

|  |   |  |   |
|--|---|--|---|
| <b>Section I – Must be completed by client and co-client</b>   |   |  |   |
| Client Name (First, Middle Initial, Last):   |   | County:  |   |
| Street Address ( <b>do not</b> use PO Box):  | City:   | State:   | Zip:  |
| Home or Cell Phone Number:   | Email Address:  | <b>Gender:</b><br>Male <input type="checkbox"/> Female <input type="checkbox"/>  |   |
| Years/months on current job:   | Marital Status: <input type="checkbox"/> Single<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:   | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Current Housing Situation:<br><input type="checkbox"/> Own <input type="checkbox"/> Rent<br><input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family  | Are you a First-Time Homeowner?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Do you consider yourself the Head of Household:<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Total Number of Household Dependents:   | <input type="checkbox"/> I live in a rural area<br><input type="checkbox"/> Do not live in a rural area  |   |
| <b>Based on current household select appropriate answer:</b>   |   |  |   |
| Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>  |   | <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not-Hispanic or Latino<br><input type="checkbox"/> Choose not to respond   |   |
| If not English, preferred language: _____  |   |  |   |
| <b>Single Race:</b><br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Choose Not to Respond | <b>Multi-Race:</b><br><input type="checkbox"/> American Indian/Alaskan Native <b>and</b> White<br><input type="checkbox"/> Asian <b>and</b> White<br><input type="checkbox"/> Black/African American <b>and</b> White<br><input type="checkbox"/> American Indian/Alaska Native <b>and</b> Black/African American<br><input type="checkbox"/> Other Multiple Race<br><input type="checkbox"/> Choose Not to Respond |  | <b>Head of Household Type:</b><br><input type="checkbox"/> Single adult<br><input type="checkbox"/> Female-headed single parent<br><input type="checkbox"/> Male-headed single parent<br><input type="checkbox"/> Married without children<br><input type="checkbox"/> Married with children<br><input type="checkbox"/> Two or more unrelated adults<br><input type="checkbox"/> Other |
| <b>Education:</b><br><input type="checkbox"/> Doctoral or Professional Degree<br><input type="checkbox"/> Master's Degree<br><input type="checkbox"/> Bachelor's Degree  | <input type="checkbox"/> Associate's Degree<br><input type="checkbox"/> Some College, Not Completed<br><input type="checkbox"/> Vocational Certificate  | <input type="checkbox"/> GED<br><input type="checkbox"/> High School Diploma<br><input type="checkbox"/> No High School Diploma  |   |

|  |   |  |      |
|--|---|--|------|
| Co-Client Name (First, Middle Initial, Last):  |   | County:  |      |
| Street Address ( <b>do not</b> use PO Box):  | City:   | State:   | Zip: |
| Home or Cell Phone Number:   | Email Address:  | <b>Gender:</b><br>Male <input type="checkbox"/> Female <input type="checkbox"/>  |      |
| Years/months on current job:   | Marital Status: <input type="checkbox"/> Single<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:   | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No |      |
| Current Housing Situation:<br><input type="checkbox"/> Own <input type="checkbox"/> Rent<br><input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family  | Are you a First-Time Homeowner?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No  |      |
| <b>Based on current household select appropriate answer:</b>   |   |  |      |
| Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>  |   | <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not-Hispanic or Latino<br><input type="checkbox"/> Choose not to respond   |      |
| If not English, preferred language: _____  |   |  |      |
| <b>Single Race:</b><br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Choose Not to Respond | <b>Multi-Race:</b><br><input type="checkbox"/> American Indian/Alaskan Native <b>and</b> White<br><input type="checkbox"/> Asian <b>and</b> White<br><input type="checkbox"/> Black/African American <b>and</b> White<br><input type="checkbox"/> American Indian/Alaska Native <b>and</b> Black/African American<br><input type="checkbox"/> Other Multiple Race<br><input type="checkbox"/> Choose Not to Respond |  |      |
| <b>Education:</b><br><input type="checkbox"/> Doctoral or Professional Degree<br><input type="checkbox"/> Master's Degree<br><input type="checkbox"/> Bachelor's Degree  | <input type="checkbox"/> Associate's Degree<br><input type="checkbox"/> Some College, Not Completed<br><input type="checkbox"/> Vocational Certificate  | <input type="checkbox"/> GED<br><input type="checkbox"/> High School Diploma<br><input type="checkbox"/> No High School Diploma  |      |

