



Fax Cover Sheet/Check List

Borrower Name: _____
Please Print

Co-Borrowers Name: _____
Please Print

Loan Number(s): _____

Owner Occupied

Non-Owner Occupied

Required Documentation for Borrower and Co-Borrower

For all clients:

- Any foreclosure notices or correspondence from your lender (court, sheriff or Trustee sale notifications)
 - Intake Form, Mortgage Assistance Forms and Dodd Frank Certification
 - Detailed hardship letter (including what caused the problem, the date the hardship begin, what you've done to resolve it, and if you want to keep your home).
 - Spending Plan, NFMC Checklist and Disclosure
 - Income verification: 1 month of most recent consecutive Pay-stubs, Proof of additional income (child support, alimony, SSI, disability, rental income, etc.)
 - Bank statements for the last two months (All Pages)
 - Completed 4506-T (Request for transcript of tax returns)
 - Tax Returns for the current year (1040 and W-2s) [for all borrowers - if more than one] (Signed)
 - Last mortgage statements (1st and 2nd mortgage)
 - Homeowner Association Statements, House Insurance (if applicable)
 - Copy of most recent Utility Bill (Electric, Gas or Water Bill)
- * Print your loan number on all documents**

Additional if you are Self-Employed:

- Profit & Loss Statement for the last quarter (Signed and Date)
 - Tax Returns for the last two years (1040 and W-2s) [for all borrowers - if more than one] (Signed)
 - Business Taxes for the last two years (if applicable) (Signed)
 - Business Bank Statement for the last two months (All Pages) (if applicable)
- * Print your loan number on all documents**

-Circle one-

Trustee Sale Date

Over 60 Days Late

Less then 60 Days Late

Current

Fax completed package to: 703-580-8842

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



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: _____

Current Date

Loss Mitigation Specialist

Re: John and Joan Borrower
271 Lake Street
Dover, Delaware 12345
Loan number: 987654321

This letter is to support our application for a workout plan that will keep our house from going into foreclosure and get our mortgage payment back on track. We have lived in our home for _____ years and we would like nothing more to work hard to keep it.

We fell behind on our mortgage payments due to loss of income, due to _____ (divorce, debt in the family, etc...) which started on _____ (date the hardship began). We had a very hard time dealing with our debts, as well as managing household expenses, which has become overwhelming. With the help of First Home Alliance, Inc a local non-profit housing agency, we have analyzed our current financial situation and have put together a strict spending plan that balances our monthly income and expenses.

We will be able to start making mortgage payments again soon. We have saved about \$ _____ toward the mortgage as of _____. We had hoped to use this money as part of a plan to get caught up on our payments.

Our financial information is enclosed with this letter. If we can have a forbearance plan that involves payments of no more than \$ _____, we know we can make it. You will see that we have minimized all our expenses and it is most important to us to keep this home. Please put yourself in our position and try to help. We thank you very much for any effort you can make.

Please contact our Loss Mitigation Counselor, _____ at (703)580-8838 Ext ____

Sincerely,
John Borrower (YOUR NAME)
Signature and Date

NOTE: Please keep content of this letter under 3 quarters of a page.



Name: _____

Loan No: _____

Action Plan

Reasons for Delinquency or danger of becoming delinquent:

- Loss or decrease of income
- Unexpected increase in expenses
- Loan Reset
- Other factors, specify: _____

Assessment of property's condition: Excellent Average Fair Poor

Is the equity in the property? Yes No If so, how much? _____

Explain how this amount was calculated: _____

For counselor use only

Result of homeowner's financial assessment: _____

_____ Curable (Loan modification, repayment, forbearance, partial claim, etc...)

_____ Incurable (Discuss foreclosure in general, sale of the property, deed in lieu, short sale, and possible tax consequences and/or deficiency judgment issues, etc...)

Recommendation to resolved delinquency: _____

Homeowner's steps to resolve the delinquency: _____

Counselors steps to assist in the process: _____

Community referrals or other contacts to assist homeowner: _____

Enroll in Financial Literacy Classes Legal Services

If my Debt-to-Income ratio is over 55%, I WILL attend a mandatory counseling session in compliance with my lenders guidelines.

Next session will be held on: DATE: _____

Borrower (Print)

Signature

Co-Borrower (Print)

Signature

Housing Counselor (Print)

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: Charlene Watkins-Byrd, Kaleta Lassiter, Larry Laws, Serena Watkins, Sondra Jones, Leonardo Martinez, Alexander Sherron
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

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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;

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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)
FHA’s Back to Work Counseling	(\$125/hours up to \$250)
Refinance Counseling (Non-Delinquency/Non-Foreclosure)	(\$125/hours up to \$250)
Reverse Mortgage Certification Counseling: Coming Soon...	(\$125/hour up to \$375)
*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

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Dated: 02.13.2020