



Ensuring equal access to housing for all people.

Dear Homeowner,

P.O. Box 26120  
Richmond, VA 23260

804.354.0641  
Fax: 804.354.0690  
VA Relay: 711

[www.HOMEofVA.org](http://www.HOMEofVA.org)  
[help@HOMEofVA.org](mailto:help@HOMEofVA.org)

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 letters 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](mailto:preventforeclosure@HOMEofVA.org)

Mail forms to: HOME Inc., Attn: Foreclosure Prevention Team

P.O. Box 26120, Richmond, VA 23260

#### **Or you can upload your documents here:**

Should you have any questions, please email us at [preventforeclosure@HOMEofVA.org](mailto:preventforeclosure@HOMEofVA.org) or call us at **804.354.0641**. We look forward to serving you.



# Foreclosure Prevention Services: **Intake and Assessment**

Office Use Only				
Counselor:				
Client #:				
Date:		Time:		
Phone	Office	Email	Fax	Mail

First Homeowner	
Name:	
Social Security #:	
Date of Birth:	Age:
Employer:	
Part-Time Employer:	
Monthly Gross Income:	
Monthly Net Income ( <i>take home pay</i> ):	

Second Homeowner / Contributor	
Name:	
Social Security #:	
Date of Birth:	Age:
Employer:	
Part-Time Employer:	
Monthly Gross Income:	
Monthly Net Income ( <i>take home pay</i> ):	

Contact Information			
Address:			
City:			
State:	ZIP:		
Phone:	Other #:		
Mailing Address ( <i>If Different</i> ):			
Richmond	Henrico	Chesterfield	Hanover
Other: _____			
Number of Persons in Household:			
Adults Over 18:	Children Under 18:		
Gender:			
Female	Male		
Race: ( <i>Check more than one if applicable</i> )			
African American / Black			
Asian			
Native American or Alaskan Native			
Native Hawaiian or Pacific Islander			
White			
Other: _____			
Ethnicity:			
Hispanic			
Marital Status:			
Married	Single	Divorced	Widowed
Other:			
Are you:			
62 +	Female Head of Household		
Disabled	Veteran	Active Military	
Highest Level of Education: _____			
How did you hear about HOME?			
_____			



# Foreclosure Prevention Current Financial Situation

Name:

Applicant:

<i>Income Source</i>	<i>Monthly Net Income</i>
Wages/Salary	
Benefits	
Food Stamps	
Child Support	
Other	
<b>TOTAL</b>	

Co-Applicant/Contributor

<i>Income Source</i>	<i>Monthly Net Income</i>
Wages/Salary	
Benefits	
Food Stamps	
Child Support	
Other	
<b>TOTAL</b>	

Other > 18 Years

<i>Income Source</i>	<i>Monthly Net Income</i>
Wages/Salary	
Benefits	
Food Stamps	
Child Support	
Other	
<b>TOTAL</b>	

Summary

Total Income	
Total Expense	
Debt Payment	
Deficit/Surplus	

<i>Expense</i>	<i>Monthly Amount</i>
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 / Optical	
Prescriptions	
Clothing	
Entertainment	
Tobacco / Alcohol	
Subscriptions / Online	
Gifts	
Offerings / Donation	
Savings	
Recreational	
Credit Cards	
Other	
<b>TOTAL</b>	

# Foreclosure Prevention 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]

## COMPOSE YOUR OWN LETTER



## Disclosure Form

Housing Opportunities Made Equal of Virginia, Inc. (HOME) is grateful that you have contacted us for help, and we look forward to working with you. Our team is dedicated to helping you achieve your housing goals. HOME offers the following services:

- **Fair housing Education, Investigation, and Enforcement Services (Statewide):** These services include counseling, extensive education and outreach, audits, and systemic investigations aimed at identifying and addressing various forms of discrimination.
- **Homeownership Services (Richmond MSA):** This includes both group education and one-on-one counseling, designed to assist individuals and families in achieving their homeownership goals through comprehensive support and guidance.
- **Foreclosure Prevention Services (Statewide, with Focus on Richmond MSA),** These services provide education and counseling to help homeowners navigate challenges and avoid foreclosure.
- **Home Equity Conversion Mortgage (HECM) Loan Counseling (Statewide):** These services help seniors understand their options and make informed decisions regarding reverse mortgages.
- **Rental Mobility Counseling Services (Richmond MSA):** This includes education and counseling for households with Housing Choice Vouchers within the Richmond MSA, helping voucher holders use their voucher to access housing in higher opportunity areas to improve their housing stability and overall well-being.
- **Financial Literacy Workshops:** These services include a comprehensive credit and money management workshop designed to help individuals improve their financial knowledge, manage their finances effectively and build stronger financial futures.
- **Rental Workshops:** These education sessions are designed to educate renters on the rights and responsibilities of landlords and tenant, empowering them to navigate rental agreements and housing relationships.
- **Non-Delinquent Post-Purchase Services:** These services include education and counseling designed to assist homeowners who have purchased their first home with down payment and closing cost assistance through HOME. These services help homeowners protect their investment and achieve long-term success in homeownership.

