

INSTRUCTIONS: IMPORTANT - Please read all instructions & forms

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing these forms or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Your intake package must be completed before you appointment

If your appointment is in person the intake package may be brought in at the time of the appointment. If the counseling is done by phone the intake package must be in our office before the counseling appointment. If our office does not have the intake package we may withhold the counseling certificate until the intake package is recieved.

All forms must be filled out. Please read, sign and date all disclosures. If you have questions about any of the forms call our office so a counselor can assist you.

How to get the package to us:

By fax: 224-293-6110.
By Email: Chris@restorationamerica.org
Drop Off: 86 N. Williams St. Crystal Lake IL 60014

*****Call our office to verify your paperwork has been received if faxing or emailing

FEES: There is a fee of \$125 which includes initial counseling session,HECM Certificate and any additional follow up appointments if needed As of October 1, 2015-March 2017 there will be no charge for the counseling appointment.

Please note: We cannot retain original documents in your file. If you need copies made, we do charge 10 cents per copy just as any copy center or library would charge for copying services.

If you have any questions, please call our office: 847-783-0232 and ask to speak to a Housing Counselor

DOCUMENT CHECKLIST

- ☆ Intake Forms and disclosures (all forms in this packet, signed and dated)
- ☆ HUD Required Handouts (Provided by Counselor)
 - Print Out of Loan Comparisons
 - Print Out of TALC Calculations
 - National Counseling on Aging Booklet(Use Your Home to Stay at Home-A Guide for Homeowners Who Need Help Now
 - Preparing for your Counseling Session



FILE/CLIENT ID #: _____

Personal Information Client Intake Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

How did you hear about our housing counseling agency?

- Member of our staff
 Print/radio ad
 Religious or social organization
 Friend/family
 HUD
 Bank or mortgage servicer
 Internet search
 Other (specify) _____

Part One. Your Biographic and Demographic Information

Name 1:

Last Name First Name Middle Initial

Date: / /

Address:

Address and Apartment No City & State Zip

Home Phone: () -

Cell Phone: () -

Email Address: Work Email Personal Email

Gender: Male Female

Preferred Contact Method: Cell Phone Work Phone Home Phone Email

Best time to be reached: _____

Social Security # - -

Date of Birth: / / **Age:** _____

- Race:** American Indian/Alaskan Native Asian African-American
 Native Hawaiian/Pacific Islander White Biracial or Multiracial
 Other (Specify) _____ Decline to Answer

Ethnicity: Hispanic Non-Hispanic

Are you a Veteran? Yes No

Are you Disabled? Yes No

Marital Status: Single Married Divorced Separated Widow

Education: Below High School Diploma High School/GED Two Year College Bachelors Degree Graduate Degree

Name 2:

Last Name First Name Middle Initial

Date: / /

Address:

Address and Apartment No City & State Zip

Home Phone: () -

Cell Phone: () -

Email Address: Work Email Personal Email

Gender: Male Female

Relationship to Co-Applicant: Spouse Significant Other Relative (specify): _____ Other: _____

Preferred Contact Method: Cell Phone Work Phone Home Phone Email

Best time to be reached: _____

Social Security # - -

Date of Birth: / /

- Race:** American Indian/Alaskan Native Asian African-American
 Native Hawaiian/Pacific Islander White Biracial or Multiracial
 Other (Specify) _____ Decline to Answer

Ethnicity: Hispanic Non-Hispanic

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FILE/CLIENT ID #: _____

My household type is....

- Single Adult
 - Married
 - Cohabiting
 - Single female-headed household with dependents
 - Single male-headed household with dependents
 - Roommates/ unrelated adults
 - Living with non-spousal family members (parents, siblings, etc)
 - Other: (specify) _____
- Family household size: _____ Languages Spoken (specify): _____ / _____ / _____

Part Two. Your Employment Status

Name 1's Employment Status

- Employed Full-time
- Employed Part-Time
- Employed Seasonally
- Unemployed, receiving benefits
- Unemployed, receiving no benefits
- Self-Employed
- Disabled, receiving benefits
- Retired
- Other (specify): _____

