

INSTRUCTIONS: IMPORTANT - Please read all instructions & forms

Your completed package with all supporting documents must be sent in 48 hours prior to your appointment so that the counselor can perform a cursory review.

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

If your completed package with COPIES of all supporting documents is not in our office 48 hours prior to the appointment the appointment will be rescheduled.

All forms must be filled out. All Signatures must be physical signatures. We cannot accept electronic signatures. 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: Info@Restorationamerica.org- scan all documents in 1 to 3 .pdf files

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 are payable at the time of the appointment and are payable by check, cash or credit card.

The fee disclosure listing all fees follows this instruction sheet. If you are at or below 50% of the HUD Area Median income counseling is free with an approved Fee waiver form - proof of income documentation or other hardship is required. If you think you might qualify for a Fee Waiver, let the housing counselor know so they can confirm if the costs will be waived. **There will be no Charge for any of our services as of June 20, 2016.**

All charges will be paid through one of our grant funders.

Please note: We cannot retain original documents in your file, and no longer have a copier on site. If you need copies made please visit your local library or copy & print center.

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

DOCUMENT CHECKLIST

- ☆ Intake Forms and disclosures (all forms in this packet, signed and dated)
- ☆ PROOF OF INCOME: Most Recent Paycheck Stubs (for last 30 days) OR proof of income covering last 30 days - from SSI, SSDI, Pension, Retirement, any oother sources
- ☆ Proof of other household income – household occupants that contribute income (if applicable)
- ☆ Personal Bank Statements for last 2 months
- ☆ FEDERAL TAXES with all schedules, W2s, 1099s – last 2 years
- ☆ SELF EMPLOYED: Business bank statements and P&L statement for last 6 months if self employed
- ☆ Bankruptcy/Foreclosure/Short Sale/Deed in lieu Documentation/Mortgage Statement (if applicable)
- ☆ Alimony and Child Support Documentation (if applicable)
- ☆ Current copies of monthly bills you are paying - this includes utilities –gas electric, phone, cable, cell phone, auto insurance, life insurance, etc (**anything that will NOT show up on a credit report** - Needed to establish and verify current budget expenses)



Restoration America, Inc.

86 N. Williams St. Crystal Lake IL 60014

www.restorationamerica.org

Phone: 847-783-0232 Fax: 224-293-6110

FILE/CLIENT ID #: _____

Personal Information Client Intake Form

NOTE: 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.

How did you hear about our housing counseling agency?

- ☐ Member of our staff ☐ Print/radio ad ☐ Religious or social organization ☐ Friend/family
☐ HUD ☐ Bank or mortgage servicer ☐ Internet search ☐ Other (specify) _____

Part One. Your Biographic and Demographic Information

Name 1:

Date: / /

Last Name First Name Middle Initial

Address:

Home Phone: () -

Address and Apartment No City & State Zip

Cell Phone: () -

Email Address: ☐ Work Email ☐ Personal Email

Gender: ☐ Male ☐ Female

Preferred Contact Method: ☐ Cell Phone ☐ Work Phone ☐ Home Phone ☐ Email

Best time to be reached: _____

Social Security # - - -

Date of Birth: / / Age:

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ African-American
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Biracial or Multiracial
☐ Other (Specify) _____ Decline to Answer ☐

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Are you a Veteran? ☐ Yes ☐ No

Are you Disabled? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow

Education: ☐ Below High School Diploma ☐ High School/GED ☐ Two Year College ☐ Bachelors Degree ☐ Graduate Degree

Name 2:

Date: / /

Last Name First Name Middle Initial

Address:

Home Phone: () -

Address and Apartment No City & State Zip

Cell Phone: () -

Email Address: ☐ Work Email ☐ Personal Email

Gender: ☐ Male ☐ Female

Relationship to Co-Applicant: ☐ Spouse ☐ Significant Other ☐ Relative (specify): _____ Other: _____

Preferred Contact Method: ☐ Cell Phone ☐ Work Phone ☐ Home Phone ☐ Email

Best time to be reached: _____

Social Security # - - -

Date of Birth: / /

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ African-American
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Biracial or Multiracial
☐ Other (Specify) _____ Decline to Answer ☐

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Are you a Veteran? ☐ Yes ☐ No

Are you Disabled? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow

Education: ☐ Below High School Diploma ☐ High School/GED ☐ Two Year College ☐ Bachelors Degree ☐ Graduate Degree



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My household type is....