Generally, our services include education on housing and financial matters through group or individual sessions; collection of essential demographic and financial information to assess your housing needs; evaluation of your housing situation; development of an action plan outlining steps and resources to address your housing needs; individual counseling, available in-person, by phone, and/or group sessions in-person or virtually, to guide you through the process of addressing your housing and/or financial needs; and follow-up calls or letters to track the outcome of our services.

HOME upholds the highest standards of customer service. As such, staff members providing these services will adhere to the following guidelines:

- HOME's housing counseling staff do not offer legal counsel or services. They will provide counseling, group education and/or instructional information only regarding your housing, personal financial management or credit situation.
- HOME does not provide debt consolidation service, 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. We do not endorse any specific landlord, property management company, realtor, lending institution, or any other entity within the housing industry. Participants in HOME's programs are encouraged to select providers that best suit their individual needs.

Clients are not obligated to receive, purchase or utilize any other services offered by HOME or its exclusive partners, in order to receive housing counseling.

HOME, in many instances, will need to pull your credit report to assess the condition of your credit and financial readiness to obtain and maintain housing. It will show as a housing counseling agency and will not have a negative effect on your credit score.

HOME employs people who are qualified to provide the services rendered. Please be advised that all of HOME's housing counselors are certified by the U.S. Department of Housing and Urban Development (HUD). Biographical information of each counselor will be shared at group education and initial individual counseling sessions.

Central to HOME's mission is the elimination of housing discrimination. All of HOME's programs and services educate participants about fair housing.

***I also understand participating in counseling and/or attending workshops facilitated by HOME does not guarantee financial assistance from HOME or any other sources.***

All services are free to qualifying participants and are funded by one or more of the following sources: U.S. Department of Housing and Urban Development; The Virginia Department of Housing and Community Development; Virginia Housing; The City of Richmond, Virginia; The County of Henrico, Virginia; The County of Chesterfield, Virginia; The Greater Richmond Community Foundation; 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.

My signature below certifies that I have read and understood the above statement of disclosure.

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**Print Name**

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**Date**

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**Participant Signature**



## Privacy Notice

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Housing Opportunities Made Equal of Virginia, Inc. 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.*

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Participant Signature

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Date

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Participant Signature

---

Date



# 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.

## The signing of this document

- Acknowledges that you have received HOME's Privacy Policy.
- Acknowledges that in your consideration for receiving services from 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.

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Participant Signature

---

Date

---

Participant Signature

---

Date



## 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.

### Mortgagor - Primary Person on Mortgage Loan

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (other/cell): \_\_\_\_\_

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Person on Mortgage Loan or Spouse

Not Applicable

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (other/cell): \_\_\_\_\_

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Date Completed:

Staff:

Score:



ID#: \_\_\_\_\_

# Authorization for Release of Information

## Housing Opportunities Made Equal of Virginia, Inc. (HOME)

A non-profit HUD-Approved Housing Counseling Organization

P.O. Box 26120  
Richmond, VA 23260

Phone: 804-354-0641 FAX: 804-354-0690 VA Relay: 711

I/We \_\_\_\_\_ and \_\_\_\_\_

hereby give permission to HOME staff, and specifically Sha'ri Williams, Brenda Hicks, or Brenda Dorazio to 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: _____	

Lender(s) with whom I/we have a mortgage loan(s):

First Mortgage \_\_\_\_\_ Loan# \_\_\_\_\_

Second Mortgage \_\_\_\_\_ Loan# \_\_\_\_\_

Third Mortgage \_\_\_\_\_ Loan# \_\_\_\_\_

*I acknowledge this authorization allows the U.S. Department of Housing and Urban Development, Virginia Housing, and other funding sources to have access to my information for quality assurance and monitoring purposes.*

*I also 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. I also acknowledge that this authorization is valid for 6 months from the date signed unless otherwise revoked.*

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
SSN Date

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
SSN Date