



Ensuring equal access to housing for all people.

626 East Broad Street, Suite 400
Richmond, Virginia 23219

804.354.0641
Fax: 804.354.0690
VA Relay: 711

www.HOMEofVA.org
help@HOMEofVA.org

Dear Homeowner,

Thank you for contacting HOME for your housing and counseling needs. 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 designed to assist you in resolving your mortgage issues.

Please sign the enclosed forms **and** provide us with **copies** of the documents listed below (*Please note if you send any original documents they will not be returned*). You may submit documents by fax, email, or mail. **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 with your intake packet:

- Proof of income:
 - If Employed (2 most recent months Pay stubs for each homeowner and/or contributor)
 - If receiving Social Security/Disability/Retirement/Unemployment compensation/ SNAP/TANF/VA benefits (Copy of most recent benefits statement/award letter showing the amount, frequency, and duration of benefit)
 - If Self-employed (Most recent quarterly profit and loss statement and most recent 2 years of tax returns)
- Bank Statements: Last 3 months (All pages, even if blank. No online account activity reports. Must be complete statements.)
- Copies of most recent monthly bill statements: utilities, phone, cable, insurance, etc.
- Copies of most recent credit card statements
- Copy of your most recent mortgage statement
- Hardship letter (please see “Guide to Writing a Hardship letter” attached)

Upon receiving your intake application and requested documents you will be contacted **within 5 business days**. We will contact you sooner if you have a pending foreclosure sale date. Your file will be given to a certified housing counselor who will work with you to develop a plan to help you avoid foreclosure of your home.

You May Return Your Documents By:

Faxing forms to: 804.354.0690

Scan & Email forms to: preventforeclosure@HOMEofVA.org

Mail forms to: HOME Inc., Attn: Foreclosure Prevention Team
626 E. Broad St., Suite 400
Richmond, VA 23219

Should you have any questions please email us at preventforeclosure@HOMEofVA.org or call us at **804.354.0641**. We look forward to serving you.



Foreclosure Prevention Services Intake and Assessment

Rev 3-22-19

Office Use:				
Date:	Time:	Address:		
Counselor:		City:		
Client #:		State:	Zip:	
<input type="checkbox"/> Phone	<input type="checkbox"/> Office	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail
First Homeowner:		Phone#: Other #:		
Name:		E-mail Address:		
Social Security #:		Mailing Address (if different):		
Date of Birth:	Age:	<input type="checkbox"/> Richmond <input type="checkbox"/> Henrico <input type="checkbox"/> Chesterfield		
Employer:		<input type="checkbox"/> Hanover <input type="checkbox"/> Other (specify) _____		
Part-Time Employer:		Persons in household:	# of Adults _____	
Monthly Gross Income:			# of Children under 18 _____	
Monthly Net Income (take home pay):		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Second Homeowner/Contributor		<input type="checkbox"/> American Indian/Alaskan Native		
Name:		<input type="checkbox"/> Asian		
Social Security #:		<input type="checkbox"/> African American or Black		
Date of Birth:	Age:	<input type="checkbox"/> Native Hawaiian or other Pacific Islander		
Employer:		<input type="checkbox"/> White		
Part-Time Employer:		<input type="checkbox"/> American Indian & White		
Monthly Gross Income:		<input type="checkbox"/> Asian & White		
Monthly Net Income (take home pay):		<input type="checkbox"/> African American & White		
		<input type="checkbox"/> American Indian & White		
		<input type="checkbox"/> American Indian & African American		
		<input type="checkbox"/> Other (specify): _____		
		<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		
		<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military		
		Highest Level of Education:		
		How did you learn about HOME?:		
Reason for delinquency or in danger of becoming delinquent:				

Mortgage Loan #1

Mortgage Co Name:
Loan #:
Phone#:
Fax #:
Date of Purchase/Most Recent Refinance:
Loan Amt: \$
Amt. Owed (Principal Balance): \$
Assessed Value: \$
Interest rate: APR:
Of months Delinquent:
Monthly Payment Amount: \$
Have you had a modification? If so, when:
Amt. to reinstate: \$
Cash on Hand: \$
Foreclosure Sale Date? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, When?
Are you in Bankruptcy: Yes <input type="checkbox"/> or No <input type="checkbox"/> Date Filed: Attorney:

Mortgage Loan #2

Mortgage Co Name:
Loan #:
Phone#:
Fax #:
Date of Purchase/Last Refinance:
Loan Amt: \$
Amt. Owed (Principal Balance): \$
Assessed Value: \$
Interest rate: APR:
Of months Delinquent:
Monthly Payment Amount: \$
Have you had a modification? If so, when:
Amt. to reinstate: \$

Foreclosure Prevention

Clients Current Financial Situation

Name:

Applicant

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

Co-Applicant/Contributor

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

Other > 18yrs

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

Summary

Total Income	\$ -
Total Expense	\$ -
Debt Payment	
Deficit/Surplus	\$ -

Expense	Monthly Amount
Mortgage Loan 1	
Mortgage Loan 2	
Mortgage Loan 3	
Taxes / Insurance	
HOA Fees	
Electricity	
Gas / Oil Heat	
Water / Garbage	
Cable / Satellite	
Phone	
Cell	
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	
Medical / Life Insurance	
Medical / Dental Care/Optical	
Prescriptions	
Clothing	
Entertainment	
Tobacco / Alcohol	
Subscriptions / Online	
Gifts	
Offerings / Donations	
savings	
Recreational	
Credit Cards	
Other	
Total	\$ -



Guide to Writing a Hardship letter

Month, Day, year

Name of Mortgage Company
Mortgage Company's Address
Mortgage Company's City, State, Zip

Re: [Your Name]
[Your Address]
[Your City, State, Zip]
[Loan#: #####]

Dear (Mortgage company name):

[The first paragraph should state the workout option you are seeking. For example, loan modification/reduction in mortgage payments.] For example:

This letter is to support our application for a loan modification that will help us to get our mortgage payments back on track with an affordable mortgage. We have lived in our home for many years and we want to do what we can to keep it.

[This paragraph should Describe your hardship and reasons for it in detail. You must attach some type of supporting documentation for the hardship, for example: receipts for medical payments, receipts for car repairs, receipts for plumbing expenses, etc.] For example:

My wife lost her job and we are now a one-income family. She is not able to go back to work because of an injury that has rendered her disabled. We've depleted our savings and tapped into our retirement.

[This paragraph, you could Give an overview of your income and expenses and explain any anticipated changes in income and/or expenses if any.] For example:

Our monthly income is \$2000 and our household expenses, to include the mortgage payment, are in the amount of \$2200. I expect to get a small raise in a few months but we will still struggle financially.

[Next Paragraph should state reasons why you think the workout option you are seeking will work and your commitment to see it through.] For example:

We've worked diligently to reduce our expenses and will continue to do so. We believe that if our mortgage payment was reduced, we will be able to handle our financial obligations.

Thank you for your consideration.

Sincerely,

(Your name)



626 East Broad Street, Suite 400
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FAX: 804-354-0690

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 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 Housing & Development Authority (VHDA); The County of Henrico Virginia, Department of Community Revitalization; The County of Chesterfield, Virginia, CDBG Department; The Greater Richmond Community Foundation; 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.

Participant Signature

Date

Participant Signature

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: _____



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Richmond, Virginia 23219
Phone: 804-354-0641
FAX: 804-354-0690

FORECLOSURE PREVENTION SERVICES AGREEMENT

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 manage your finances and meet 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 follow-up with me 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.

Client Signature

Date

Client Signature

Date



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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 3-22-19

Date Completed: _____ **Staff:** _____ **Score:** _____

ID# _____



HOUSING OPPORTUNITIES MADE EQUAL OF VIRGINIA, INC. (HOME)

(A non-profit HUD-Approved Housing Counseling Organization)

626 East Broad Street, Suite 400

Richmond, VA 23219

PHONE: 804-354-0641 FAX: 804-354-0690 VA RELAY: 711

Authorization for Release of Information

I/We _____ and _____ hereby give permission to HOME, and specifically the following certified housing counselors Sha'ri Williams, Abigail George, Brenda Dorazio, Regina Chaney, Shamay Brown and Brenda Hicks 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# _____

Signature

SSN _____

Printed name

Date _____

Signature

SSN _____

Printed name

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.