



HOME REPAIR SERVICES

RESOURCES FOR HOMEOWNERS

Thank you for contacting Home Repair Services for HECM (Reverse Mortgage) counseling. Counseling is required in order to apply and close on a HECM loan. The purpose of counseling is to make sure that you understand how a reverse mortgage works. The counseling session will cover what is a reverse mortgage, how it works, how much you may get, alternatives to a reverse mortgage and much more.

In order to receive HECM counseling, please complete this application as thoroughly and accurately as possible. Please note that this application along with the required documents must be sent to Home Repair Services prior to scheduling a HECM counseling session. Please use the following document checklist when submitting your application:

- Intake Packet
- Valid State I.D. or Driver's license
- Copy of mortgage statement (must show balance)
- Copy of monthly income (i.e. Social Security award letter, pension statement, paystubs)
- Copy of 2 months recent bank statements
- The \$150 fee for the counseling session. *This fee may be financed and collected at closing if your income is below the 200% of the federal poverty level.*

You may scan and email a complete packet as a PDF file to rortiz@homerepairservices.org, fax to (616) 241-5151, or drop it off at our office. We will contact you once the packet is received and complete to schedule your appointment.

After successfully completing your HECM counseling session you will be able to receive the certificate which is good for 6 months.

If you have any questions or need to reschedule or cancel your appointment, please call us immediately at (616) 241-2601. Our office hours are Monday through Friday 9:00am to 5:00pm.

We look forward to working with you!

Rodrigo Ortiz

HECM Counselor
1100 South Division Ave
Grand Rapids MI 49507
P: 616-241-2601 F: 616-241-5151
www.homerepairservices.org



Reverse Mortgage Intake Form

Please Print Clearly

Client Name 1: _____

Client Name 2: _____

Property Address: _____

Is this your primary residence? Yes No Phone number: (____) _____ - _____

Email: _____

Client 1

Social Security: _____ - _____ - _____

Date of birth: ____/____/____

Race: White Black/African American
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 Asian Other

Ethnicity: Hispanic Non-Hispanic

Gender: Male Female

Foreign Born: Yes No

Handicapped/Disabled: Yes No

Veteran: Yes No

Marital Status: Single Married
 Divorce Separated Widowed

Education: Below High School
 High School/GED Vocational
 Associate's Bachelor's
 Master's Doctorate

Client 2

Social Security: _____ - _____ - _____

Date of birth: ____/____/____

Race: White Black/African American
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 Asian Other

Ethnicity: Hispanic Non-Hispanic

Gender: Male Female

Foreign Born: Yes No

Handicapped/Disabled: Yes No

Veteran: Yes No

Marital Status: Single Married
 Divorce Separated Widowed

Education: Below High School
 High School/GED Vocational
 Associate's Bachelor's
 Master's Doctorate

Client 2 relationship to Client 1: Spouse Partner Son Daughter Brother Sister Boyfriend
Girlfriend Father Mother Other: _____

Type of property: Detached Single Family Multi-Unit no. of units: _____ Condominium
Manufactured Home Year built: _____

Estimated value of property: \$ _____ **Paid off:** Yes No

Existing Mortgages on property: (If applicable)	First mortgage balance:	\$ _____
	Second mortgage balance:	\$ _____
	Other liens balance:	\$ _____
	Total:	\$ _____

Name any other owners and/or type of interest in the property: _____

Is the property held in the name of a trust? Yes No

Is there any power of attorney, legal guardian or other legal representative in place for any owner of the property? Yes No

Name: _____ for client 1 or 2 Type of authority: _____

Name: _____ for client 1 or 2 Type of authority: _____

Are you currently working with a specific lender to obtain a reverse mortgage? Yes No

If yes, who: _____

Reason for reverse mortgage: (Check all that apply)

- Loss of income
- Pay off mortgage
- Pay off other debt (credit cards, car loan, personal loan)
- Pay off health or disability-related expenses
- Home repairs or improvements
- Extra income for everyday expenses
- Improve quality of life or to afford extras
- Plan ahead for emergencies or unexpected expenses
- Purchase annuity or investment
- Provide financial help for family
- HECM refinance
- HECM for home purchase

Referred by: Bank/Lender HUD Area Agency on Aging Realtor Website Facebook
Family/Friend Staff/Board Member Other Non-Profit News Article Walk-In TV
Other: _____

Household Income:

Round all figures to nearest dollar

Amount	Source
1.\$ _____	_____
2.\$ _____	_____
3.\$ _____	_____
4.\$ _____	_____
5.\$ _____	_____

Housing Expenses:

Monthly Payment	Balance
1 st Mortgage: \$ _____	\$ _____
2 nd Mortgage: \$ _____	\$ _____
Property Taxes: \$ _____	\$ _____
Home Insurance: \$ _____	\$ _____
Association Fees: \$ _____	\$ _____

Secured Debts:

Monthly Payment	Balance
1 st Auto loan: \$ _____	\$ _____
2 nd Auto loan: \$ _____	\$ _____
Recreational vehicle: \$ _____	\$ _____
Student loan: \$ _____	\$ _____
Other mortgages: \$ _____	\$ _____
\$ _____	\$ _____
IRS/ State Taxes: \$ _____	\$ _____

Credit Cards:

Credit card name	Minimum Payment	Balance
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____

Household Expenses:

Heating	\$ _____	Personal Care	\$ _____
Electricity	\$ _____	Entertainment	\$ _____
Water	\$ _____	Subscriptions	\$ _____
Trash	\$ _____	Church/Charity	\$ _____
Cell Phone	\$ _____	Education	\$ _____
Home Phone	\$ _____	Savings	\$ _____
Cable/Satellite	\$ _____	Dinning out	\$ _____
Internet	\$ _____	Alcohol	\$ _____
Car Insurance	\$ _____	Cigarettes/Tobacco	\$ _____
Gasoline	\$ _____	Other	\$ _____
Groceries	\$ _____	Other	\$ _____
Health Insurance	\$ _____	Other	\$ _____
Life Insurance	\$ _____	Other	\$ _____
Medical bills	\$ _____	Other	\$ _____
Prescriptions	\$ _____	Other	\$ _____



Acknowledgement of HECM Counseling Services

Please read the following statements carefully. By signing below I acknowledge, accept and certify the following:

1. I am aware that my application is being used for counseling purposes only.
2. I am aware that this counseling session is only for my education towards understanding the functions of a HECM/Reverse Mortgage.
3. I understand that I will not be stirred into obtaining a reserve mortgage.
4. I understand that only I will have the choice and ability to apply and move forward with a reverse mortgage.
5. I understand and agree that my counselor can hold off on issuing my certificate if:
 - I do not understand the functions of a reverse mortgage
 - If he/she feels that I am being stirred or pushed into a process I am not agreeing on
6. I understand and agree to pay HRS the \$150 Reverse Mortgage counseling fee.
7. I understand that the counseling fee may be financed and payed for at closing if my income is below the 200% federal poverty guidelines or if I have a financial hardship.
8. I understand that once my application is submitted, I will be contacted by a HECM counselor.
9. I understand and agree to read through the pre-counseling material prior to my counseling session.
10. I certify that the information contained in this application is true and accurate.

Name

Signature

Date

Name

Signature

Date