| Section II – Current Homeowner(s) ONLY  |   |  |  |
|---|---|--|--|
| Do you currently have a MSHDA Mortgage?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | Have you received Step Forward Assistance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Name of Originating Lender (if available):  |   | Original Loan Number (if available):   |  |
| Name of Current Servicer (if available):  |   | Loan number assigned by Servicer:  |  |
| When did you purchase your home?  |   | Have you lived at this address for at least two years? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If not, list previous address(es):                                |  |
| Does your name appear on:<br><input type="checkbox"/> Property Deed <input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract  |   | Total Monthly Payment (including Taxes & Insurance):   |  |
| <b>Select type of loan product:</b><br><input type="checkbox"/> Fixed rate currently under 8%<br><input type="checkbox"/> Fixed rate currently 8% or greater<br><input type="checkbox"/> ARM currently under 8%<br><input type="checkbox"/> ARM currently at 8% or greater<br><input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months<br><input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months<br><input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months<br><input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months.<br><input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months<br><input type="checkbox"/> I don't know |   |  |  |
| If type of loan is an ARM, has the interest rate already reset?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | Do you have a second mortgage?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>Current status of Loan:</b><br><input type="checkbox"/> Current<br><input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late<br><input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late   |   | <b>Have you filed bankruptcy in the past two years?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Have you had a Credit Report pulled within the last 6 months:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Is your mortgage delinquent?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, amount delinquent?</b><br>\$  | <b>Are your property taxes delinquent?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, amount delinquent?</b><br>\$ | <b>Is your homeowner's insurance delinquent?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, amount delinquent? \$</b>                                 |  |
| <b>Select primary reason for default:</b><br><input type="checkbox"/> Reduction in income <input type="checkbox"/> Increase in Loan Payment <input type="checkbox"/> Business Venture Failed<br><input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Medical Issues <input type="checkbox"/> Divorce/Separation<br><input type="checkbox"/> Loss of income <input type="checkbox"/> Increase in Expenses <input type="checkbox"/> Death of Family Member <input type="checkbox"/> Other  |   |  |  |
| <b>What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?</b>   |   | <b>Do you feel that you have recovered from the situation?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>Have you been notified of a date for a Sherriff's Sale?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   | <b>Has there been a Sherriff's Sale of this property?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, what is/was the date of the Sherriff's Sale?</b> |  |
| <b>Are you currently working with an attorney regarding the delinquency of your mortgage, property taxes or land contract?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   | <b>If yes, please provide attorney name and contact information?</b>   |  |
| <b>If available, please provide the following information for the mortgage servicer or land contract holder that you make your payments to:</b>   |   |  |  |
| Address:  | City:   | State:   | Zip:   |
| Phone:  | Fax:  | Email:   |  |

**Section III – Must be completed by client.**

Enter **ALL** sources of income for adult members of the household (18 year olds not in High School).

**Income sources include:** Wages, Worker’s Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support and Alimony.

**Total Monthly Income: \$**

Enter **ALL** total monthly debt for adult members of the household (18 year olds not in High School). Include Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

**Total Monthly Debt: \$**

**Based on your housing needs/goals do you believe you have been discriminated against?**

Yes  No

**Do you believe you have been a victim of Predatory Lending?**

Yes  No

**What is the main purpose for contacting our agency:**

- Homelessness Assistance                       Rental Topics                       Purchase/Home Purchase  
 Home Maintenance and Financial Management     Reverse Mortgage                       Resolving/Preventing Mortgage Delinquency or Default

