INSTRUCTIONS: IMPORTANT - Please read all instructions & forms

Your completed package with all supporting documents <u>must be sent in 72 hours prior to your appointment</u> 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. 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 filesDrop 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.

<u>Please note:</u> 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
- \Rightarrow Proof of <u>other</u> 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 <u>NOT show up</u> on a credit report Needed to establish and verify current budget expenses)



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.

| Ho | w did you | he |
|----|-----------|----|
| | Member of | of |
| | HUD | |

Religious or social organizationInternet search

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 Per | rsonal Email | | Gender: | 🗌 Male 🗌 Female |
| Preferred Conta | ct Method: 🗌 Cell Phone | 🗌 Work Phone 🗌 Home | e Phone 🗌 Email | Best time to be reached: | |
| Social Security # | | | | Date of Birth: | / / Age: |
| Race: | American Indian/Alaskan Nativ | e 🗌 Asian 🗌 African-Ame | erican | Ethnicity: | Hispanic Non- Hispanic |
| | Native Hawaiian/Pacific Islande | er 🗌 White 🗌 Biracial or N | Iultiracial | Are you a Veteran? | |
| | Other (Specify) | Decline to Answer |] | Are you Disabled? | 🗌 Yes 🗌 No |
| Marital Status: | Single Married D | ivorced 🗌 Separated [| Widow | | |
| Education: | Below High School Diploma | a 🗌 High School/GED [| Two Year College | Bachelors Degree | Graduate Degree |
| | | | | | |
| | | | | | |
| | | | | | |
| Name 2: | | | | Date: | / / |
| Name 2: | Last Name | First Name | Middle Initial | Date: | / / |
| Name 2: Address: | Last Name | First Name | Middle Initial | Date: Home Phone: | () - |
| | Last Name Address and Apartment No | First Name City & State | Middle Initial Zip | | / / () - () - |
| | Address and Apartment No | | | Home Phone: | / / () - () - Male _ Female |
| Address: | Address and Apartment No | City & State | Zip | Home Phone: Cell Phone: | / / () - () - Male Female |
| Address: Email Address: Relationship to | Address and Apartment No | City & State | <i>Zip</i> ecify): Ot | Home Phone: Cell Phone: Gender: | / / () - () - [] Male [] Female |
| Address: Email Address: Relationship to Co-Applicant: | Address and Apartment No | City & State | <i>Zip</i> ecify): Ot | Home Phone: Cell Phone: Gender: her: | / / () - () - [Male [] Female |
| Address: Email Address: Relationship to Co-Applicant: Preferred Conta | Address and Apartment No | City & State rsonal Email Other Relative (sp Work Phone Home | <i>Zip</i> ecify): Ot e Phone 🗌 Email | Home Phone: Cell Phone: Gender: her: Best time to be reached: | / / Hispanic Non- |
| Address: Email Address: Relationship to Co-Applicant: Preferred Conta Social Security # | Address and Apartment No | City & State rsonal Email Other Relative (sp Work Phone Home | <i>Zip</i> ecify): Ot e Phone Email erican | Home Phone: Cell Phone: Gender: her: Best time to be reached: Date of Birth: | |
| Address: Email Address: Relationship to Co-Applicant: Preferred Conta Social Security # | Address and Apartment No Work Email Per Spouse Significant ct Method: Cell Phone American Indian/Alaskan Native | City & State rsonal Email Other Relative (sp Work Phone Home | <i>Zip</i> ecify): Ot e Phone Email erican | Home Phone: Cell Phone: Gender: her: Best time to be reached: Date of Birth: Ethnicity: | / / Hispanic Non- Hispanic |
| Address: Email Address: Relationship to Co-Applicant: Preferred Conta Social Security # | Address and Apartment No Work Email Per Spouse Significant Ct Method: Cell Phone American Indian/Alaskan Native Native Hawaiian/Pacific Islande | City & State rsonal Email Other Relative (sp Work Phone Home Work Phone Home a African-Ame r White Biracial or M Decline to Answer | <i>Zip</i> ecify): Ot e Phone Email erican | Home Phone: Cell Phone: Gender: her: Best time to be reached: Date of Birth: Ethnicity: Are you a Veteran? | / / Hispanic Non- Hispanic Yes No |



