



Virtual Counseling Policy and Procedures

First Home Alliance’s state of art virtual counseling process is designed to meet the mobility counseling needs of clients. This program reaches rural residents, elderly and disabled. In addition, we have updated our program to include provisions to ensure safe distancing in compliance with state infectious disease mandates.

First Home Alliance will engage in a comprehensive counseling service delivered online through a safe and secure portal to safeguard financial documents; and comply with FHA’s privacy and client service agreement. Our Virtual Counseling policy ensure each counselor meet the minimum HUD housing counseling guidelines and National Industry Standard for Code of Ethics and Conduct requirements. Below are the basic elements, tools and step-by-step procedures for ensuring quality of service.

Counselor on Duty: To provide a 30-minute orientation on the following.

Rules of Engagement:

- 1) Client must be in front of computer/mobile device
- 2) Be prepared for 2-3-hour session
- 3) Have all documentation in front of you
- 4) Please have calculator w/you.

Online Programs to be used:

- 1) Zoom
- 2) One Drive Shared Folder
- 3) Online Microsoft Excel Sheet
- 4) Adobe

Step by Step Instructions:

- 1) Zoom Orientation for 30 minutes
 - a. Counselor will go over FHA disclosures verbally.
 - i. All clients must verbally agree before entering breakout sessions.
 - b. Counselor will provide overview of expectations for virtual counseling
 - c. Counselor will share client’s folder – “Client Portal Link”
 - d. Counselor will share Financial Analysis Workbook
 - e. Counselor will provide instructions for uploading docs (if necessary)
 - f. Note for security reasons*** the sessions will be locked once

everyone goes into breakout rooms. If you get kicked out call the office phone number.

- 2) Counselor and Client begin financial analysis: *Monitor client’s budget engagement via share point.*
 - a. Red Tab Counselor
 - b. Green Tab Client
 - c. Blue Tab Counselor/Client
- 3) Counselor and client complete action plan
 - a. Review summary with client
 - b. Establish financial goal w/3 action items
 - c. Print to save- and send for Adobe signature
- 4) Issue certificate

Task List:

- ✓ All Documentation Reviewed Provided
- ✓ All Disclosures Signed
- ✓ Action Plan Signed and Completed
- ✓ Financial Analysis Completed
- ✓ Credit Report Review





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 you 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 Housing Stability Counseling Program (NeighborWorks); U.S. Department of Housing and Urban Development (HUD), Illinois Housing Development Authority (IHDA), Maryland Department of Housing and Community Development (DHCD) Virginia Housing, Virginia DHCD, HomeFree-USA, The Human Services Alliance of Greater Prince William, Bank of America, JPMorgan Chase, PENFED Foundation, PNC, TD Bank, TRUIST, US Bank, 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;

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

Phone: 877-250-9025 Fax: 703-580-8842

Email: Help@FirstHomeAlliance.org Website: 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 it's 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: IHDA, Maryland DHCD, Virginia Housing, Prince William County's Office of Housing and Community Development (OHCD) and City of Alexandria Office of Housing 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, financial assistance, transitional housing information, medical and mental health assistance as well as other social service programs and resources offered in our targeted area of operations and the surrounding region. Additionally, we refer clients to Bank of America, JPMorgan Chase, PENFED, PNC, TRUIST, TD Bank, US Bank, United Bank, Wells Fargo, and other lenders.



Authorization

1. I understand that First Home Alliance provides financial capability counseling and 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 Housing Stability Counseling Program 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 NeighborWork America, IHDA, Maryland DHCD, Virginia Housing and HomeFree-USA 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. 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 (877)250-9025 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.

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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 HUD Certified. New counselors employed by First Home Alliance have one year to acquire such certification, obtained through U.S. Department of Housing and Urban Development (HUD).

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 (2023)

Services:	Fee:
Foreclosure Prevention and Default Counseling [fee is waived]	(FREE)
Virginia Housing 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:	(\$150)
*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: 08.01.2023

Action Plan

Date: _____

Client Name: _____

Counselor Name: _____

Address: _____

Mode of Counseling: _____

Client ID: _____

Landlord/Service: _____

Credit Pulled Y N Score if known: _____

Level 1 Level 2 Follow-Up

Reason for Housing Instability (* = Use "other" for any reason that does not fall within the reasons listed below)

Eviction Default Foreclosure Loss of Income Homelessness Unsure

*Other: _____

Financial Assessment – Budget and expenses must be documented for Level 2 Counseling (Please highlight any major budget shortfalls that contribute to housing instability)

Actions Taken by Client and Counselor – Action taken must be documented for Level 2 Counseling

Follow-Up Items Needed (Examples: Lease/Mortgage, Income Information, Bills/Payments, Hardship Letter)

Outcomes (Examples: Brought Mortgage/Rent Current, Refinanced, Sold Property, Executed a Lease Renewal)

Additional Notes

COUNSELOR SIGNATURE

CLIENT SIGNATURE

Authorization Form

It is recommended that the following statements be included in the third-party authorization form.