**How did you learn about MSHDA’s Housing Education Program?**

- MSHDA Outreach                       Another Person                       Real Estate Agent  
 HUD Outreach                       Lender                       Other:  
 Agency Outreach                       Another Agency

**Are you interested in obtaining information regarding MSHDA Mortgage Products and Down Payment Assistance?**

Yes  No

**Would you like to be referred to a MSHDA approved lender?**

Yes  No

**Section IV – Must be signed and dated by client and co-client.**

\_\_\_\_\_

Client Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Client Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Section V – For Agency Use Only**

|                                      |                                   |                                      |  |
|--------------------------------------|-----------------------------------|--------------------------------------|--|
| Agency Name:<br>Home Repair Services |                                   | Agency Phone Number:<br>616-241-2601 |  |
| Agency Staff Name:<br>Rodrigo Ortiz  | Received by Agency (Intake Date): | Unique Client ID #:                  |  |



**Michigan State Housing Development Authority  
HOUSING EDUCATION PROGRAM  
AGREEMENT and RELEASE OF INFORMATION**

In signing this agreement and release, I/We agree to actively participate in the Housing Education Services being offered by this MSHDA approved agency. I/We understand:

1. A referral to other services of the organization or another agency (as appropriate) may be made to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. That this agency receives funds through MSHDA and HUD and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. That a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. That this agency may provide information on numerous housing programs and loan products and I further understand that the housing services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.

**NOTE:** *If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related service, please contact MSHDA's Housing Education Program at (517)373-6840.*

**CONSENT:** Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits.

**For Pre-Purchase Education Services only:**

I/We acknowledge the agency provided me/us with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

**For Post-Purchase Education Services only:**

I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Housing Education Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

|                           |                     |              |
|---------------------------|---------------------|--------------|
| Client's printed name:    | Client's signature: | Date signed: |
|                           |                     |              |
| Client's printed name:    | Client's signature: | Date signed: |
|                           |                     |              |
| Client's current address: | City:               | Zip code:    |
|                           |                     |              |

| <b>To be completed by MSHDA Housing Education Program Certified Counselor.</b> |                                      |       |
|--|--------------------------------------|-------|
| Agency name:<br>Home Repair Services   | Agency phone number:<br>616-241-2601 |       |
| Counselor name:<br>Rodrigo Ortiz   | Counselor signature:                 | Date: |



Agency Name: Home Repair Services

Agency Phone/Fax: P: 616-241-2601 F: 616-241-5151

Counselor Name: Rodrigo Ortiz

Counselor Email: rortiz@homerepairservices.org

Date: \_\_\_\_\_



A Client Action Plan (CAP) must be completed by the housing educator in partnership with the client during the first counseling session. This CAP represents a record of the topics discussed, as well as detailed action steps the client and educator will take to meet the client's housing goals or resolve the client's housing situation.

|                        |                      |
|------------------------|----------------------|
| <b>Client(s) Name:</b> | <b>Client ID No:</b> |
|------------------------|----------------------|

**List the primary housing goal or need:**

Home Purchase
  Mortgage Difficulties
  Property Tax Difficulties

Other (must specify): \_\_\_\_\_

**Financial Assessment Statement:** Describe client(s) financial status relating to housing goals (i.e. positive monthly cash flow, 15% debt to income ratio, etc.):

  
  
  
  

|  |  |
|--|--|
| <p><b>List client(s) <i>achievable</i> short-term goals:</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul> | <p><b>List client(s) <i>achievable</i> long-term goals</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul> |
|--|--|

**Briefly describe obstacles or barriers the client is experiencing to achieve housing goals (e.g. poor credit, underemployment, lack of savings, etc).**

  
  
  

**Property assessment for Foreclosure related services:**

- General condition of the property:
  
- Estimated value of property:
  
- Positive or negative equity:

**PRELIMINARY ACTION STEPS**

| Steps CLIENT will take to resolve issues identified in this Action Plan:  | Target Date | Date Completed |
|---|-------------|----------------|
| <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul> |             |                |

| Steps COUNSELOR will take to resolve issues identified in this Action Plan: | Target Date | Date Completed |
|---|-------------|----------------|
| <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>   |             |                |

**Service Referrals:** If your agency is not able to provide a service such as social service programs, energy assistance programs, legal services, etc., did your agency provide referral information to local, state and/or federal resources?  
**Information must be documented in the client's file.**  Yes  No

**Alternative Referrals:** If discussion occurred regarding a for-profit entity such as lenders or real estate professionals, list the (3) comparable entities discussed.

| Entity | Contact Name | Service Type | Phone Number |
|--------|--------------|--------------|--------------|
| 1.     | 1.           | 1.           | 1.           |
| 2.     | 2.           | 2.           | 2.           |
| 3.     | 3.           | 3.           | 3.           |

**I/we agree with the outline of client steps and housing educator steps, goals and objectives as outlined in my/our Client Action Plan and the timeline necessary to accomplish this plan. I/we will take action on the objectives outlined and will maintain contact with my/our housing educator. I/we understand my/our file will be changed to inactive if this agency does not have contact with me/us for three consecutive months.**

**A copy of this document must be provided to client immediately if services are provided face-to-face or sent to client within 24 hours if done by phone.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Educator Signature

\_\_\_\_\_  
Date



### Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

|   |   |
|---|---|
| <b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.  | <b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| <b>2a</b> If a joint return, enter spouse's name shown on tax return.   | <b>2b</b> Second social security number or individual taxpayer identification number if joint tax return  |
| <b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)   |   |
| <b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)  |   |
| <b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. |   |

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

|   |   |   |   |
|---|---|---|---|
| / | / | / | / |
|---|---|---|---|

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

|   |      |
|---|------|
| <b>Signature</b> (see instructions)   | Date |
| <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust) |      |
| <b>Spouse's signature</b>   | Date |

Phone number of taxpayer on line 1a or 2a



**Borrower/Co-Borrower Acknowledgement and Agreement**

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party\*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all servicer, or authorized third party\*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
  - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
  - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the servicer.
  - c. The servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
  - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The servicer or authorized third party\* will obtain a current credit report on all borrowers obligated on the Note.
9. The servicer or authorized third party\* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the servicer or authorized third party\*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
  - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
  - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender/servicer/ or authorized third party\*. By checking this box, I also consent to being contacted by text messaging.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

\*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

|                       |                        |               |       |
|-----------------------|------------------------|---------------|-------|
| _____                 | _____                  | _____         | _____ |
| Borrower Signature    | Social Security Number | Date of Birth | Date  |
| _____                 | _____                  | _____         | _____ |
| Co-borrower Signature | Social Security Number | Date of Birth | Date  |