- ☐ Single Adult ☐ Married ☐ Cohabiting ☐ Single female-headed household with dependents
- ☐ Single male-headed household with dependents ☐ Roommates/ unrelated adults ☐ Living with non-spousal family members (parents, siblings, etc) ☐ Other: (specify) _____
- Family household size: _____ Languages Spoken (specify): _____ / _____ / _____

Part Two. Your Employment Status

Name 1's Employment Status

- ☐ Employed Full-time ☐ Employed Part-Time ☐ Employed Seasonally
- ☐ Unemployed, receiving benefits ☐ Unemployed, receiving no benefits ☐ Self-Employed
- ☐ Disabled, receiving benefits ☐ Retired ☐ Other (specify): _____

Name 1
Employer: _____
Address: _____
Address City & State Zip

Dates _____ to _____
of Employment: _____
Work Phone: () - _____

Previous
Employer: _____
Address: _____
Address City & State Zip

Dates _____ to _____
of Employment: _____
Work Phone: () - _____

Name 2's Employment Status

- ☐ Employed Full-time ☐ Employed Part-Time ☐ Employed Seasonally
- ☐ Unemployed, receiving benefits ☐ Unemployed, receiving no benefits ☐ Self-employed
- ☐ Disabled, receiving benefits ☐ Retired ☐ Other (specify): _____

Name 2
Employer: _____
Address: _____
Address City & State Zip

Dates _____ to _____
of Employment: _____
Work Phone: () - _____

Previous
Employer: _____
Address: _____
Address City & State Zip

Dates _____ to _____
of Employment: _____
Work Phone: () - _____



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Part Three. Your Housing Status and Housing Goals

My current housing status is:

- ☐ Renting/leasing ☐ Homeowner with mortgage(s) ☐ Homeowner (no mortgage debt)
☐ Homeless ☐ Boarder (renting) ☐ Living with family (renting/not renting)
☐ Other: _____ Do you currently receive rental assistance subsidies? ☐ Yes ☐ No If yes, please specify: _____

My housing goal is to...*check all that apply:*

- ☐ Buy a home (pre-purchase counseling) ☐ Mortgage Delinquency/Prevent foreclosure ☐ Reverse Mortgage Counseling
☐ Buy a Home (FHA Back to Work) ☐ Obtain Rental Housing ☐ Financial literacy /budget counseling
☐ Discuss a fair housing rights violation ☐ Predatory Lending Counseling ☐ Other: _____

Part Four. Your Rental and Mortgage Information

If you are currently renting, how long have you been renting? Years Months. Check all that apply:

<input type="checkbox"/> I pay market rent	<input type="checkbox"/> I receive a rent subsidy and/or public housing resident	<input type="checkbox"/> I am a Section 8 recipient
<input type="checkbox"/> I am facing eviction	<input type="checkbox"/> I am delinquent with my rent and need assistance	<input type="checkbox"/> I am delinquent with utilities and need assistance
<input type="checkbox"/> I am interested in filing a fair housing claim. Specify reason(s): _____		

If you own your property, do you have a mortgage? ☐ YES ☐ NO. If YES, please answer the questions below.

My mortgage data: If you do not have a mortgage this section does not apply to you - put a line through this section

	First Mortgage	Second Mortgage
Is this loan Current or Delinquent?	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
Mortgage servicer name		
Loan Number		
Loan Balance	\$	\$
Interest Rate		
Monthly Principal and Interest Payment (excluding taxes and insurance).		
Private Mortgage Insurance (PMI) payment	\$	\$
Fixed or Adjusting Interest Rate?	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know
Date you made your last payment:	/ /	/ /
Past Due Amount:	\$	\$
Have you previously applied for a loan modification or forbearance? If "yes," please provide details on the outcome of your previous foreclosure prevention effort here: ➡	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Default:		
<input type="checkbox"/> Divorce <input type="checkbox"/> Disability <input type="checkbox"/> Marital Separation <input type="checkbox"/> Decrease in income <input type="checkbox"/> Increase in expenses <input type="checkbox"/> Medical Hardship <input type="checkbox"/> Other		



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Please provide additional remarks about your hardship here:

Has your hardship ended?

