

Thank you for choosing Home Repair Services as your foreclosure prevention partner! We are here to help you with alternatives to foreclosure and improve money habits.

For the most effective partnership we need you to:

- ✓ Please fill out this Foreclosure Intake Pack and complete it the best that you can. Make sure to sign all the pages where required. If there are co-borrowers they will need to sign too.
- ✓ The Foreclosure Intake Pack is 13 pages, be *sure to have all 13 pages* before you send it in. (*Budget, HRS Release of Information, MSHDA Household Profile, MSHDA Counseling Agreement, Client Action Plan, Relation to Lender, NFMC privacy Policy, 4506T*)
- ✓ Use the *Required Document Checklist* for a stronger partnership! Paystubs or proof of income, bank statements, utility bill and mortgage bill are required to start.
- ✓ Once we receive *all 13 pages* of the Foreclosure Intake Pack we will call you to set up a phone appointment.

If you have any questions about the documents required give us a call, (616) 241-2601. Home Repair Services hours are 9:00 a.m. to 5:00 p.m. Monday through Friday; or by e-mail to LizMarie: lcolon@homerepairservices.org



Resources for Home Owners

REQUIRED DOCUMENT CHECKLIST

In order for the Financial Counselor you're partnering with help you develop good money habits and avoid foreclosure, they must have this information. Your mortgage servicing company will ask for this information also. Use this list to help you put the information together for your meeting with a Financial Counselor.

Check the boxes:

- 2 months of recent paystubs or income.** If self-employed you must provide a year to date Profit and Loss.
- 2 months of recent bank statements with all pages.** Online banking screen prints do not qualify.
- 2 years of recent Federal Tax Returns.** You must sign page 2 of Federal 1040 form.
- Household Budget:** Income - Expenses
- Hardship letter:** 1st paragraph explained your hardship, 2nd paragraph any changes or improvements to the hardship, Last paragraph state what you're asking the mortgage company for.
- All utility bills:** Gas, Electric, water, etc.
- Home Owners Insurance Declaration Page:** Describes benefit amounts
- Current Year Property Tax Statement**
- Mortgage Billing Statement**
- Mortgage Closing Documents**
- All other bills you pay; credit cards, payday loans, medical, etc.

There may be other documents needed based on your situation. Your Financial Counselor will let you know during your meeting. If this happens return the documents very quickly to help you avoid foreclosure. *We cannot submit documents to your mortgage company unless all documents are received.*

What I need to bring back:

Documents needed		Deadline

Don't forget to attend Money Matters classes here at Home Repair Services!

HOME REPAIR SERVICES
BUDGET PLANNER

Date

Pay Period

Monthly Income

	Estimated	Actual
Wages - 1st income	_____	_____
Wages - 2nd income	_____	_____
Social Security	_____	_____
Disability	_____	_____
Pension	_____	_____
Public Assistance	_____	_____
Child Support	_____	_____
Unemployment	_____	_____
Rent	_____	_____
Total Income	\$ _____	_____

Fixed Expenses

Savings	_____	_____
Mortgage	_____	_____
2nd Mortgage	_____	_____
Homeowner's insurance (inc. w/mortgage <input type="checkbox"/>)	_____	_____
Property taxes (inc. w/mortgage <input type="checkbox"/>)	_____	_____
HOA or Condo Dues	_____	_____
Car note #1	_____	_____
Car note #2	_____	_____
Car insurance	_____	_____
Student Loan	_____	_____
Student Loan	_____	_____
Student Loan	_____	_____
Child Support	_____	_____
Day care	_____	_____
Total Fixed Expenses	\$ _____	_____

Controllable Expenses

Food	_____	_____
Toiletries, cleaning supplies, laundry	_____	_____
Car #1: fuel	_____	_____
Car #2: fuel	_____	_____
Car #1: repairs	_____	_____
Car #2: repairs	_____	_____
Electric	_____	_____
Gas	_____	_____
Water	_____	_____
Garbage	_____	_____
Telephone	_____	_____

Controllable Expenses (cont.)

