

Home Savers Counseling Document Check List

Service Type: () Credit Counseling () Money Management Counseling
() Post-Purchase Counseling () Pre- & Post-Modification Counseling (Incl. Home Savers)

Borrower Name: _____ **Co-Borrower Name:** _____

Current Address: _____

Phone: (H) _____ **(Cell)** _____ **Email:** _____

AAHC'S INTAKE AND DISCLOSURES – all documents must be signed & dated

(Incl.) Intake Application, Budget Sheets, Disclosures, Third Party & Credit Pull Authorization forms

CLIENT DOCUMENTS

INCOME DOCUMENTS

- () Employee – 2 Paystubs (most recent one month)
- () If Self-employed -Profit and Loss Statements (P&L) – MONTHLY (up to most recent month) - **Signed**
- () W-2 (two most recent years) 2012 & 2013, or 2013 & 2014, or 1099 for self-employees and consultants
- () Income Tax Returns w/**all schedules** (two most recent years) 2012 & 2013 or 2013 & 2014 - **Signed 1040s**
- () Proof of other incomes (child support, alimony, SSI, food stamp, disability, etc.) – if apply
- () Rental agreements (only if apply) or Cash contribution letter with deposit proof - if apply

EXPENSES DOCUMENTS

- () All bills (Electric, Gas, Water, phone/internet/cable, any loans, credit cards etc.)
- () Homeowner's Insurance Policy (**HOI**)
- () Homeowner's Association Statement (**HOA**) or Condo Fees Statement – PAYOFF STATEMENT
- () Child support / alimony - if apply

OTHER IMPORTANT DOCUMENTS

- () Hardship Letter – explain your situation in detail; past, current & future expectation (**must sign**) – if apply
- () All bank account Statements – all pages (last 2 months- **no transaction print outs**)
- () 1st & 2nd mortgage (Home Equity) statements (most recent month) – if apply
- () Loan modification agreement – if apply

OTHER INFO

Credit Scores: () 740+ () 680+ () 640+ () below 640 Last Time Credit Pulled: _____

Loan Modification Trial or Permanent Payment Approved:

() Trial received date: _____, () Permanent received date: _____

When the package is complete, please call to make an appointment at (301) 760-7636 / (703) 291-6324 / (202) 558-2260 or Email at Counseling@aa-hc.org

Servicing DC, MD and VA

HUD ID #80375 UWNCA #8027 CFC #22317

12320 Parklawn Dr. Rockville, MD 20852

8280 Willow Oaks Corporate Dr. Ste. 600. Fairfax, VA 22031

1200 G St. N.W. Ste. 800. Washington, DC 20005

Phone: 301-760-7636/703-291-6324/202-558-2260; Fax: 301-761-1608; Email: Counseling@aa-hc.org; Website: www.aa-hc.org



Asian-American Homeownership Counseling, Inc.

Housing and Financial Literacy Education

HOME SAVERS COUNSELING APPLICATION

Service Type: _____
 Client & Case #: _____ / _____
 Counselor Name: _____

CLIENT INFORMATION					
Borrower's Name:		SSN:		Date of Birth:	
Current Address:					
Home phone:		Cell:	Work:		Email:
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian: _____ <input type="checkbox"/> American Indian <input type="checkbox"/> Multiple Race _____ <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian & Pacific Islander					
Race: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		English Proficiency Level: <input type="checkbox"/> Very well <input type="checkbox"/> Conversational <input type="checkbox"/> No so well	
Family Size:	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No		Foreign Born: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level:		Annual income: \$		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Co-Borrower's Name:		SSN:		Date of Birth:	
Current Address:					
Home phone:		Cell:	Work:		Email:
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian: _____ <input type="checkbox"/> American Indian <input type="checkbox"/> Multiple Race _____ <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian & Pacific Islander					
Race: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		English Proficiency Level: <input type="checkbox"/> Very well <input type="checkbox"/> Conversational <input type="checkbox"/> No so well	
Family Size:	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No		Foreign Born: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level:		Annual Income: \$		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	

FIRST MORTGAGE INFORMATION

Name of Lender/Service:

Loan Number: # Mortgage Balance: \$

Loan Type: Fixed Adjustable Option ARM

Principal and Interest Payment (mo.) Only: \$ Interest rate: %

Property tax (mo.): \$ Home Owner's Insurance (mo.): \$

Purchase Date: / / Last Refinance Date: / /

Purchase Price: \$ Current Value: \$ Property Type: Single TH Condo

How many months behind? Total amount behind: \$

Do you have HOA? Yes No If yes, Monthly payment: \$
Name and address of HOA management:Has lender initiated foreclosure proceedings? Yes No