☐ Yes ☐ No

Do you have the ability and willingness to resume mortgage payments? ☐ Yes ☐ No

If "No," you seeking an alternative outcome, such as a deed-in lieu of foreclosure or short sale? Explain.

Questions related to your credit history:

1. Are there any outstanding judgments against you? ☐ Yes ☐ No

2. Have you declared bankruptcy within the past seven years? ☐ Yes ☐ No ☐ I am currently in a bankruptcy plan.

3. Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu? ☐ Yes ☐ No

Part Five. Your Income, Debt, and Average Monthly Expenses

Please provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

	Name 1		Name 2	
	Monthly Income		Monthly Income	
Income Type	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)
1. Salary/wage earnings	\$	\$	\$	\$
2. Rental Income	\$	\$	\$	\$
3. Child support/Alimony	\$	\$	\$	\$
4. Social Security	\$	\$	\$	\$
5. Pension Income	\$	\$	\$	\$
6. Dependent SSI income	\$	\$	\$	\$
7. Disability income	\$	\$	\$	\$
8. Unemployment Income	\$	\$	\$	\$
9. Public assistance income	\$	\$	\$	\$
10. Other:	\$	\$	\$	\$
11. Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$
Total COMBINED Gross:	\$			
Total COMBINED Net:	\$			



FILE/CLIENT ID #: _____

Average Monthly Debts	Name 1	Name 2
1. Rent	\$	\$
2. Mortgage (Principal and Interest)	\$	\$
3. Property Taxes, HOA, Insurance	\$	\$
4. Car Payment(s)	\$	\$
5. Car Insurance	\$	\$
6. Credit Cards (Total)	\$	\$
7. Childcare/daycare	\$	\$
8. Alimony/Child Support	\$	\$
9. School Tuition	\$	\$
10. Medical Debt:	\$	\$
11. Gas/Transportation	\$	\$
12. Household Utilities (Water, Electric, Gas, Trash, Landline, Cable)	\$	\$
13. Cell Phone(s)	\$	\$
14. Food (groceries + eating out)	\$	\$
15. Student Loan Debt	\$	\$
16. Tithing	\$	\$
17. Other:	\$	\$
Total:	\$	\$
Total COMBINED costs:	\$	

Now, refer to your COMBINED net income on the previous page. Subtract your COMBINED costs as added on the right. This represents your monthly cash flow. Complete the calculation below.

Taking my combined monthly net income of
\$_____

and subtracting my combined monthly costs of \$_____

equals \$_____.

I/we have ☐ POSITIVE or ☐ NEGATIVE cash flow.

Total Value, Liquid Assets:	Total Value, Hard Assets:
1. Stocks/Bonds/CDs: \$	1. Owner Occupied Property Value: \$
2. Savings Account: \$	2. Investment Property value: \$
3. Checking Accounts: \$	3. Other: \$
4. Other: \$	4. Other: \$
Total Value: \$	Total value: \$

Name 1 Signature: _____ Date: _____

Name 2 Signature: _____ Date: _____



Questionnaire

NAME OR NUMBER

Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me

Hardship Explanation:

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across its entire width, providing a template for writing or drawing. The margins are consistent on all sides.

Signature: _____ Date: _____

Signature: _____ Date: _____



Housing Counseling Privacy Policy

NOTE: 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.

Restoration America, Inc.(RA) 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does RA collect about you? We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to RA employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct RA to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit RA's ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that RA HCA make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that RA HCA will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting RA HCA.

Name 1 (Printed)	Signature	Date	Name 2 (Printed)	Signature	Date
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RELEASE: I hereby authorize RA HCA to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Name 1 (Printed)	Signature	Date	Name 2 (Printed)	Signature	Date
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FILE/CLIENT ID #: _____





Housing Counseling Program Disclosure Form

NOTE: 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.