Cell phone	_____	_____
Cable	_____	_____
Internet	_____	_____
Life Ins	_____	_____
Medical, dental, prescriptions, co-pays	_____	_____
Medical Bills	_____	_____
Clothes	_____	_____
Hair care, nails, etc.	_____	_____
Adult allowances	_____	_____
Children allowances	_____	_____
Fast food, restaurants, lunches	_____	_____
Hot lunches - school	_____	_____
Hobbies	_____	_____
School Activities	_____	_____
Alcohol	_____	_____
Tobacco, cigarettes	_____	_____
Subscriptions: newspapers, magazines	_____	_____
Dues: union, clubs	_____	_____
Education: tuition, fees, books, school supplies	_____	_____
Religious contributions, tithing	_____	_____
Charity contributions	_____	_____
Vacation expenses	_____	_____
Other expenses	_____	_____
Total Controllable Expenses	\$ _____	_____

Debts Controllable Exp Cont

Appliance, TV, furniture rental or loans	_____	_____
Personal Loans_ balance	_____	_____
Bank line of credit_ balance	_____	_____
Credit card_ balance	_____	_____
Credit card_ balance	_____	_____
Credit card_ balance	_____	_____
Credit card_ balance	_____	_____
Credit card_ balance	_____	_____
Dept. store credit card_ balance	_____	_____
Dept. store credit card_ balance	_____	_____
Total Debt Payments	\$ _____	_____

Monthly income	\$ _____	_____
Fixed expenses	\$ _____	_____
Controllable expenses	\$ _____	_____
Total expenses	\$ _____	_____
Difference between income and expenses	\$ _____	_____



Home Repair Services

Resources for Home Owners

1100 S Division Avenue
Grand Rapids, MI 49507
(616)241-2601 Fax: (616)241-5151

Release of Information And Foreclosure Prevention Assistance Agreement

Release of Information

In signing this consent form, I am authorizing Home Repair Services and its employees to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to saving my home from foreclosure. I further allow Home Repair Services staff to discuss my foreclosure and credit situation with representatives from related agencies, the Department of Housing and Urban Development, mortgage, collection and credit bureau companies.

I understand that the information I share regarding my personal and financial situation will be treated with confidentiality and that no information will be shared with persons or agencies not directly affiliated with the resolution of this problem. I specifically prohibit discussion about my situation with _____.

Foreclosure Prevention Assistance Agreement

I understand that this is a mortgage foreclosure counseling program and that **financial assistance is in no way promised or guaranteed**. Home Repair Services will assist me in my efforts to avoid foreclosure by offering the following:

- # Counseling
- # Advocacy
- # Education
- # Referral

I agree to participate in all mutually agreed upon counseling sessions. I understand that participation in this program is voluntary, but that my **active** participation is the key to getting results. In addition, I understand that as a condition of my receipt of such services that I will be expected to do the following:

- # Attend *Money Matters* classes
- # Be on-time for all appointments (*more than 10 min late will result in a rescheduling*)
- # Provide all necessary documentation
- # Update the counselor about any changes to my situation

I recognize that regular failure to complete these tasks will result in my case being closed and any assistance that has been agreed upon being cancelled.

Printed name	Signature	Date
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Printed name	Signature	Date
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Loan # _____	Social Security # _____	
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Clients Phone No: _____

Property address: _____

Beginning (date) _____ Expiration (date) _____

Home Repair Services Counselors: Leticia Garcia, Jesse Rodriguez, Darrin Lucas, LizMarie Colon