## Home Repair Services Housing Counseling Budget

|                            |  |                |                 |                                    |                               |
|----------------------------|--|----------------|-----------------|------------------------------------|-------------------------------|
| Client Name:               |  |                | Phone number:   |                                    |                               |
| Counselor Name:            |  |                |                 |                                    |                               |
| <b>Monthly Income</b>      |  | <b>Net</b>     | <b>Gross</b>    | <b>Flexible Household Expenses</b> |                               |
| Primary wages              |  |                |                 |                                    | Monthly expense               |
| Secondary wages            |  |                |                 | Groceries                          |                               |
| Part time income           |  |                |                 | Dinning out                        |                               |
| Child support              |  |                |                 | School luches                      |                               |
| Alimony                    |  |                |                 | Gasoline                           |                               |
| Rent received              |  |                |                 | Car insurance                      |                               |
| Social Security            |  |                |                 | Car maintance                      |                               |
| Disability                 |  |                |                 | Home maintance                     |                               |
| Pension/Retirement         |  |                |                 | Savings                            |                               |
| Unemployment               |  |                |                 | Medical bills                      |                               |
| Cash assistance            |  |                |                 | Prescriptions                      |                               |
| Food stamps                |  |                |                 | Life insurance                     |                               |
| <b>Total Monthly</b>       |  |                |                 | Entertainment                      |                               |
| <b>Housing Expense</b>     |  | <b>Payment</b> | <b>Balance</b>  | Education                          |                               |
| 1st Mortgage               |  |                |                 | Church/Charity                     |                               |
| Property taxes             |  |                |                 | Personal Care                      |                               |
| Home insurance             |  |                |                 | Clothing                           |                               |
| 2nd Mortgage               |  |                |                 | Laundry/Dry cleaning               |                               |
| Association dues           |  |                |                 | Alcohol                            |                               |
| <b>Total Housing</b>       |  |                |                 | Cigarettes/Tobacco                 |                               |
| <b>Utilities</b>           |  | <b>Payment</b> | <b>Past Due</b> | Miscellaneous                      |                               |
| Heating                    |  |                |                 | <b>Total Household</b>             |                               |
| Electric                   |  |                |                 | <b>Unsecured Debts</b>             | <b>Payment</b> <b>Balance</b> |
| Water                      |  |                |                 | Credit Card name:                  |                               |
| Trash                      |  |                |                 |                                    |                               |
| Cable/Satellite            |  |                |                 |                                    |                               |
| Cell phone                 |  |                |                 |                                    |                               |
| Telephone                  |  |                |                 |                                    |                               |
| Internet                   |  |                |                 |                                    |                               |
| Misc. utility              |  |                |                 |                                    |                               |
| <b>Total Utility</b>       |  |                |                 |                                    |                               |
| <b>Secured Debts</b>       |  | <b>Payment</b> | <b>Balance</b>  |                                    |                               |
| 1st auto loan/lease        |  |                |                 |                                    |                               |
| 2nd auto loan/lease        |  |                |                 |                                    |                               |
| Recreation vehicle         |  |                |                 | Personal loan                      |                               |
| Vacation property          |  |                |                 | Payday loan                        |                               |
| Time share                 |  |                |                 | Appliance loan/rental              |                               |
| Studen loan                |  |                |                 |                                    |                               |
| IRS/State taxes            |  |                |                 |                                    |                               |
| <b>Total Secured Debts</b> |  |                |                 | <b>Total Unscured Debts</b>        |                               |



Home Repair Services of Kent County--Client Disclosure

July, 2017

Home Repair Services is a non-profit agency that operates in accordance with Section 501 (c)(3) of the Internal Revenue Code. Housing Counselors and Financial Coaches are certified through MSHDA's Homeownership Counseling Program as well as NeighborWorks® Center for Homeownership Education and Counseling. In addition, the agency operates as both a HUD approved and MSHDA approved Housing Counseling Agency.

The Housing Counseling services that Home Repair Services provides includes Default and Delinquency Counseling, Financial Coaching, and Financial Capabilities Group Classes and Individual Counseling.

Home Repair Services has business relationships with many of our partners for the abovementioned services (see next page). This may provide the business with additional benefits and services that could be financial in nature. These relationships may include, but are not limited to: banking relationships, donor relationships, and volunteer relationships.

**Participants of any Home Repair services program are under no obligation to receive any other services offered by Home Repair Services, or the services of any of its partners.** Enrollment in one Home Repair Services program does not disqualify a participant's enrollment in another agency program.

I acknowledge that Home Repair Services has provided me with a list of its partners and I understand that I am in no way obligated to receive additional services from the agency or its partners.

Print Name

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Also, you have the right to seek assistance from other Housing Counseling Agencies. Other HUD Approved agencies include:**

Grand Haven Neighborhood Housing Services  
519 Washington Avenue, Grand Haven, MI 49417  
(616)842-3210

Inner City Christian Federation  
920 cherry Street SE, Grand Rapids, MI 49506  
(616)336-9333

Community Action House  
345 W 14th St, Holland, MI 49423 (616)241-2601  
(616)392- 2368