About Us and Program Purpose: Restoration America, Housing Counseling Agency (RA) is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase, free foreclosure prevention/mortgage modification assistance, non-delinquency post-purchase, rental counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none">• Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.• Preparing a household budget that will help you manage your debt, expenses, and savings.• Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.• Neither your counselor nor Restoration America's employees, agents, or directors may provide legal advice.	<ul style="list-style-type: none">• Completing the steps assigned to you in your Client Action Plan.• Providing accurate information about your income, debts, expenses, credit, and employment.• Attending meetings, returning calls, providing requested paperwork in a timely manner.• Notifying Restoration America or your counselor when changing housing goal.• Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Termination of Services: Failure to work cooperatively with your housing counselor and/or Restoration America with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

Initials

Agency Conduct: No Restoration America employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: Restoration America has financial affiliation or professional affiliations with HUD, NeighborWorks America, the State of Illinois, IHDA, IDFP, and banks including Bank of America, Citimortgage, and JP Morgan Chase. As a housing counseling program participant, you are not obligated to use the products and services of Restoration America or any of our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: Restoration America provides housing counseling and classroom education in partnership with Bank of America's Connect to Own program. However, you are not obligated to participate in this or any other programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Authority (FHA) for first-time homebuyer loan programs, and CCCS of McHenry, CCCS of Elgin, Lake County Housing Authority, IHDA for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance,





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 Restoration America 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'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 share with Restoration America'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



Restoration America Fee Policy

Service Provided	Households Earning Below 50% HUD Median Income	Households Earning Above 50% of HUD Median Income
Pre-Purchase Counseling/ Pre-Purchase FHA Back To Work Counseling One on One	Free – includes credit report fee, financial management class and materials if needed, and homeownership education class if needed/requested. Customer will have the option of purchasing a homeownership education manual for \$23.00.	\$95 per household \$20.00 Credit Report fee (all members of household must be present at the counseling session) One time fee per household includes the initial housing counseling session (2-2.5 hours) and all subsequent housing counseling sessions needed (unlimited) by the customer. Includes homeownership education class and/or financial management class if needed/requested. We also offer an online Pre-Purchase class through Framework. The online class is \$75.00 and includes a follow up session with a counselor.
Pre Purchase Homeownership Education Class for Non-counseling customers.	Free* (customer will have the option of purchasing a homeownership education manual for an additional \$23.00, one will be provided for use during the class).	\$25.00 per household (customer will have the option of purchasing a homeownership education manual for an additional \$23.00, one will be provided for use during the class).
Rental Counseling One on one	Free*	\$50.00 per household – includes \$16.00 credit report fee One time fee includes the initial housing counseling session and all subsequent housing counseling sessions needed by the customer. Includes Rental Housing Workshop if needed/requested
Rental Housing Workshop – Non-counseling customers	Free*	\$25.00 per household - including materials
Financial Management/Budget Counseling One on One	Free*	\$50.00 per household – includes \$16.00 credit report fee One time fee includes the initial housing counseling session and all subsequent housing counseling sessions needed by the customer. Includes Rental Housing Workshop or pre-purchase class if needed/requested
Financial Management/Budget/Credit Workshops Non-counseling customers	Free*	\$25.00 per household – includes materials
Predatory Lending Education Workshops	Free*	Free*
Post-Purchase Counseling & Workshops	Free*	Free*
Fair Housing Counseling & Workshops	Free*	Free*
Mortgage Delinquency/Foreclosure Counseling / Workshop	Free*	Free*
HECM Counseling	\$125- Client has the option of having the counseling fee paid at closing, if paying the fee upfront would create a hardship	\$125- The client has the option of paying the counseling fee at the time of the appointment or they can option to have the fee paid at the time of the closing.

* **Costs incurred by the agency to provide services will be offset by grant funds provided by the Department of Housing and Urban Developed (HUD), or other funding programs currently available to the agency for that service type.** In those situations where the charging of fees will present a hardship for the customer, the customer may request a fee waiver. The counselor or trainer will complete a Fee Waiver/Program Exception form, which has been approved by the program director. Income Documentation of proof of hardship provided by the client may be required. A hardship may be considered if:

- Customer has a debt-to-income ratio above 45%
- Customer earns 50% (or below) of HUD Median Income
- Customer is experiencing a hardship due to illness, unexpected financial crisis, etc.