HOMEOWNERSHIP DIVISION
MSHDA's Housing Education Program

Household Profile

Section I – <u>Must</u> be completed for all clients			Date:	
Client Name (First, Middle Initial, Last):			Social Security Number:	
Street Address (do not use PO Box):		City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		
County Client Resides In:	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duration:	Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Based on current household circle or check appropriate answer as it applies to client (you must select one for English and one for Rural).				
Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>		Lives in a rural area <input type="checkbox"/> Does not live in a rural area <input type="checkbox"/>		
For statistical purposes, circle or check appropriate answer as it applies to Client:				
Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Single Race: 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond		Multi-Race: 7. American Indian/Alaskan Native and White 8. Asian and White 9. Black/African American and White 10. American Indian/Alaska Native and Black/African American 11. Other Multiple Race		Household Type: 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other
For statistical purposes, please indicate clients highest level of education:				
<input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Postsecondary Non-Degree Award <input type="checkbox"/> Some College, No Degree		<input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Less than High school

Co-Client Name (First, Middle Initial, Last):			Social Security Number:	
Street Address (do not use PO Box):		City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		
County Client Resides In:	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duration:	Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		
For statistical purposes, please circle or check appropriate answer as it applies to Client:				
Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Single Race: 12. American Indian/Alaskan Native 13. Asian 14. Black/African American 15. Native Hawaiian/Pacific Islander 16. White 17. Choose Not to Respond		Multi-Race: 18. American Indian/Alaskan Native and White 19. Asian and White 20. Black/African American and White 21. American Indian/Alaska Native and Black/African American 22. Other Multiple Race		Household Type: 8. Single adult 9. Female-headed single parent 10. Male-headed single parent 11. Married without children 12. Married with children 13. Two or more unrelated adults 14. Other
For statistical purposes, please indicate clients highest level of education:				
<input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Postsecondary Non-Degree Award <input type="checkbox"/> Some College, No Degree		<input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Less than High school

List **ALL** Household Members including Client and **ALL** sources of income for adult members of the household. Include unearned income of minor children. **DO NOT** include earned income of minor children. **Income sources:** Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient.
 List **All** sources of revolving credit and installment loan debt. **Debt sources:** Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

Name	Date of Birth	High School Student	Gross Annual Income	Primary Source of Income	Relationship to Client
		<input type="checkbox"/>			Client
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Total Household Income: (Excluding minor children's) \$

Total Household Debt: \$

Section II – Complete this section for Foreclosure or National Foreclosure Mitigation Counseling; otherwise leave blank and go to Section III:

Name of Originating Lender (if available):	Original Loan Number (if available):
Name of Current Servicer:	Loan number assigned by Current Servicer:
When did you purchase your home?	Does your name appear on the deed and mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you lived at this address for at least two years? Yes No
 If not, list previous address(es):

Total Monthly Payment (PITI) at intake:	What is your current interest rate?
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If type of loan at intake is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does client have a second loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Credit Score at Intake: _____	Current status of Loan:
Source: TransUnion <input type="checkbox"/> EquiFax <input type="checkbox"/> Experian <input type="checkbox"/> Tri-merge <input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late

Total amount delinquent on Mortgage? \$	Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$
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Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, what is the date of the Sherriff's Sale?	Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you currently working with an attorney regarding the delinquency of your mortgage or land contract?
 Yes No

If yes, please provide attorney information?

Have you been a victim of Housing Discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a victim of Predatory Lending? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Select type of first loan product:		NFMC Foreclosure Mitigation Counseling
<input type="checkbox"/> Hybrid ARM <input type="checkbox"/> Option ARM <input type="checkbox"/> Interest only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FHA or VA fixed rate loan	<input type="checkbox"/> FHA or VA ARM <input type="checkbox"/> Privately held <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Reporting on First loan <input type="checkbox"/> Reporting on Second loan