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

I Choose to Opt Out

2. I agree to allow First Home Alliance to pull my credit report at the time of intake. In lieu of a new credit pull, I agree to provide First Home Alliance with a copy of my credit report dated within 30 days of the intake date.

I Choose to Opt Out

3. I understand that First Home Alliance receives Congressional funds through the Housing Stability Counseling Program (HSCP) and as such, is required to submit client-level information to the online reporting system and share some of my information with HSCP administrators or their agents for purposes of program monitoring, compliance and evaluation.

I Choose to Opt Out

4. I give permission for HSCP administrators and/or their agents to follow-up with me between now and June 30, 2026, for the purposes of program evaluation.

I Choose to Opt Out

5. I may be referred to other housing services of the organization or other 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.

6. I acknowledge that I have received a copy of First Home Alliance privacy policy.

Please Note: If client opts out of 2 or 3 above, they cannot be reported to the HSCP Program.

Optional statement that can be included, if applicable:

1. _____ is affiliated with the following businesses:

- a. (Real Estate)
- b. (Lending)
- c. (Etc.)

2. _____ leases/rents residential properties to the public. As a client of HSCP services, you are under no obligation to rent a property from _____

3. _____ lists/sells properties to the public. As a client of HSCP services, you are under no obligation to purchase a property from _____, or use the services of (Real Estate).

Client Signature _____

Date _____



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

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Dated: 10.25.20

Monthly Expenses - Monthly expenses may be fixed/recurring expenses or periodic/variable expenses. To calculate monthly expenses, keep all your receipts for cash payments and track expenses using a credit card or debit card statement. Your credit card mobile app may feature budgeting tools. Average your monthly expenses in any category by month and use the amount as your Monthly Budget. Compare Monthly Budget with Monthly Actual expenses and adjust your budget as needed. For healthcare, indicate out of pocket expenses (not payroll-deducted monthly insurance premiums).

Category	Monthly Actual	Monthly Budget	Difference	My Notes
Housing				
Mortgage or rent			\$ 0.00	
Home warranty plan			\$ 0.00	
Homeowner's or condo association fees			\$ 0.00	
Special assessments			\$ 0.00	
Property taxes			\$ 0.00	
Homeowner's insurance			\$ 0.00	
Other (e.g., cleaning services, landscaping)			\$ 0.00	
Total Housing Expenses	\$ 0.00	\$ 0.00	\$ 0.00	
Utilities				
Electric			\$ 0.00	
Gas/heating oil			\$ 0.00	
Water/sewage			\$ 0.00	
Cable TV			\$ 0.00	
Internet			\$ 0.00	
Cellphone/telephone			\$ 0.00	
Other (e.g., trash/recycling)			\$ 0.00	
Total Utilities Expenses	\$ 0.00	\$ 0.00	\$ 0.00	
Transportation				
Car payments			\$ 0.00	
Public transportation/shared ride/taxi			\$ 0.00	
Gasoline			\$ 0.00	
Parking/tolls			\$ 0.00	
Car insurance			\$ 0.00	
Car maintenance			\$ 0.00	
Car registration & taxes			\$ 0.00	
Roadside assistance			\$ 0.00	
Other			\$ 0.00	
Total Transportation Expenses	\$ 0.00	\$ 0.00	\$ 0.00	
Food & Entertainment				
Groceries			\$ 0.00	
Meals out			\$ 0.00	
Entertainment (e.g., movies/concerts/sporting events)			\$ 0.00	
Hobbies			\$ 0.00	
Books/audiobooks			\$ 0.00	
Other			\$ 0.00	
Total Food & Entertainment Expenses	\$ 0.00	\$ 0.00	\$ 0.00	
Care of Children				
Childcare			\$ 0.00	
School tuition			\$ 0.00	
Tutoring/lessons/sports activities/camps			\$ 0.00	
School lunches			\$ 0.00	
School supplies			\$ 0.00	
New clothing, shoes & accessories			\$ 0.00	
Haircuts/grooming			\$ 0.00	
Allowance			\$ 0.00	
Diapers/babycare			\$ 0.00	
Other			\$ 0.00	
Total Childcare Related Expenses	\$ 0.00	\$ 0.00	\$ 0.00	