FILE/CLIENT ID #: _____

| My household typ | pe is | | | _ | |
|---|---|--|--|--|---------------------------------|
| Single Adult | | Married | Cohabitating | | emale-headed with dependents |
| Single male-he with dependents Family household | | Roommates/ unrelated adults Languages Spoken (specify): | Living with non-s family members (par siblings, etc) | pousal | specify) |
| , | | | | - | |
| | | Part Two. Your Er | nployment Status | | |
| Employed F Unemploye Disabled, re Name 1 | loyment Status ull-time d, receiving benefits cceiving benefits | Employed Part-Ti Unemployed, rec Retired | me eiving no benefits | Employed Seasc Self-Employed Other (specify): Dates of Employment: | |
| Employer: Address: | | | | Work Phone: | () - |
| | Address | City & State | Zip | Work Phone. | |
| Previous Employer: Address: | | | | Dates of Employment: Work Phone: | to |
| | Address | City & State | Zip | | |
| Employed F | loyment Status ull-time d, receiving benefits ceiving benefits | Employed Part-Ti Unemployed, rec Retired | me eiving no benefits | Employed Seasc Self-employed Other (specify): | |
| Name 2 Employer: | | | | Dates of Employment: | to |
| Address: | | | | Work Phone: | () - |
| | Address | City & State | Zip | | |
| Previous Employer: Address: | | | | Dates of Employment: Work Phone: | to |
| | Address | City & State | Zip | work mone. | <u>\</u> / |
| | | | | | |



FILE/CLIENT ID #: _

| Part Three. | Your Housing | status and | Housing Goals |
|-------------|----------------|--------------|----------------------|
| | i our riousing | , otatas ana | |

| 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 receiv | ve rental assistance subsidies? 🔲 Yes [| No If yes, please specify: | | |
| My housing goal is to <i>check all that apply:</i> | | | | | |
| Buy a home (pre-p | urchase counseling) | Mortgage Delinquency/Prevent foreclos | sure 🗌 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: | | | | | |
|--|--|--|--|--|--|
| I pay market rent I receive a rent subsidy and/or public housing resident I am a Section 8 recipient | | | | | |
| I am facing eviction I am delinquent with my rent and need assistance | | I am delinquent with utilities and need assistance | | | |
| 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 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? | Current Delinquent | Current 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? | 🔄 Fixed 🔄 Adjusting 🔄 I don't know | Fixed Adjusting I don't know | | |
| Date you made your last payment: | / / | / / | | |
| Past Due Amount: | \$ | \$ | | |
| Have you previously applied for a loan | Yes No | Yes No | | |
| modification or forbearance? | | | | |
| If "yes," please provide details on the | | | | |
| outcome of your previous foreclosure | | | | |
| prevention effort here: | | | | |
| Reason for Default: | | | | |
| 🔄 🗋 Divorce 🗌 Disability 🗌 Marital Separa | tion 🗌 Decrease in income 🗌 Increase in ex | penses 🗌 Medical Hardship 🗌 Other | | |



No No

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. |
| |
| |
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| |
| |
| 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

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).

| | Nam | ne 1 | Na | ime 2 | |
|-----------------------------|---|---|------------------------------------|---------------------------------|--|
| | Monthly | thly Income | | Monthly Income | |
| Income Type | Gross (<i>Before</i> 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 | d 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: _____

| Hardship Explanation: | | |
|-----------------------|-------|---------------------------------------|
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| Signature: | Date: | |
| Signature: | | |



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 |
|------------------|--|------------------|-------------------------------|------------------------|------------------|
| | hereby authorize RA HCA to rele to provide me with the services | | | | |
| and disclosures. | to provide me with the services | requested. Tacki | iowieuge that i have read and | understand the above p | invacy practices |

Name 1 (Printed)

Name 2 (Printed)

Signature





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; nondelinquency 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 |
|---------------------|------|
| | |



www.restorationamerica.org (847) 783-0232 Fax: (224) 293-6110

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 developed 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.

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 follo up session with a counselor. | |
| Pre Purchase Homeownership Education Class for <i>Non-counseling customers</i> . | 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.