Name 1
Employer: _____
Address: _____
Address City & State Zip

Dates _____ to _____
of Employment: _____
Work Phone: () - _____

Previous
Employer: _____
Address: _____
Address City & State Zip

Dates _____ to _____
of Employment: _____
Work Phone: () - _____

Name 2's Employment Status

- Employed Full-time
- Employed Part-Time
- Employed Seasonally
- Unemployed, receiving benefits
- Unemployed, receiving no benefits
- Self-employed
- Disabled, receiving benefits
- Retired
- Other (specify): _____

Name 2
Employer: _____
Address: _____
Address City & State Zip

Dates _____ to _____
of Employment: _____
Work Phone: () - _____

Previous
Employer: _____
Address: _____
Address City & State Zip

Dates _____ to _____
of Employment: _____
Work Phone: () - _____

FILE/CLIENT ID #: _____

Part Three. Your Housing Status and Housing Goals

My current housing status is:

- Renting/leasing Homeowner with mortgage(s) Homeowner (no mortgage debt)
 Homeless Boarder (renting) Living with family (renting/not renting)
 Other: _____ Do you currently receive rental assistance subsidies? Yes No If yes, please specify: _____

My housing goal is to...*check all that apply:*

- Buy a home (pre-purchase counseling) Mortgage Delinquency/Prevent foreclosure Reverse Mortgage Counseling
 Buy a Home (FHA Back to Work) Obtain Rental Housing Financial literacy /budget counseling
 Discuss a fair housing rights violation Predatory Lending Counseling Other: _____

Part Four. Your Rental and Mortgage Information

If you are currently renting, how long have you been renting? Years Months. Check all that apply:

<input type="checkbox"/> I pay market rent	<input type="checkbox"/> I receive a rent subsidy and/or public housing resident	<input type="checkbox"/> I am a Section 8 recipient
<input type="checkbox"/> I am facing eviction	<input type="checkbox"/> I am delinquent with my rent and need assistance	<input type="checkbox"/> I am delinquent with utilities and need assistance
<input type="checkbox"/> I am interested in filing a fair housing claim. Specify reason(s):		

If you own your property, do you have a mortgage? YES NO. If YES, please answer the questions below.

My mortgage data: *If you do not have a mortgage this section does not apply to you - put a line through this section*

	First Mortgage	Second Mortgage
Is this loan Current or Delinquent?	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
Mortgage servicer name		
Loan Number		
Loan Balance	\$	\$
Interest Rate		
Monthly Principal and Interest Payment (excluding taxes and insurance).		
Private Mortgage Insurance (PMI) payment	\$	\$
Fixed or Adjusting Interest Rate?	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know
Date you made your last payment:	/ /	/ /
Past Due Amount:	\$	\$
Have you previously applied for a loan modification or forbearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please provide details on the outcome of your previous foreclosure prevention effort here: ➡		
Reason for Default:		
<input type="checkbox"/> Divorce <input type="checkbox"/> Disability <input type="checkbox"/> Marital Separation <input type="checkbox"/> Decrease in income <input type="checkbox"/> Increase in expenses <input type="checkbox"/> Medical Hardship <input type="checkbox"/> Other		



FILE/CLIENT ID #: _____

Restoration America, Inc.
 86 N. Williams St. Crystal Lake IL 60014
 www.restorationamerica.org
 Phone: 847-783-0232 Fax: 224-293-6110

Please provide additional remarks about your hardship here:

Has your hardship ended?

Yes No

Do you have the ability and willingness to resume mortgage payments? Yes No

If "No," you seeking an alternative outcome, such as a deed-in lieu of foreclosure or short sale? Explain.

Questions related to your credit history:

1. Are there any outstanding judgments against you? Yes No

2. Have you declared bankruptcy within the past seven years? Yes No I am currently in a bankruptcy plan.

3. Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu? Yes No

Part Five. Your Income, Debt, and Average Monthly Expenses

Please provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

Income Type	Name 1		Name 2	
	Monthly Income		Monthly Income	
	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)
1. Salary/wage earnings	\$	\$	\$	\$
2. Rental Income	\$	\$	\$	\$
3. Child support/Alimony	\$	\$	\$	\$
4. Social Security	\$	\$	\$	\$
5. Pension Income	\$	\$	\$	\$
6. Dependent SSI income	\$	\$	\$	\$
7. Disability income	\$	\$	\$	\$
8. Unemployment Income	\$	\$	\$	\$
9. Public assistance income	\$	\$	\$	\$
10. Other:	\$	\$	\$	\$
11. Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$
Total COMBINED Gross:	\$			
Total COMBINED Net:	\$			