NFMC Foreclosure Mitigation Counseling – must select type of first loan product below: <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months <input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months <input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months <input type="checkbox"/> Client did not disclose	Select primary reason for default: <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Medical issues <input type="checkbox"/> Increase in Expense <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death of Family member <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Increase in loan payment <input type="checkbox"/> Other
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Please provide the following information for the mortgage servicer or land contract holder that you make your payments to:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Please describe the circumstance(s) that occurred which resulted in the mortgage or land contract payments getting behind?			
What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?		Do you feel that you have recovered from the situation listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section III – Must be completed for ALL Counseling Services		
How did client hear about MSHDA's Homeownership Counseling Programs:		
<input type="checkbox"/> Referral from MSHDA	<input type="checkbox"/> Referral from a Real Estate Professional	<input type="checkbox"/> Referral from Habitat
<input type="checkbox"/> Referral from Department of Human Services	<input type="checkbox"/> Referral from a Community Organization	<input type="checkbox"/> Walk in Self-Referral
<input type="checkbox"/> Referral from Lender	<input type="checkbox"/> Referral from Friend/Relative	<input type="checkbox"/> Radio, TV, or PSA
		<input type="checkbox"/> Other:
If client is looking to purchase a home, list the county they intend to reside in:		

I hereby certify that the information given above is accurate and complete. I understand that if information I provided is discovered to be false or misleading, my participation may be denied or terminated.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

Section IV – To be completed by MSHDA Housing Education Program Certified Counselor.		
I certify that services are compliant and were provided in-line with MSHDA's Housing Education Program Guidelines.		
Agency Name:	Agency Phone Number:	
Educator Name:	Educator Signature Verifying Information:	Date:

**MSHDA's Homeownership Division
Counseling Agreement and Release of Information**

Select Service Type:

- Homeownership Counseling
- Foreclosure Counseling
- NFMC Foreclosure Counseling

MSHDA Approved Counseling Agency: HOME REPAIR SERVICES		Loan Number:
Address for Foreclosure Counseling: 1100 S. DIVISION	City: GRAND RAPIDS	Zip: 49507

In signing this agreement and release, I am agreeing to actively participate in the Homeownership Counseling Program being offered by this Michigan State Housing Development Authority (MSHDA) counseling agency in order to receive counseling services. Participation in this program is voluntary and requires me to establish the reason for my delinquency and to develop an Action Plan in cooperation with the Counselor, and understand that I will receive a copy of that Plan.

1. I may be referred to other housing services of the organization or another agency as appropriate that may be able 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. I understand that this Agency receives funds through MSHDA, HUD and NFMC Programs 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. If the services received from this agency are funded by the NFMC Program, I give permission for NFMC program administrators and/or evaluators to follow-up with me for up to three (3) years from the date of this signed form for the purposes of program evaluation.
4. I understand 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.
5. I understand that this Agency provides both pre-purchase and post-purchase counseling services and I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies or organizations as appropriate.
6. I understand that this Agency provides information and education on numerous housing programs and loan products and I further understand that the housing counseling I receive from this Agency in no way obligates me to choose any of these particular housing programs or loan products.

Failure to sign the consent form may result in denial of program assistance or termination of counseling program benefits.

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

For Pre-Purchase Counseling Services only:

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

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

Client's Printed Name	Signature	Date
Client's Printed Name	Signature	Date
Counselor's Printed Name	Counselor's Signature	Date signed
HOME REPAIR SERVICES Name of Counseling Agency	GRAND RAPIDS City – Location of Agency	(616) 241-2601 Contact Number



MSHDA's Homeownership Counseling Program

Client Action Plan



Developing a path for clients to *Step Forward* with intention and strength!

An Action Plan must be completed by the counselor in partnership with the client. This Action Plan represents a record of the topics discussed, as well as detailed action steps the client and counselor will take to resolve the housing crisis or meet the client's unique housing goals.

