

INSTRUCTIONS: IMPORTANT - Please read all instructions & forms

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing these forms or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Your intake package must be completed before you appointment

If your appointment is in person the intake package may be brought in at the time of the appointment. If the counseling is done by phone the intake package must be in our office before the counseling appointment. If our office does not have the intake package we may withhold the counseling certificate until the intake package is recieved.

All forms must be filled out. Please read, sign and date all disclosures. If you have questions about any of the forms call our office so a counselor can assist you.

How to get the package to us:

By fax: 224-293-6110.
By Email: Chris@restorationamerica.org
Drop Off: 86 N. Williams St. Crystal Lake IL 60014

*****Call our office to verify your paperwork has been received if faxing or emailing

FEES: There is a fee of \$125 which includes initial counseling session,HECM Certificate and any additional follow up appointments if needed. As of October 1, 2015 there is currently no charge for our counseling appointments.

Please note: We cannot retain original documents in your file. If you need copies made, we do charge 10 cents per copy just as any copy center or library would charge for copying services.

If you have any questions, please call our office: 847-783-0232 and ask to speak to a Reverse Mortgage Counselor

DOCUMENT CHECKLIST

- ☆ Intake Forms and disclosures (all forms in this packet, signed and dated)
- ☆ HUD Required Handouts (Provided by Counselor)
 - Print Out of Loan Comparisons
 - Print Out of TALC Calculations
 - National Counseling on Aging Booklet(Use Your Home to Stay at Home-A Guide for Homeowners Who Need Help Now
 - Preparing for your Counseling Session

Housing Counseling Program Disclosure Form

emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Partners In Charity and its exclusive partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of Restoration America's privacy policy.

Errors and Omissions and Disclaimer of Liability: I/we agree Restoration America Inc, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in Restoration America Inc's counseling programs; and I hereby release and waive all claims of action against Restoration America and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Restoration America Inc, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Restoration America Inc.'s grantors such as HUD or NeighborWorks America.

I/we acknowledge that I/we received, reviewed, and agree to Restoration America Inc Program Disclosures.

Name 1 Signature

Date

Counselor Signature

Date

Name 2 Signature

Date

FILE/CLIENT ID #: _____

