments.
  
3. Describe your hardship and reasons for it in detail.
  
4. Give an overview of your income and expenses and explain any anticipated changes in income and/or expenses if any.
  
5. List reasons why you think the workout option you are seeking will work and your commitment to see it through.
  
6. Please be sure to sign and date the letter.
  
7. If you are handwriting you hardship letter, make sure it is legible.

**National Foreclosure Mitigation Counseling Program Agreement**

1. I understand that Housing Opportunities Made Equal of Virginia, Inc. (HOME) provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that HOME receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me between now and three years following the close-out of my counseling file for the purposes of program evaluation.
4. I acknowledge that I have received a copy of HOME's Privacy Policy.

**Additionally:**

1. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
3. I understand that HOME provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from HOME in no way obligates me to choose any of these particular loan products or housing programs.

Client's signature\_\_\_\_\_

Date\_\_\_\_\_

Client's signature\_\_\_\_\_

Date\_\_\_\_\_