Sales date if foreclosure is scheduled:

Bankruptcy filed? Yes No If yes, Filing date: Discharged date:
Case number: #**SECOND MORTGAGE INFORMATION (HELOC & HOME EQUITY LOAN)**

Name of Lender/Service:

Loan Number: # Loan Balance: \$

Loan Type: Fixed Adjustable Option ARM

Principal and Interest Payment (mo.) or Interest only on HELOC: \$ Interest rate: %

Originate Date: / / Refinance Date: / /

How many months behind? Total amount due (incl. Past due): \$

Has lender initiated foreclosure proceedings? Yes No

Sales date if foreclosure is scheduled: / /

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Revised 08.9.2014

CUSTOMER EMPLOYMENT — Last 2 Years

Primary Employer:

Title *Hire Date*

Street _____ City _____ State _____ Zip Code _____
Phone: (____) _____ - _____ Email: _____
Part-Time or Full-Time (Please Circle One)
Gross Income (before taxes) per Pay Period: \$ _____ Or Annual Gross: \$ _____
Is this amount paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly

Current Secondary Employer:

Title *Hire Date*

Street _____ City _____ State _____ Zip Code _____
Phone: (____) _____ - _____
Part-Time or Full-Time (Please Circle)
Gross Income (before taxes) per pay period: \$ _____ Or Annual Gross: \$ _____
Is this amount paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly

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CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer:

Title *Hire Date*

Street _____ City _____ State _____ Zip Code _____
Phone: (_____) _____ - _____ Email: _____
Part-Time or Full-Time (Please Circle One)
Gross Income (before taxes) per Pay Period: \$ _____ Or Annual Gross: \$ _____
Is this amount paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly

Current Secondary Employer:

Title *Hire Date*

Street _____ City _____ State _____ Zip Code _____
Phone: (_____) _____ - _____
Part-Time or Full-Time (Please Circle)
Gross Income (before taxes) per pay period: \$ _____ Or Annual Gross: \$ _____
Is this amount paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

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ADDITIONAL INFORMATION

	APPLICANT		CO-APPLICANT	
1) Can you document your child support/alimony income? If yes, how long will it continue? _____	Yes	No	Yes	No
2) If your child or a family member receives SSI, how many more years will the payments continue? _____	_____	years	_____	years
3) If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
4) Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No
5) Have your payments been made on time?	Yes	No	Yes	No
6) Are you currently in Chapter 13 bankruptcy? If yes, when did it begin? _____ If yes, when will it be paid out? _____ If yes, how much is the payment? _____	Yes	No	Yes	No
7) Have you had a Chapter 7 bankruptcy? If yes, when was it discharged? _____	Yes	No	Yes	No
8) Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (Circle) Yes or No If yes, how much? \$ _____				
9) Have you owned a home in the last three (3) years?	Yes	No	Yes	No
10) Are you currently working with your Lender?	Yes	No	Yes	No
11) Are you worked with another Housing Counseling Agency? If yes, who? _____ When was this relationship terminated? _____	Yes	No	Yes	No

Applicant Signature: _____ Date: _____

Co- Applicant Signature: _____ Date: _____

CONDO/HOA INFORMATION

Homeowners Association/Condo Project Name _____

Management Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

How much is your HOA/Condo Fee? \$ _____ Monthly Quarterly Annually/Semi-annually

Are utilities included in your HOA/Condo Fees? Yes No

If yes, which one (check all that apply)? Water Gas Electric Other: _____

What is the current balance of HOA/Condo Fee that you owe? \$ _____

How many months behind? _____

Does this include a Special Assessment (i.e. pool repairs, window replacement)? Yes No

If yes, how much is the special assessment? _____

Please briefly describe the circumstances that caused you to be delinquent.

AUTHORIZATION

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. I understand that it is unlawful to present false information and that doing so may result in termination from the program and civil and/or criminal legal action.

Additionally, I understand that there is a \$60 application fee in order to be considered and to participate in the Home Savers Program. Repayments of the loan must be either through Automatic Payroll Deduction (1st option) or Automatic Bill Payment/ACH from a bank account (2nd option). I promise to adhere to the program’s policy set forth by the AAHC. In case of default on repayment plan, AAHC is authorized to take a legal action and either put a lien on my/our property or put a judgment on me/us.

