

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 your 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 received.

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



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:

Last Name First Name Middle Initial

Date: / /

Address:

Address and Apartment No City & State Zip

Home Phone: () -

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:

Last Name First Name Middle Initial

Date: / /

Address:

Address and Apartment No City & State Zip

Home Phone: () -

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



FILE/CLIENT ID #: _____

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: () - _____

FILE/CLIENT ID #: _____

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please provide details on the outcome of your previous foreclosure prevention effort here: ➡		
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		



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 #: _____

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: _____



Housing Counseling Privacy Policy (847) 783-0232 Fax: (224) 293-6110

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 (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 publicly 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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Restoration America, Inc 86 N. Williams St. Crystal Lake IL 60014

www.restorationamerica.org

(847) 783-0232 Fax: (224) 293-6110

Disclosure to Client for HUD Housing Counseling Services

Services Offered:

Our agency provides the following HUD one-on-one housing counseling services:

homeless assistance; rental topics; pre-purchase/homebuying; predatory lending; non-delinquency post-purchase; home maintenance and financial management for homeowners; reverse mortgage; and resolving or preventing mortgage delinquency or default counseling.

Our agency also provides the following services and group education workshops:

financial literacy; predatory lending, loan scam, or other fraud prevention; fair housing; homelessness prevention; rental; pre-purchase/homebuyer education; non-delinquency post-purchase; resolving or preventing delinquency.

Relationships with Industry Partners:

Restoration America has financial affiliation and professional affiliations with HUD, Housing Action Illinois, IHDA, Neighborworks America, the State of Illinois, and IDFPR.

No Client Obligation:

There is no obligation to receive, purchase, or use any product or service offered by this agency or any services of its industry partners or other party in exchange for your receiving HUD housing counseling services.

Alternatives:

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff.

I have read and received a copy of this disclosure.

Client Signature _____ Date _____

Client Signature _____ Date _____

This disclosure was conveyed verbally via a virtual/telephonic session.

Counselor Signature _____ Date _____

Please refer below for a description of services offered

A. Pre-Purchase/Home Buying: Your comprehensive pre-purchase counseling will cover the entire homebuying process from beginning to end. This includes budgeting, finding a lender, types of mortgages, predatory lending, down payment assistance, credit reporting and scores, PITIA, closing costs, closing documents, purchase contracts, assembling your home buying team, negotiating home price, flood insurance, taxes, loan servicer sales and any other homeownership topic relevant to successfully maintaining a home. You will also receive important material on home inspection, fair lending, pre-foreclosure, and the dangers of lead.

B. Resolving or Preventing Mortgage Delinquency or Default: Your counselor will provide guidance on the consequences of default and foreclosure, your loss mitigation options, repayment plans, preparing the packet and advocating to your lender for a loan modification, reinstating your loan and the future consequences thereof. Your counselor will examine your income, expenses and circumstances to determine the cause of delinquency and how it can be avoided going further. A comprehensive and sustainable budget is established, and an action plan set forward to achieve goals and overcome obstacles. If necessary, your counselor will provide resources and referrals to outside agencies to address associated issues that this agency is not equipped to address. If it is established that you are unable to maintain your loan and stay in your home, your counselor will guide you through the process of locating and establishing a rental unit.

C. Non-Delinquency Post-Purchase: You will receive material on how to properly maintain a home, schedule seasonal repairs, communicate with your lender, handle escrow increases, tax assessments and delinquency, refinancing with or without cash out, budget for emergencies, avoid fraud and any other topic relevant to maintaining your home. The counselor will provide additional specific references based on your individual household needs and goals.

D. Rental: Your counselor provides information on local market rate rental, rent subsidy programs, deposit assistance, housing search assistance, fair housing law and reporting, landlord tenant laws, background and credit checks, applying for tenancy, understanding lease terms, communication with landlords, rent delinquency, and avoiding eviction. Counselors will assist you with creating a sustainable budget/spending plan for your current household situation and will develop a clear action plan to achieve the overall goal of homeownership.

E. Homeless Assistance: You will receive information regarding emergency shelter, emergency services, transitional housing, special voucher types, the coordinated entry system, and any other social services required to immediately address your current or future homelessness.

F. Financial Literacy: Your counselor will guide you through the establishment of a personalized, sustainable budget using the method best suited for your household. You will receive information on the options available to you for banking, checking, establishing/repairing credit, borrowing, and the different types of savings accounts and methods used to grow wealth.

and stability. Your counselor will provide guidance on obtaining credit and personal reports, the requirements of certain accounts and how to avoid fraud. Personalized topics will be addressed as part of your individualized counseling.

G. Predatory Lending: You will receive information regarding predatory lending practices in home refinance, home repair, home purchase, and other forms of borrowing, where appropriate. Your counselor will provide the necessary tools for you to negotiate fair loan terms and to protect yourselves against potential predatory lenders and fraud. If you feel that you have been victimized by predatory lending practices, your counselors will help you report unlawful conduct to the appropriate authorities.

H. Fair Housing: Your counselor will guide you through the protections provided by the federal, state and municipal fair housing laws. You will learn how to recognize discrimination, learn about your rights and responsibilities as a tenant, home owner or borrower, which parties must adhere to fair housing laws, the consequences of discrimination and how to report fair housing violations. You will be given a referral for no-cost legal representation from an appropriate fair housing attorney, and how to represent yourself, if you desire.

I. Reverse Mortgage Counseling Your counselor will help you understand the reverse mortgages and the appropriateness of a reverse mortgage to meet your particular need as well as alternatives to a reverse mortgage. They will discuss your financial and other needs for remaining in your home, the features of a reverse mortgage and how it works, your responsibilities with a reverse mortgage, the impact of a reverse mortgage on you and your heirs, and the availability of other assistance you may need. The counselor will help you understand your options and their impacts.