Category	Monthly Actual	Monthly Budget	Difference	My Notes
Subscriptions				
Streaming services (e.g., Netflix)			\$ 0.00	
Shopping memberships (e.g., Amazon Prime, Costco)			\$ 0.00	
News (e.g., Washington Post)			\$ 0.00	
Meals/food boxes (e.g., Blue Apron)			\$ 0.00	
Gaming			\$ 0.00	
Other			\$ 0.00	
Total Subscriptions Expenses	\$ 0.00	\$ 0.00	\$ 0.00	
Health, Wellness & Insurance				
Medical insurance (if not payroll deducted)			\$ 0.00	
Dental insurance (if not payroll deducted)			\$ 0.00	
Other insurance (e.g., life or disability insurance)			\$ 0.00	
Doctors/specialists (including insurance deductibles)			\$ 0.00	
Therapist/counselor			\$ 0.00	
Eyecare			\$ 0.00	
Medicines (prescriptions/over-the-counter)			\$ 0.00	
Supplements			\$ 0.00	
Gym membership/fitness			\$ 0.00	
Other			\$ 0.00	
Total Health, Wellness & Insurance Expenses	\$ 0.00	\$ 0.00	\$ 0.00	
Personal				
Dry cleaning/laundry			\$ 0.00	
Personal care/grooming			\$ 0.00	
Toiletries/cosmetics			\$ 0.00	
Clothing, shoes, accessories			\$ 0.00	
Other			\$ 0.00	
Total Personal Expenses	\$ 0.00	\$ 0.00	\$ 0.00	
Miscellaneous				
Child support			\$ 0.00	
Alimony			\$ 0.00	
Petcare			\$ 0.00	
Supplies for education			\$ 0.00	
Tax preparation fees			\$ 0.00	
Legal fees			\$ 0.00	
Gifts			\$ 0.00	
Donations			\$ 0.00	
Annual fees for credit cards			\$ 0.00	
Computer/technology/mobile accessories			\$ 0.00	
Other			\$ 0.00	
Total Miscellaneous Expenses	\$ 0.00	\$ 0.00	\$ 0.00	
Credit Cards, Loans & Other Debts				
Credit card 1			\$ 0.00	Credit Card & Balance:
Credit card 2			\$ 0.00	Credit Card & Balance:
Credit card 3			\$ 0.00	Credit Card & Balance:
Student loan 1			\$ 0.00	
Student loan 2			\$ 0.00	
Personal loans			\$ 0.00	
Medical debts			\$ 0.00	
Other installment debt			\$ 0.00	
Other			\$ 0.00	
Total Credit Cards, Loans & Other Debts	0.00	0.00	\$ 0.00	
Total Monthly Expenses	\$ 0.00	\$ 0.00	\$ 0.00	

Planned Savings - This section will help you budget for savings goals and needs. Total your savings goals in each category and divide by 12 months to enter Monthly Planned Saving amount. You could transfer the Monthly Planned Saving amounts to a Savings Account on a monthly basis. Compare Monthly Planned Saving with Monthly Actual Saved amounts and adjust as needed.

Category	Monthly Actual Saved	Monthly Planned Saving	Difference	My Notes
Emergency fund (amount needed in addition to current savings)			\$ 0.00	
Housing				
Down payment for home			\$ 0.00	
Moving/household essentials			\$ 0.00	
Furniture/decors			\$ 0.00	
Appliances			\$ 0.00	
Home maintenance/repairs fund			\$ 0.00	
Home improvements			\$ 0.00	
Total Housing Planned Savings	\$ 0.00	\$ 0.00	\$ 0.00	
Miscellaneous				
Education			\$ 0.00	
Wedding			\$ 0.00	
Vacation			\$ 0.00	
Other			\$ 0.00	
Total Miscellaneous Planned Savings	\$ 0.00	\$ 0.00	\$ 0.00	
Total Monthly Planned Savings	\$ 0.00	\$ 0.00	\$ 0.00	

Total Net Monthly Income (enter NMI from income worksheet)				
Total Monthly Expenses & Planned Savings	\$ 0.00			
Difference Between Income vs. Expenses + Planned Savings	\$ 0.00			

*Sample budget template provided by Freddie Mac