_____/Date _____/Date
Applicant Signature Co-applicant Signature

FINANCIAL INFORMATION

Borrower Name: _____ **Co-borrower Name:** _____

Number of Adults Over 18 _____ Number of Children _____ Ages ____ / ____ / ____

Monthly Income

	Gross	Net	Verification
Borrower Monthly Income, Employer Paystub(1)	\$	\$	
Borrower Monthly Income, Employer Paystub(2)	\$	\$	
Co-Borrower Monthly Income, Employer Paystub(1)	\$	\$	
Co-Borrower Monthly Income, Employer Paystub(2)	\$	\$	
Borrower Income – Self Employment P&L	\$	\$	
Co-Borrower Income – Self employment P&L	\$	\$	
Social Security /SSI / SSDI	\$	\$	
Child or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Income From Rental properties (counts 75%)	\$	\$	
Non-borrower Spouse & other household members	\$	\$	
Room sublease/family member (if only can prove payments)	\$	\$	
Child care assistance	\$	\$	
Housing assistance	\$	\$	
Food Stamps	\$	\$	
Other	\$	\$	
Other	\$	\$	
TOTAL HOUSEHOLD INCOME	\$	\$	

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Revised 08.9.2014

Monthly Expenses

Housing (New Mortgage)		Education	
Mortgage 1 st (P&I & PMI) Primary	_____	Tuition	_____
Mortgage 2 nd Primary	_____	Books, papers and supplies*	_____
Property Tax	_____	Newspapers and magazines*	_____
Homeowners Insurance (HOI)	_____	Lessons (sports, dance, music)*	_____
Trash service or Condo or HOA fees	_____		
Mortgage 1 st (P&I & PMI) Rental	_____	Gifts	
Mortgage 2 nd Rental	_____	Birthdays*	_____
Property Tax	_____	Major holidays*	_____
Homeowners Insurance (HOI)	_____		
Trash Service or Condo or HOA Fees	_____	Personal	
Home Maintenance and Furnishings	_____	Barber or beauty shop*	_____
Lawn service	_____	Toiletries*	_____
Transportation		Children's allowances	_____
Gas*	_____	Tobacco products*	_____
Car payment/s	_____	Beer, wine or liquor*	_____
Car insurance	_____		
Car inspection*	_____	Entertainment	
Car repairs and maintenance*	_____	Telephones (land-lines and cell phones)	_____
License plates and registration fees	_____	Cable / Satellite TV / Internet services	_____
Public transportation or taxi*	_____	Fitness or Social Clubs	_____
Parking and tolls*	_____	Movies, Video, sporting events, concerts, etc	_____
Utilities		Vacations/trips	_____
Electricity	_____	Donations	
Heating (Gas and Oil)	_____	Churches & Charities	_____
Water / Sewage	_____		
Food		Miscellaneous	
Groceries	_____	Checking account fees, money order fees, etc.	_____
School Lunches	_____	Pet care and supplies*	_____
Work-related (Lunches and snacks)	_____	Postage*	_____
Restaurant and take-out meals	_____	Pictures and photo processing*	_____
Insurance		"Mad" money	_____
Health (medical & dental, if not payroll deducted)	_____	Debts	
Life	_____	Student loan	_____
Long-Term Care & Disability Insurance	_____	Credit card (monthly minimum)	_____
Medical		Credit card (monthly minimum)	_____
Doctor (out of pocket costs) & co-pays	_____	Credit card (monthly minimum)	_____
Dentist (out of pocket costs)	_____	Medical bills	_____
Prescriptions (out of pocket costs)	_____	Personal loan	_____
Childcare		Other	
Childcare or babysitters	_____	Other	_____
Child support or alimony	_____	Other	_____
Clothing		Do not duplicate expenses with credit card bills (*)	_____
Clothing	_____		
Laundry and dry cleaning	_____		
Total Regular Monthly Expenses \$ _____			

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Revised 08.9.2014

Household Assets		
Description	Value / Amount	Amount Owed
Automobile #1 name:		
Automobile #2 name:		
Automobile #3 name:		
Cash on Hand Over \$100		
Checking Account 1		
Checking Account 2		
Savings 1		
Savings 2		
Money Market Funds		
IRA / Keogh Accounts		
Stocks/Bonds/CDs/Annuities, etc		
Anticipated Tax Refunds		
Boats / Jet Skis		
RV/ Recreational Homes		
Motorcycles / Snowmobile		
Farm Equipment		
Trailers		
Other Property		
Other:		

HOUSEHOLD ASSETS:

Please read below carefully: As head of Household I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. I understand that it is unlawful to present false information and that doing so my result in termination from the program and civil and/or criminal legal action.

