



HECM Counseling Document Check List

Borrower Name: _____ Co-Borrower Name: _____

Client ID# _____ (Provided by Counseling Agency)

Current Address: _____

Phone: (H) _____ (Cell) _____ Email: _____

FIRST HOME ALLIANCE'S INTAKE AND DISCLOSURES – all documents must be signed & dated

(Enc.) Intake Application, Budget Sheets, Two Disclosures & Addendum to List of HECM Counselors

CLIENT DOCUMENTS

- Government issued Photo ID – *copy must be legible*
- One Utility Billing Statement – most recent statement received (Electric, Gas, or Water)
- Reverse Mortgage Statement – *if this counseling is for Reverse Mortgage refinance*
- Power of Attorney (POA), Trust, Guardianship -*If Applicable*

LENDER DOCUMENTS

- Loan Comparison
- Total Annual Loan Cost (TALC)
- Amortization Table
- Estimated costs

**When the package is complete, please call to make an appointment at 703-580-8838
877-250-9025 or Email at HELP@FirstHomeAlliance.org Fax to 703-580-8842**

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



HOMEOWNER COUNSELING APPLICATION

Service Type: **Reverse Mortgage Counseling**

Client & Case #: _____/_____

Date Client & Case Created: _____/_____

Counselor Name: _____

CLIENT INFORMATION			
Borrower's Name:		SSN: xxx-xx-	Date of Birth:
Current Address:			
Home phone:	Cell:	Work:	Email:
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian: _____ <input type="checkbox"/> American Indian <input type="checkbox"/> Multiple Race _____ <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian & Pacific Islander			
Race: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	English Proficiency Level: <input type="checkbox"/> Very well <input type="checkbox"/> Conversational <input type="checkbox"/> No so well	
Family Size:	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Born: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level:	Annual income: \$	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Co-Borrower's Name:		SSN:	Date of Birth:
Current Address:			
Home phone:	Cell:	Work:	Email:
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian: _____ <input type="checkbox"/> American Indian <input type="checkbox"/> Multiple Race _____ <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian & Pacific Islander			
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Family Size:	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Born: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level:	Annual Income: \$	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	



FIRST MORTGAGE INFORMATION

Name of Lender/Servicer:	
Loan Number: #	Mortgage Balance: \$
Loan Type: <input type="checkbox"/> Fixed	<input type="checkbox"/> Adjustable <input type="checkbox"/> Option ARM
Principal and Interest Payment (mo.) Only: \$	Interest rate: %
Property tax (mo.): \$	Home Owner's Insurance (mo.): \$
Purchase Date: / /	Last Refinance Date: / /
Purchase Price: \$	Current Value: \$
Property Type: <input type="checkbox"/> Single <input type="checkbox"/> TH <input type="checkbox"/> Condo	
How many months behind?	Total amount behind: \$
Do you have HOA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Monthly payment: \$	
Name and address of HOA management:	
Has lender initiated foreclosure proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sales date if foreclosure is scheduled:	
Bankruptcy filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Filing date:	
Discharged date:	
Case number: #	

SECOND MORTGAGE INFORMATION (HELOC & HOME EQUITY LOAN)

Name of Lender/Servicer:	
Loan Number: #	Loan Balance: \$
Loan Type: <input type="checkbox"/> Fixed	<input type="checkbox"/> Adjustable <input type="checkbox"/> Option ARM
Principal and Interest Payment (mo.) or Interest only on HELOC: \$	Interest rate: %
Originate Date: / /	Refinance Date: / /
How many months behind?	Total amount due (incl. Past due): \$
Has lender initiated foreclosure proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sales date if foreclosure is scheduled: / /	



CLIENT EMPLOYMENT — Last 2 Years

Primary Employer:

Title _____ *Hire Date* _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____ Email: _____

Part-Time or Full-Time (Please Circle One)

Gross Income (before taxes) per Pay Period: \$ _____ Or Annual Gross: \$ _____

Is this amount paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly

Current Secondary Employer:

Title _____ *Hire Date* _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes) per pay period: \$ _____ Or Annual Gross: \$ _____

Is this amount paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly



CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer:

Title _____ *Hire Date* _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____ Email: _____

_____ Part-Time or Full-Time (Please Circle One)

Gross Income (before taxes) per Pay Period: \$ _____ Or Annual Gross: \$ _____

Is this amount paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly

Current Secondary Employer:

Title _____ *Hire Date* _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

_____ Part-Time or Full-Time (Please Circle)

Gross Income (before taxes) per pay period: \$ _____ Or Annual Gross: \$ _____

Is this amount paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Have you worked with another Housing Counseling Agency? Yes () No ()

If yes, who? _____

When was this relationship terminated? _____

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Co- Applicant Signature: _____ Date: _____



FINANCIAL CAPABILITY COUNSELING/COACHING CLIENT SERVICES AGREEMENT/AUTHORIZATION/DISCLOSURE

First Home Alliance, Inc. (First Home Alliance) is pleased to offer our programs and services to help with your current finance and housing needs. Through the Personal Finance Counseling, Credit and Asset Building, Budgeting, Pre- & Post-Purchase, Rental and HECM, we will provide you with assistance and advise 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;
- Assessing your situation and financial capacity to meet your monthly obligations;
- Determining the realistic options available to you;
- Developing and executing an agreed to action plan to meet your financial goals;
- Providing the utmost confidentiality, honesty and professionalism in all our dealings.
- Please understand that First Home Alliance, Inc. has no authority or jurisdiction over the lender/servicer/other creditors. First Home Alliance 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/servicer/creditors 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.

By signing this documents, you:

- Acknowledge that I have received First Home Alliance's Privacy Policy, Referral Disclosure and other disclosures;
- Acknowledge that in consideration for receiving services from First Home Alliance, I agree to hold First Home Alliance and its staff, including its volunteers, free and harmless from any claims, damages, liabilities or injuries arising from these services;
- Acknowledge that I understand First Home Alliance receives Federal funds through the Project Reinvest (NeighborWorks); Department of Housing and Urban Development (HUD); Virginia Housing Development Authority (VHDA), State, County and Local Government Entities; Foundations; Nonprofits; and Individual donors and are required to share some or all of my 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.
- Acknowledge First Home Alliance may pull credit reports to evaluate my credits for finance/housing counseling purpose.
- Acknowledge and understand that First Home Alliance staff and volunteers may answer my questions and refer me to an appropriate entity for further assistance.
- Acknowledge that I have reviewed and understand this agreement/authorization form in its entirety;
- Will always provide honest and complete information to my counselor;
- 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
- Will provide all necessary documentation and follow-up information in a timely manner.



Non-Discrimination Policy

This organization 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 servicers for the sole purpose of informing clients and providing a starting point for clients that may need it.

Acknowledgment

I/We understand that First Home Alliance, Inc. provides 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, Inc. in no way obligates me to choose any of these particular loan products or housing programs.

Primary Name: _____ Signature: _____

Secondary Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____

Date: _____



FINANCIAL CAPABILITY COUNSELING PRIVACY DISCLOSURE POLICY

We at the First Home Alliance, Inc. (First Home Alliance) value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes, but is not limited to, personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed. Your “nonpublic personal information,” such as your income, living expenses, and personal information concerning your financial circumstances, will be provided to 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.

Information We Collect

We collect personal information to support our finance/housing counseling program and to aid you in reaching your financial goal. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates or others;
- Information we receive from a consumer reporting agency, and;
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom Do We Disclose

We may disclose some or all of your personal information to the following types of unaffiliated third parties:

- To third parties where we have determined that it would be helpful to you, would aide us in counseling you, or is a requirement of grant awards which make our services possible. For Example:
 - Financial service providers such as mortgage loan offers/banking professionals;
 - Licensed Real Estate Agents for sale and/or purchase of property;
 - Attorneys for related legal services;
 - Other housing related agencies: nonprofit, local, state and federal agencies, and organizations involved in community development;

We may also disclose personal information about you to third parties as permitted by law.

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.



Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files cabinets in locked room during nonworking hours to protect your information. Our safeguards comply with federal regulations to guard your personal information.

PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law or by counseling agreement) as described in this notice, check the box below to indicate your privacy choices. This authorization is effective immediately.

Limit disclosure of personal information about me to unaffiliated third parties except nonprofit organizations involved in my case or government entities that required my information, in addition, to referred agency/company that I agreed to.

