



Intake Form

| | | | | |
|---|---------------------------------------|--|--|---|
| Client Information | | | | |
| Name Borrower | | Check if a Military Veteran? | | SSN: |
| Name Co-Borrower | | Check if a Military Veteran? | | SSN: |
| Birth date (Borrower) | | Birth date (Co-borrower) | | |
| Property Address | | | | |
| Home Phone | Cell Phone | Work Phone | E-Mail | |
| Race | | | | |
| White | Black | Asian | American Indian or Alaska Native | Native Hawaiian and other Pacific Islander |
| | | | | Multiple Races |
| Ethnicity | | | Family Size | Head of Household |
| Hispanic Non Hispanic Other _____ | | | | Yes No |
| Mortgage Information | | | | |
| | | | | Owner Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Lender/Servicer | | Loan No (s) | | |
| 1. _____ | | # _____ | | |
| Loan Type | | Fixed Adjustable | | Principal and Interest payment |
| Interest rate | | Escrowed? Yes No If no, list tax amount and insurance | | |
| Purchase Date | Refinance Date | How many months behind? | Total amount due (including past due amounts) | Reason for Hardship |
| Has lender initiated foreclosure proceedings? | Sale Date if foreclosure is scheduled | Is Bankruptcy being considered? | How much do you have saved to put toward your arrears? | |
| Yes No | | Yes No | | |
| Second Mortgage Information | | | | |
| Name of Lender/Servicer | | Loan No (s) | | |
| 2. _____ | | # _____ | | |
| Loan Type | | Fixed Adjustable | | Principal and Interest payment |
| Interest rate | | Escrowed? Yes No If no, list tax amount and insurance | | |
| Purchase Date | Refinance Date | How many months behind? | Total amount due (including past due amounts) | |
| | | | \$ | |
| Has lender initiated foreclosure proceedings? | Sale Date if foreclosure is scheduled | Is Bankruptcy being considered? | How much do you have saved to put toward your arrears? | |
| Yes No | | Yes No | | |



Dependents

| Name | Age | Relationship |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Income

| | |
|---|----|
| Borrower Wage Income | \$ |
| Borrower Part Time or Secondary Income | \$ |
| Borrower Additional Income | \$ |
| Co-Borrower Wage Income | \$ |
| Co-Borrower Part Time or Secondary Income | \$ |
| Co-Borrower Additional Income | \$ |
| Rental Income (if applicable) | \$ |
| Other Sources of Income (Identify) | \$ |
| Other Sources of Income (Identify) | \$ |
| Total Monthly Income | \$ |

| | | | |
|--|--|--------------------------------|--|
| Employer | | Self-Employed Y___ N___ | |
| Date start ____/____/____ mm/dd/yyyy | Date End ____/____/____ mm/dd/yyyy | Yrs in Profession: | |
| Title: | | Business Type: | |
| Address: | | City: | |
| State: | Zip Code: | Phone Number: | |

Print Name (Borrower)

Print Name (Co-Borrower)

Signature

Signature



Name: _____ Loan No: _____

AUTHORIZATION FORM

Borrower: _____

SSN (Last 4 digits): _____ **DOB:** _____

Co-Borrower: _____

SSN (Last 4 digits): _____ **DOB:** _____

Property Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Numbers: _____ **Email:** _____

Mortgage Loan Servicer: _____ **Conventional** **FHA** **VA**

Phone: _____ **Fax:** _____

First Home Alliance Housing Counseling Department Representatives: Nathan Dailey or Charlene Byrd-Watkins
Telephone: (703)580-8838 Option 4 Fax: (703)580-8842 Email: HELP@FirstHomeAlliance.org

I hereby authorize **First Home Alliance** representatives to speak on my behalf regarding my mortgage loan with the lender and/or servicer that has servicing responsibilities for my loan. Furthermore, I authorize First Home Alliance to pull credit reports to evaluate my credit for housing counseling purposes.

I authorize the lender and/or servicer to notify First Home Alliance in the event that my loan payments become delinquent in the future, if the lender or servicer chooses to provide this service.

I understand that First Home Alliance provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I understand that First Home Alliance receives Congressional funds through HomeFree-USA (HFUSA) and Virginia Housing Development Authority (VHDA) for the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to (a) submit client-level information to the DCS for this grant, (b) allow HFUSA, VHDA and NFMC to open files to be reviewed for program monitoring and compliance purposes, and (c) allow HFUSA, VHDA and NFMC to conduct follow-up with client related to program evaluation.