Applicant Signature

Date

Co-Applicant Signature

Date

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PERSONAL FINANCE COUNSELING CLIENT SERVICES AGREEMENT/AUTHORIZATION/DISCLOSURE

Asian-American Homeownership Counseling, Inc. (AAHC) is pleased to offer our services to help resolve your current finance/housing issues. Through the Personal Finance Counseling; credit and asset building, budgeting, and Pre- & Post-purchase, we will provide you with assistance and advise that typically includes:

- Gathering information from you to learn about your current finance issue, including obtaining demographic information, reason for financial difficulty and situation, housing objective, credit status, home value and loan documentation;
- Assessing your situation and financial capacity to meet your monthly obligations;
- Determining the realistic options available to you;
- Developing and executing an agreed to action plan to meet your financial goals;
- Providing the utmost confidentiality, honesty and professionalism in all our dealings.

Please understand that Asian-American Homeownership Counseling, Inc. has no authority or jurisdiction over the lender/servicer/other creditors. AAHC does not delay, prevent, or stop any collection or foreclosure action that is pending against your loan. It is solely at the discretion of the lender/servicer/creditors whether they wish to help resolve your issues.

AAHC staff and volunteers do not give legal advice or provide legal services. AAHC staff may refer you to other agencies for legal assistance but you are not obligated to use any services offered.

By signing this documents you:

- Acknowledge that you have received AAHC's Privacy Policy, Referral Disclosure and other disclosures;
- Acknowledge that in consideration for receiving services from AAHC, you agree to hold AAHC and its staff, including its volunteers, free and harmless from any claims, damages, liabilities or injuries arising from these services;
- Acknowledge that you understand AAHC receives Federal funds through the National Foreclosure Mitigation Counseling (NFMC); Department of Housing and Urban Development (HUD); State, County and Local Government Entities; Foundations; Nonprofits; and Individual donors and are required to share some of your personal information with their program administrators or their agents for the purpose of program monitoring and compliance. You also acknowledge that your personal information to be submitted to the data collection system for grantors to conduct follow-up with you related to program evaluation.
- Authorize AAHC to pull credit reports to evaluate my credit for finance/housing counseling purpose.
- Acknowledge and understand that AAHC staff and volunteers may answer your questions and refer you to an appropriate entity for further assistance.
- Acknowledge that you have reviewed and understand this agreement/authorization form in its entirety;
- Will always provide honest and complete information to my/our counselor;
- Will be on time for appointments and understand that if we are late for an appointment the appointment will still end at the scheduled time; and
- Will provide all necessary documentation and follow-up information in a timely manner.

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Non-discrimination Policy

This organization does not and shall not discriminate on the basis of race, creed, color, religion, gender, age, national origin, physical or mental health, sexual orientation or any characteristic protected by law, and is in compliance with all requirements of law and regulations with respect to the provision of services, employment decisions and volunteer participation

Referral Service DISCLOSURE

As a client of AAHC, you have the option of utilizing the services of the licensed real estate brokers, lenders, attorneys and other service experts on our reference lists, however, **you are under no obligation to utilize these individuals.**

AAHC does from time to time receive grants or donations from various institutions in order to provide free services to the public. However, AAHC does not endorse or recommend any particular institutions. AAHC provides a list of servicers for the sole purpose of informing clients and providing a starting point for clients that may need it.

Acknowledgment

I/We understand that Asian-American Homeownership Counseling, Inc. provides information and education on numerous loan products and housing programs and I further understand that the finance/housing counseling I receive from Asian-American Homeownership Counseling, Inc. in no way obligates me to choose any of these particular loan products or housing programs.

Signature/s: _____ / _____ Date: _____

Print Name/s: _____ / _____

Current address: _____

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Revised 08.9.2014



PRIVACY AND DISCLOSURE POLICY

(Page 1 of 2)

We at the Asian-American Homeownership Counseling, Inc. (AAHC) value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to support our finance/housing counseling program and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Licensed Real Estate Agents for sales of property
- Attorneys for other related legal services
- Other housing related agencies: nonprofit; local, state and federal agencies; or property managements
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

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We may also disclose personal information about you to third parties as permitted by law.

