



General Housing Counseling Policies

A Housing Counseling session involves discussing detailed financial matters and requires the full attention of the client and the counselor. The following policies have been established to help our clients gain as much as possible from each session.

Appointments

- Appointments are scheduled only after all required forms and supporting documents have been provided. Appointments are available in person, by phone or via Zoom video conference.

Children

- During individual counseling sessions, you will discuss detailed financial information with your Housing Counselor that will require your full attention. We recommend arranging for alternative care of your child during your session to maximize your time with your counselor.

Sickness

- Please refrain from attending a counseling session if you are sick or not feeling well. This prevents other clients and/or staff members from being exposed to illness. Stay home and get some rest! Call us to reschedule your appointment once you are feeling healthy again.

Supporting Documents

- ☐ Mortgage billing statement
- ☐ Current year Property Tax statement
- ☐ 2 months of recent paystubs or other income (cash/food assistance, child support, Social Security, Disability, etc.) If self-employed, Year-to-Date Profit and Loss statement.
- ☐ 2 months of recent bank statements (all pages). Online banking screen prints do not qualify
- ☐ 2 years of recent Federal tax returns. Page 2 of 1040 form must be signed
- ☐ Hardship letter - Paragraph 1: explain hardship, paragraph 2: changes or improvements, paragraph 3: what are you asking the mortgage company for?
- ☐ All utility bills – gas, electric, water, etc.
- ☐ All other bills you pay – credit cards, payday loans, medical bills, etc.
- ☐ Homeowner's Insurance declaration page – describes benefit amounts
- ☐ Mortgage closing documents or deed
- ☐ Household budget: Income – Expenses

| Documents Needed | Deadline |
|------------------|----------|
| | |
| | |
| | |
| | |
| | |



HOME REPAIR SERVICES
RESOURCES FOR HOMEOWNERS

1100 Division Ave S
Grand Rapids MI 49507
Phone (616) 241 2601 Fax (616) 241 5151
housingcounseling@homerepairservices.org

Housing Counseling Client Profile

Client #1

Client #2

Name: _____

Name: _____

Property Address: _____

Email: _____ Phone Number (_____) _____ - _____

Date of birth: _____ / _____ / _____

Date of birth: _____ / _____ / _____

Race:

- ☐ American Indian/Alaskan Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Pacific Islander
☐ White
☐ Other/Choose not to respond

Race:

- ☐ American Indian/Alaskan Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Pacific Islander
☐ White
☐ Other/Choose not to respond

Ethnicity:

- ☐ Hispanic ☐ Non-Hispanic

Ethnicity:

- ☐ Hispanic ☐ Non-Hispanic

Gender:

- ☐ Female
☐ Male
☐ Non-Conforming
☐ Choose not to respond

Gender:

- ☐ Female
☐ Male
☐ Non-Conforming
☐ Choose not to respond

Disabled ☐ Yes ☐ No

Disabled ☐ Yes ☐ No

Veteran ☐ Yes ☐ No

Veteran ☐ Yes ☐ No

Marital Status:

- ☐ Divorced
☐ Married
☐ Separated
☐ Single
☐ Widowed

Marital Status:

- ☐ Divorced
☐ Married
☐ Separated
☐ Single
☐ Widowed

Education:

- ☐ Associate degree
☐ Bachelor's degree
☐ Below High School
☐ Doctorate
☐ High School / GED
☐ Master's degree
☐ Vocational

Education:

- ☐ Associate degree
☐ Bachelor's degree
☐ Below High School
☐ Doctorate
☐ High School / GED
☐ Master's degree
☐ Vocational

Client #2 relationship to Client #1: ☐ Child ☐ Parent ☐ Partner ☐ Sibling ☐ Other: _____

Property: ☐ Paid Off ☐ Mortgage ☐ Land Contract ☐ Other _____

Do you live in a rural area? ☐ Yes ☐ No

Number of people living in the home: _____

Is this your primary residence: ☐ Yes ☐ No

Are you behind on mortgage payments? ☐ Yes ☐ No If yes, how many months are you behind? _____

Are you behind on property taxes? ☐ Yes ☐ No If yes, what years? _____

Have you received a foreclosure notice? ☐ Yes ☐ No

Is there a Sheriff's Sale scheduled? ☐ Yes ☐ No If yes, what is the date? _____

Reason(s) for falling behind: _____

Have you recovered from your hardship? ☐ Yes ☐ No

Are you receiving any income? ☐ Yes ☐ No

Referred by: ☐ Area Agency on Aging ☐ Bank/Lender ☐ County ☐ Family/Friend ☐ HUD
☐ Non-Profit Agency ☐ Realtor ☐ Social Media ☐ Staff/Board ☐ Walk-In
☐ Other: _____

I certify that the information contained in this application is true and accurate to the best of my knowledge.