I acknowledge that I have received a copy of First Home Alliance's Privacy Policy.

I give permission for HFUSA, VHDA and NFMC program administrators and/or their agents to follow up with me within 3 years for the purpose of program evaluation.

Borrower Signature Date

Co-Borrower Signature Date

Housing Counseling Agency Representative Date

3138 Golansky Blvd., Suite 202 🏠 Woodbridge, Virginia 22192
Phone: 703-580-8838 📠 Fax: 703-580-8842 📠 Email: Help@FirstHomeAlliance.org
www.FirstHomeAlliance.org



CLIENT CREDIT REPORT AUTHORIZATION FORM

I hereby authorize and instruct *First Home Alliance, Inc.* (hereinafter “*First Home Alliance*”) to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by *First Home Alliance*. I understand and agree that *First Home Alliance* intends to use the credit report for the purpose to evaluate my financial readiness to purchase a home, refinance an existing loan and/or to engage in pre- & post-purchase counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to *First Home Alliance* in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

authorize
 do not authorize

First Home Alliance to share potential mortgage lender and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying *First Home Alliance* in writing.

Client’s Name (Print)

Client’s Name (Print)

Client’s Signature

Date

Client’s Signature

Date

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Address

City

State

Zip

Revised 02.20.20

EIN # 32-0026605 HUD ID #84016 UWNCA #9316 CFC #18370
3138 Golansky Blvd., Suite 202 📍 Woodbridge, Virginia 22192
12320 Parklawn Drive, Suite 200 📍 Rockville, MD 20852
12807 South Halsted Street 📍 Chicago, IL 60628

Toll Free: 877-250-9025 📞 Phone: 703-580-8838 📞 Fax: 703-580-8842
📧 Email: Help@FirstHomeAlliance.org 🌐 Website: www.FirstHomeAlliance.org



Housing Counseling Program Disclosure / Financial Capability Counseling /Coaching Program Disclosure / Client Services Agreement / Authorization and Privacy Policy

First Home Alliance is pleased to offer our programs and services to help with your current finance and housing needs. Through personal finance counseling, credit, pre-purchase and post purchase, we will provide you with assistance and advice that typically includes:

- Gathering information from you to learn about your current finance issue, including obtaining demographic information, reason for financial difficulty and situation, housing objective, credit status, home value and loan documentation.
- Accessing your situation and financial capability to meet your monthly obligations;
- Determining their realistic options available to you;
- Developing and executing an agreement to action plan to meet your financial goals;
- Provide the upmost confidentiality honesty and professionalism in all our dealings.

Please understand that First Home Alliance has no authority our jurisdiction over the lender/servicer/other creditor. First Home Alliance does not delay, prevent, or stop any collection or foreclosure action that is pending against your alone. It is solely at the discretion of the lender/servicer/creditor whether they wish to help resolve your issues.

First Home Alliance staff and volunteers do not give legal advice or provide legal services. First Home Alliance staff may refer you to other agencies for legal assistance, but you are not obligated to use any services offered.

Client Service Agreement

By signing this document, I acknowledge the following:

- In consideration for receiving services from First Home Alliance, I agree to hold First Home Alliance and his staff, including its volunteers, free of harmless from any claims, damages, liabilities or injuries arising from the services;
- I understand First Home Alliance receives funds through the Project Reinvest (NeighborWorks); U.S. Department of Housing and Urban Development, Virginia Housing Development Authority (VHDA), Department of Housing and Community Development (DHCD), Bank of America, JPMorgan Chase, PNC, TRUIST, TD, United Bank, Wells Fargo, local governments, foundations, nonprofits, individual donors, and are required to share some or all of our personal information with their program administrators or their agents for the purpose of program monitoring and compliance. I also acknowledge that my personal information to be submitted to the data collection system for grantors to conduct follow up with me related to program evaluation.
- First Home Alliance may pull credit reports to evaluate my credit for finance and housing counseling purposes;

3138 Golansky Blvd., Suite 202  Woodbridge, Virginia 22192
Phone: 703-580-8838  Fax: 703-580-8842  Email: Help@FirstHomeAlliance.org
www.FirstHomeAlliance.org



First Home Alliance staff and volunteers may answer any questions and refer me to an appropriate entity for further assistance.