Primary Name: _____ Signature: _____

Secondary Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____

Date: _____



Questionnaire

NAME OR NUMBER

Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me



ADDENDUM TO LIST OF HECM COUNSELORS

You have been provided a list of not fewer than ten (10) housing counseling agencies approved by the United States Department of Housing and Urban Development (HUD) to engage in reverse mortgage counseling, and you acknowledge that:

1. A lender may not accept a final and complete application for a reverse mortgage from you or assess any fees upon you without first receiving certification that you have received counseling from an approved counseling agency.
2. Reverse mortgage counseling is to be conducted in person, unless you elect to receive the counseling in another manner

By checking an alternative below, I/we hereby elect to receive counseling in a manner other than in-person:

- Telephone
- Skype
- Other (*Please Specify*): _____

** Reason/s: _____

Borrower #1 – Signature

Borrower #2 – Signature

Power of Attorney/Guardian (*if applicable*) – Signature

Revised 02.20.20



IMPORTANT NOTICE TO REVERSE MORTGAGE LOAN APPLICANT

A REVERSE MORTGAGE IS A COMPLEX FINANCIAL TRANSACTION. IF YOU DECIDE TO OBTAIN A REVERSE MORTGAGE LOAN, YOU WILL SIGN BINDING LEGAL DOCUMENTS THAT WILL HAVE IMPORANT LEGAL AND FINANCIAL IMPLICATIONS FOR YOU AND YOUR ESTATE. IT IS THEREFORE, IMPORTANT TO UNDERSTAND THE TERMS OF THE REVERSE MORTGAGE AND ITS EFFECT ON YOUR IMMEDIATE FUTURE NEEDS. BEFORE ENTERING INTO THIS TRANSACTION, YOU ARE REQUIRED TO CONSULT WITH AN INDEPENDENT REVERSE MORTGAGE LOAN COUNSELOR TO DISCUSS WHETHER OR NOT A REVERSE MORTGAGE IS SUITABLE FOR YOU. A LIST OF APPROVED COUNSELORS WILL BE PROVIDED TO YOU BY YOUR LENDER.

SENIOR CITIZEN ADVOCACY GROUPS ADVISE AGAINST USING THE PROCEEDS OF A REVERSE MORTGAGE TO PURCHASE AN ANNUITY OR RELATED FINANCIAL PRODUCTS. IF YOU ARE CONSIDERING USING YOUR PROCEED S FOR THIS PURPOSE, YOU SHOULD DISCUSS THE FINANCIAL IMPLICATIONS OF DOING SO WITH YOUR COUNSELOR AND FAMILY MEMBERS.

REVERSE MORTGAGE WORKSHEET GUIDE

You should discuss with the agency counselor the following issues:

- (A) How unexpected medical or other events that cause the prospective borrower to move out of the home, either permanently or for more than one year, earlier than anticipated will impact the total annual loan cost of the mortgage.
- (B) The extent to which the prospective borrower's financial needs would be better met by options other than a reverse mortgage, including, but not limited to, less costly home equity lines of credit, property tax deferral programs, or governmental aid programs.
- (C) Whether the prospective borrower intends to use the proceeds of the reverse mortgage to purchase an annuity or other insurance products and the consequences of doing so.
- (D) The effect of repayment of the loan on non-borrowing residents of the home after all borrowers have died or permanently left and that a 12-consecutive month absence by the borrower will cause the reverse mortgage loan to become due
- (E) Reverse mortgages require three continuous obligations of the borrower: maintenance and repair of the home, payment of the property taxes, and payment of the property insurance premiums. A failure to do any of these items could lead to default on the reverse mortgage.
- (F) The impact that the reverse mortgage may have on the prospective borrower's tax obligations, eligibility for government assistance programs, and the effect that losing equity in the home will have on the borrower's estate and heirs.
- (G) The ability of the borrower to finance alternative living accommodations, such as assisted living or long-term care nursing home registry, after the borrower's equity is depleted.
- (H) That a reverse mortgage is a compounding loan and that the debt may accelerate over time.
- (I) The risks associated with using the proceeds of a reverse mortgage to purchase investment products.

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Service Fee Schedule (2026)

Services: Fee:

Foreclosure Prevention and Default Counseling	(FREE)
VA (VHDA) Homebuyer Education Class & One-on-One Counseling	(FREE)
MD & DC Homebuyer Education Class & One-on-One Counseling [Upfront Fee]	(\$79/household)
Online Homebuyer Education Class – Provided by eHome America [Pay online]	(\$99/household)
FHA’s Back to Work Pre-purchase Counseling [Upfront Fee]	(\$125/household)
Reverse Mortgage Certification Counseling: [Upfront Fee]	(\$200)
Credit Reports: Tri-merge report with scores required for all counseling	(\$30/person)

***Process payment via online voucher that will be sent by email or bring certified funds. Personal checks are not accepted.**

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