Date:	Counseling Agency: Home Repair Services	
Counselor of Record:	Phone number: 616-241-2601	
Client Name:	Alternate Contact (May be spouse)	
Property Address:		
Why client is seeking services from your agency: SEE CASE NOTES		
Property Assessment – (Foreclosure cases only) <i>Discuss the general condition of the property and estimated value and positive or negative equity.</i> Property is in FAIR GOOD EXCELLENT condition SEV x2 = \$ Balance on Loan is approx.: \$ Estimated Equity: \$		
Financial Assessment – <i>Discuss income and expenses, financial recommendations and possible solutions to resolve housing issues.</i> SEE CASE NOTES		
Client goals to resolve current housing situation: Long Term Goal: Short Term Goal:		

PRELIMINARY ACTION STEPS
(To be completed in partnership with the client)

Steps CLIENT will take to resolve issues identified in this Action Plan: (Not limited to three items).		Date Assigned	Date Completed
<ul style="list-style-type: none"> • • • 			
Steps COUNSELOR will take to resolve issues identified in this Action Plan: (Not limited to three items)		Date Assigned	Date Completed
<ul style="list-style-type: none"> • • • 			
Community Referral Information: List community contacts that may be of assistance to the homeowner:			
Agency	Contact Name	Phone Number	Resource
SEE Referral List			
<p><i>Closing Statement:</i></p> <p>SEE CASE NOTES</p>			
<p>A copy of this document must be provided to client immediately if counseling is done face-to-face. If counseling is done by phone, a copy must be sent to client within 24 hours.</p>			

_____ **Client Signature**

_____ **Date**

_____ **Counselor Signature**

_____ **Date**

Home Repair Services

Disclosure of Relationships

August, 2014

Home Repair Services has received support from the following **lending institutions**:

Bank of America- 2012	Chemical Bank – 2014
Founders Bank & Trust – 2012	Comerica – 2012
Huntington National Bank- 2013	Federal Home Loan Bank of Indianapolis- 2010
Independent Bank – 2009	Fifth Third –2014
Mercantile Bank – 2014	JP Morgan Chase – 2014
Northern Trust Bank – 2012	PNC Financial Services Group- 2014
United Bank of Michigan – 2012	First National Bank of America - 2013
Bank of Holland – 2014	West Michigan Community Bank - 2012
	West Michigan CRA Association- 2010

Home Repair Services has relationships with the following **industry partners**: Inner City Christian Foundation, LINC, Legal Aid of West Michigan, Disability Advocates, Senior Neighbors Inc, Healthy Homes Coalition of West Michigan, Kent County Department of Social Services, The Salvation Army, UCOM, and ACSET

We want you to know that you are **not obligated to utilize any services** offered by any of the above listed entities in order to receive counseling services from Home Repair Services.

- If we advise you to take out a home improvement loan or re-finance your house, you are under no obligation to use any lender suggested by us.
- If you need information about where to get a loan or engage a realtor, it is our policy not to suggest just one lender but to give information about several providers so that you can choose the one best for you.
- Home Repair Services operates multiple programs within this agency such as the Remodeling Together Program, Repair Team, Fix-It School, Weatherization and Access Modifications. Participation in the Financial Counseling Program does not obligate you to take part in any other programs offered by Home Repair Services.
- If you wish to use another Housing Counseling agency besides Home Repair Services you will find similar services available at:
ICCF, 920 Cherry Street SE, Grand Rapids, MI 49506, (616) 336-9333
LINC, 1167 Madison Ave SE, Grand Rapids, MI 49507, (616) 451-9140

If you ever feel pressured to use a particular lender or participate in other programs, please feel free to contact me.

David Jacobs
Executive Director
241-2601

I have received this notice and I understand it.

Signature _____

Please print your name _____

Date _____

National Foreclosure Mitigation Counseling Program Privacy Policy

Our Agency, a MSHDA sub-grantee for the National Foreclosure Mitigation Counseling program, is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. 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.
2. 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 “opt-out”, you may call us and do so.

Release of your information to third parties

1. 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.
2. 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).
3. Within our 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.

Client Initials and Date

I Agree

I Chose to Opt Out

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

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 and click on "Order a Return or Account Transcript" 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 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 1120A, Form 1120H, Form 1120L, 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. _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

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, partner, 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.

Phone number of taxpayer on line 1a or 2a

Sign Here		Date	
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

CAUTION. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-5 Kansas City, MO 64999
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
	801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.