- I have reviewed and understand the disclosures and authorization and its entirety;
- I will always provide honest and complete information to my counselor;
- I will be on time for appointments and understand that if I am late for an appointment the appointment will still end at the scheduled time; and
- I will provide all necessary documentation and follow up information in a timely manner.

Non-Discrimination Policy

First Home Alliance does not and shall not discriminate on the basis of race, creed, color religion, gender, age, national origin physical or mental health, sexual orientation or any characteristic protected by law, and is in compliance with all requirements of law and regulations with respect to the provision of services, employment decisions and volunteer participation.

Referral Service Disclosure

As a client of First Home Alliance, you have the option of utilizing the services of the licensed real estate brokers, lenders, attorneys and other service experts on our referral lists, however, you are under no obligation to utilize these individuals.

First Home Alliance does, from time to time, receive grants or donations from various institutions in order to provide free services to the public. However, First Home Alliance does not endorse or recommend any particular institutions. First Home Alliance provides a list of services for the sole purpose of informing clients and providing a starting point for clients that may need it.

Alternative Services, Programs and Products

First Home Alliance counselors, as appropriate, refers clients to other community service organizations such as: Prince William County's Office of Housing and Community Development which include financial counseling, homeownership education, voucher programs (Section 8), adult and child care programs, homeless intervention and other housing assistance.

Clients are provided with a community resource list which outlines emergency shelter programs, financial assistance, transitional housing information, free medical assistance as well as other programs and resources offered in Prince William County and the surrounding region. We also additionally refer clients to Wells Fargo, Bank of America, TD Bank, SunTrust, and other lenders.



Authorization

1. I understand that First Home Alliance provides financial capability counseling/coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand that First Home Alliance submits client-level information relating to the Project Reinvest: Financial Capability grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.
3. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
4. I give permission for my information and data to be shared with HUD and VHDA for purposes of program monitoring, auditing, compliance, evaluation and follow up for up to three years.
5. I acknowledge that I have received a copy of First Home Alliance's Privacy Policy.
6. I may be referred to other services of the organization, another agency or agencies as appropriate that may be able to assist with concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
7. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.



Privacy Policy

First Home Alliance 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 information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors and others, only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated 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 orally, 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.

You may opt-out of certain disclosures

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.
- If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “optout”, you may call us at (703)580-8838 and do so.

Release of your information to third parties

- So long as you have not opted-out, we may disclose 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 nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.



Acknowledgement

I understand that First Home Alliance provide information and education on numerous loan products and housing programs and I further understand that the finance/housing counseling I receive from First Home Alliance in no way obligates me to choose any of these particular loan products or housing programs.

First Home Alliance employs persons who are qualified to provide the services rendered. To that end, all First Home Alliance housing counselors are required to be certified. New counselors employed by First Home Alliance have one year to acquire such certification, which can be obtained through the Association of Housing Counselors, the National Federation of Housing Counselors or Neighbor Works.

Additionally, I acknowledge that I have received First Home Alliance’s Financial Capability Program Disclosure, Client Services Agreement, Authorization, Privacy Policy, Referral Disclosure and Agency Disclosures;

Applicant Name: _____ Signature: _____

Co-Applicant Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____

Date: _____



Service Fee Schedule (2020)

| Services: | Fee: |
|---|-------------------|
| Foreclosure Prevention and Default Counseling [fee is waived] | (FREE) |
| VA (VHDA) Homebuyer Education Class & One-on-One Counseling | (FREE) |
| MD & DC Homebuyer Education Class & One-on-One Counseling | (\$79/household) |
| Online Homebuyer Education Class – Provided by eHome America | (\$99/household) |
| Emergency Relief Counseling | (Free) |
| Refinance Counseling (Non-Delinquency/Non-Foreclosure) | (\$125/Household) |
| Reverse Mortgage Certification Counseling: | (\$150/Session) |
| *Credit Reports: Tri-merge report with scores required for all counseling | (\$30/person) |

*Process payment via online voucher or bring certified funds. Personal checks are not accepted.

If you have any questions, please do not hesitate to call or email us.

Sincerely,
The First Home Alliance Team

3138 Golansky Blvd., Suite 202 📍 Woodbridge, Virginia 22192
Phone: 703-580-8838 📞 Fax: 703-580-8842 📞 Email: Help@FirstHomeAlliance.org
www.FirstHomeAlliance.org

Dated: 10.21.2020