Name Signature Date

Name Signature Date

To be completed by Housing Counselor

Counselor Name Signature Date



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: |

| | | |
|--|--------------------------------------|-------|
| To be completed by MSHDA Housing Education Program Certified Counselor. | | |
| Agency name: Home Repair Services | Agency phone number: 616 241 2601 | |
| Counselor name: | Counselor signature: | Date: |



Release of Information
And
Foreclosure Prevention Assistance Agreement

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

Release of Information

By signing this consent form, I authorize Home Repair Services and its employees to request and obtain income and assets, mortgage, credit, and other 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 agencies.

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 not 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
- All appointments with counselors must be scheduled in advance, no walk-ins
- Follow up with mortgage company/servicer/County Treasurer regarding workout applications submitted

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

Printed name

Signature

Date

Social Security # _____

Property address: _____



Home Repair Services of Kent County--Client Disclosure

November 2021

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 the Michigan State Housing Development Authority (MSHDA) Homeownership Counseling Program, NeighborWorks® Center for Homeownership Education and Counseling, and the US Department of Housing and Urban Development (HUD). 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 and Financial Capabilities Group Classes and Individual Counseling.

Home Repair Services has business relationships with many of our partners for the above-mentioned 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 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 |

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Print Name | Signature | Date |

Also, you have the right to seek assistance from other Housing Counseling Agencies.

Other HUD Approved agencies include:

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

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

Grand Rapids Urban League
745 Eastern Ave SE, Grand Rapids MI 49503
(616) 245 2207

Inner City Christian Federation
415 Franklin St SE, Grand Rapids MI 49507
(616) 336 9333

Linc Up
1167 Madison Ave SE, Grand Rapids MI 49507
(616) 451 9140

MSU Extension – Kent
775 Ball Ave NE, Grand Rapids MI 49503
(616) 632 7865

Disclosure of Relationships

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

Benchmark Mortgage 2019
Comerica Bank 2021
DFCU Financial 2019
Fifth Third Bank 2021
First National Bank 2019
Horizon Bank 2019
Independent Bank 2018
JP Morgan Chase 2019
Lake Michigan Credit Union 2021
Level One Bank 2021

Macatawa Bank 2019
Mercantile Bank 2021
Michigan First Credit Union 2019
MSU Federal Credit Union 2019
Northpointe Bank 2019
PNC Bank 2021
TCF Bank 2021
Union Home Mortgage 2021
West Michigan Community Bank 2018
West Michigan CRA Association 2017

Home Repair Services has relationships with the following **industry partners**: Inner City Christian Foundation, Linc Up, Legal Aid of Western Michigan, Urban League of West Michigan, Disability Advocates, Senior Neighbors Inc, Healthy Homes Coalition of West Michigan, Kent County Department of Health and Human Services, The Salvation Army, UCOM, and Kent County Community Action.

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 refinance 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, Home Maintenance Check-ups, Emergency Repairs, and Access Modifications. Participation in the Housing Counseling & Education Program does not obligate you to take part in any other programs offered by Home Repair Services.

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

Joel Ruiter
Executive Director
241-2601

MSHDA's Housing Education Program

Client Action Plan



Agency Name: Home Repair Services

Agency Phone/Fax: 616 241 2601 / 616 241 5151

Counselor Name: _____

Counselor Email: _____

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.

| | | |
|---|---|----------------------|
| Client(s) Name: | | Client ID No: |
| List the primary housing goal or need: | | |
| <input type="checkbox"/> Home Purchase <input type="checkbox"/> Mortgage Difficulties <input type="checkbox"/> Property Tax Difficulties | | |
| <input type="checkbox"/> 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.): | | |
| | | |
| List client(s) <i>achievable</i> short-term goals: | List client(s) <i>achievable</i> long-term goals | |
| <ul style="list-style-type: none">••• | <ul style="list-style-type: none">••• | |
| 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: | | |
| <ul style="list-style-type: none">• 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"> • • • | | | |
| Steps COUNSELOR will take to resolve issues identified in this Action Plan: | Target Date | Date Completed | |
| <ul style="list-style-type: none"> • • • | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. |
| <p>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.</p> <p>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.</p> | | | |

 Client Signature

 Date

 Client Signature

 Date

 Counselor/Educator Signature

 Date

Home Repair Services Housing Counseling Budget

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

Home Repair Services Housing Counseling Budget

| | | |
|---|------------|--------------|
| | | |
| | Net | Gross |
| Total Monthly Income | | |
| Monthly Expenses | | |
| Total Monthly Housing | | |
| Total Monthly Utilities | | |
| Total Monthly Secured | | |
| Total Monthly Household | | |
| Total Monthly Unsecured | | |
| Total | | |
| | | |
| Difference between income & expenses | | |

Print Name

Signature

Date

Print Name

Signature

Date