FILE/CLIENT ID #: _____

Average Monthly Debts	Name 1	Name 2
1. Rent	\$	\$
2. Mortgage (Principal and Interest)	\$	\$
3. Property Taxes, HOA, Insurance	\$	\$
4. Car Payment(s)	\$	\$
5. Car Insurance	\$	\$
6. Credit Cards (Total)	\$	\$
7. Childcare/daycare	\$	\$
8. Alimony/Child Support	\$	\$
9. School Tuition	\$	\$
10. Medical Debt:	\$	\$
11. Gas/Transportation	\$	\$
12. Household Utilities (Water, Electric, Gas, Trash, Landline, Cable)	\$	\$
13. Cell Phone(s)	\$	\$
14. Food (groceries + eating out)	\$	\$
15. Student Loan Debt	\$	\$
16. Tithing	\$	\$
17. Other:	\$	\$
Total:	\$	\$
Total COMBINED costs:	\$	\$

Now, refer to your COMBINED net income on the previous page. Subtract your COMBINED costs as added on the right. This represents your monthly cash flow. Complete the calculation below.

Taking my combined monthly net income of
\$_____

and subtracting my combined monthly costs of \$_____

equals \$_____.

I/we have POSITIVE or NEGATIVE cash flow.

Total Value, Liquid Assets:		Total Value, Hard Assets:	
1. Stocks/Bonds/CDs:	\$	1. Owner Occupied Property Value:	\$
2. Savings Account:	\$	2. Investment Property value:	\$
3. Checking Accounts:	\$	3. Other:	\$
4. Other:	\$	4. Other:	\$
Total Value:	\$	Total value:	\$

Name 1 Signature: _____ Date: _____

Name 2 Signature: _____ Date: _____



Housing Counseling Privacy Policy (847) 783-0232 Fax: (224) 293-6110

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Restoration America (RA) 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does RA collect about you? We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to RA employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct RA to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit RA's ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that RA HCA make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that RA HCA will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting RA HCA.

Name 1 (Printed)	Signature	Date	Name 2 (Printed)	Signature	Date
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RELEASE: I hereby authorize RA HCA to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Name 1 (Printed)	Signature	Date	Name 2 (Printed)	Signature	Date
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Housing Counseling Program Disclosure Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: Restoration America's, Housing Counseling Agency is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase, free foreclosure prevention/mortgage modification assistance, non-delinquency post-purchase, rental counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> • Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. • Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. • Preparing a household budget that will help you manage your debt, expenses, and savings. Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. Neither your counselor nor Partners In Charity DBA Restoration America's employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying Restoration America or your counselor when changing housing goal. • Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Initials

Termination of Services: Failure to work cooperatively with your housing counselor and/or Partners In Charity DBA Restoration America with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

Agency Conduct: No Restoration America employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: Restoration America has financial affiliation or professional affiliations with HUD, NeighborWorks America, the State of Illinois, IHDA, IDFP, and banks including Bank of America, Citimortgage, and JP Morgan Chase. As a housing counseling program participant, you are not obligated to use the products and services of Restoration America or any of our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: Restoration America provides housing counseling and classroom education in partnership with Bank of America's Connect to Own program. However, you are not obligated to participate in this or any other programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Authority (FHA) for first-time homebuyer loan programs, and *CCCS of McHenry, CCCS of Elgin, Lake County Housing Authority, IHDA* for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance,

Housing Counseling Program Disclosure Form

emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Partners In Charity and its exclusive partners and affiliates.

____/____
Initials

Privacy Policy: I/we acknowledge that I/we received a copy of Restoration America's privacy policy.

Errors and Omissions and Disclaimer of Liability: I/we agree Restoration America Inc, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in Restoration America Inc's counseling programs; and I hereby release and waive all claims of action against Restoration America and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Restoration America Inc, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Restoration America Inc.'s grantors such as HUD or NeighborWorks America.

I/we acknowledge that I/we received, reviewed, and agree to Restoration America Inc Program Disclosures.

Name 1 Signature	Date	Counselor Signature	Date
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Name 2 Signature	Date
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