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files cabinets in locked room during nonworking hours to protect your information. Our safeguards comply with federal regulations to guard your personal information.

PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law or by counseling agreement) as described in this notice, check the box below to indicate your privacy choices. This authorization is effective immediately.

- Limit disclosure of personal information about me to unaffiliated third parties except nonprofit organizations involved in my case or government entities that required my information.

Primary Name: _____ Signature: _____

Secondary Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____

Date: _____

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THIRD PARTY AUTHORIZATION

Applicant Name: _____
SSN: _____ DoB: _____

Co-Applicant Name: _____
SSN: _____ DoB: _____

Current Address: _____
City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Lender/Servicer: _____ Phone: _____
Loan Number: _____ Fax: _____
Loan Term: _____ Rate: _____ Expiration: _____
Investor: _____ Conventional () FHA () VA () HECM ()

Housing Counselor/s:
Telephone: (301) 760-7636 (MD) : (703) 291-6324 (VA) : (202) 558-2260 (DC) : Fax: (301) 761-1608
EIN: 27-2195936 HUD ID: 80375/90010/90011 Email: Counseling@aa-hc.org Web: www.aa-hc.org

I authorize Asian-American Homeownership Counseling, Inc. and its representatives to speak on my behalf regarding my account with my creditor/lender and with whoever has servicing responsibilities for my account.

I also authorize the lender/servicer/creditor handling my account to discuss my account with Asian-American Homeownership Counseling, Inc.

I authorize Asian-American Homeownership Counseling, Inc. and lender/servicer/creditor to pull credit reports to evaluate my credit for finance/housing counseling and loss mitigation consideration.

I authorize the lender/servicer/creditor to notify Asian-American Homeownership Counseling, Inc. in the event that my account payments become delinquent in the future, if the lender/servicer/creditor chooses to provide this service.

Primary Signature: _____ Date: _____

Secondary Signature: _____ Date: _____

AAHC Representative: _____ Date: _____

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CLIENT CREDIT REPORT AUTHORIZATION FORM

I hereby authorize and instruct *Asian-American Homeownership Counseling, Inc.* (hereinafter "AAHC") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by AAHC. I understand and agree that AAHC intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home, refinance an existing loan and/or to engage in pre- & post-purchase counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to AAHC in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

authorize

do not authorize

AAHC to share potential mortgage lender and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying AAHC in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature Date

Client's Signature Date

Social Security Number

Social Security Number

Date of Birth

Date of Birth



Service Fee Schedules (2011 - Present)

**** Fee is waived for Foreclosure Prevention & Default Services ****

Bi-Lingual services are available in Chinese-mandarin, Korean, Vietnamese and Spanish.

Homebuyer Education Class:

MD – NCHEC, 8 hour class (group) – A fee of \$50 includes “A Manual for Homebuyer” & Two hour one-on-one counseling and certificate.

VA - VHDA, 8 hour class (group) – Fee free includes a course book and certificate. Also offered free pre-purchase one-on-one counseling (optional)

US Banking and Financial Education: \$125/hour -up to \$350 includes banking, money management & reverse mortgage education up to 3 hours. No fees for children under 18 and low income seniors (HUD guideline).

Credit Counseling (Non-foreclosure): \$125/hour -up to \$350 includes understanding credit & how to build a good credit, review credit reports, advice on repairing and improving it. We do not offer debt management or credit repair services.

Refinance or Payment Adjustment Services (Non-foreclosure): A fee up to \$350. Education on the mortgage programs including CDMP, FHA, other conventional & jumbo mortgages, and down payment assistance programs, etc. It also includes credit counseling and budgeting at no extra costs.

Pre- & Post- Purchase Counseling (incl. FHA’s Back to Work & High Cost Loans): \$175 (\$350-over 2 hours) includes 3 merge credit reports up to 2 people

Reverse Mortgage Certification Counseling: **Coming soon....**

Education session, assistance with counseling, interpretation service - \$125/hour – up to \$350

Free - property charge off service as a part of foreclosure prevention.

Credit Reports: We will transfer the third party fees to the clients (btw \$15 - \$40 – 3 merge reports and scores).

Document Copies/faxing/email PDF: A \$20 flat fee to cover all and any necessary copy makings for the service matters until whenever the case is closed, unless, client provides all documents as copies.

Translation service: Up to \$125 per letter.

Servicing DC, MD and VA

HUD ID #80375 UWNCA #8027 CFC #22317

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