Housing & Education ALLIANCE
MAKING A DIFFERENCE ONE FAMILY AT A TIME

Dear Future Homeowner:

We are very happy to help you with your Back to Work counseling. We at HEA are excited to see this program implemented. Life happens, and many times through no fault of our own we are faced with financial hardships. It is a program whose time has come. Over the last seven years we have seen so many families devastated by the recent downturn in the economy and high unemployment.

In an effort to assist the high number of future homeowners seeking this counseling, we ask you to fill out the attached **Intake Sheet** as completely as possible, the **Budget** using your current net income and debts, write a very short letter describing what the incident was that caused the financial hardship and attach your most recent paystub. Please scan or fax back to us. Once we receive this and your payment of **$100.00** we will call you to set up your counseling session. **(Service fee of $100.00 covers one single person or a married couple. Each additional person requires a separate $100.00 fee)**. This price includes the cost of a credit report. We can only use reports that we pull ourselves. For your convenience you can pay your fee on our website on the "Back to Work" tab.

It usually takes 3 to 5 business days from receipt of the above to get your appointment. We look forward to working with you and helping you bring back the American dream of home-ownership.

Sincerely,

Walter Walker Jr.
Director of Education and Counseling

9215 N. Florida Avenue, Suite 101 Tampa, FL 33612 PH: (813) 932-4663-FAX: (813) 932-4660 www.myhomeamerica.org

HOUSING & EDUCATION ALLIANCE

INTAKE SHEET-Back to Work

Date: _____**E-Mail address:** _____

Applicant's Name: _____ **M [ ] F [ ]**

Address: _____City_____ State _____ Zip _____

Length of time lived at this address: _____ Household Size_____

Phone: (Home) _____ (Work) _____ (Cell) _____

Best Time to Call _____am _____pm Where: Home _____ Work _____ Cell_____

Applicant's SS#: ____ _____ Date of Birth: _____Marital Status : M__ S __ D __ W __

Co-Applicant's Name: _____ **M [ ] F [ ]**

Co-Applicant's SS#:_____Date of Birth: _____Marital Status: M__ S __ D __ W __

The following information is required exclusively for statistical purposes:

Applicant	Co-Applicant
Race	**Race**
White [ ] Black [ ] America/Indian Asian [ ] Other [ ] Native Pacific Islander [ ]	White [ ] Black [ ] America/Indian [ ] Asian [ ] Other [ ] Native Pacific Islander [ ]
Ethnicity Hispanic [ ] Non-Hispanic [ ]	**Ethnicity** Hispanic [ ] Non-Hispanic [ ]

Education No High School Diploma ___GED/ Diploma ___Vocational Certificate ___ Some College ___ Associates Degree ___ Bachelors ___ Masters ___ Doctoral ___

Are you currently working? Yes__ No___ **Is Co-Applicant currently working? Yes __No__**

Applicant Income		Co-Applicant Income	
Hourly Rate:	_____	Hourly Rate:	_____
No. Hrs. per week:	_____	No. Hrs. per week:	_____
Gross Monthly	_____	Gross Monthly	_____

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How did you hear about HEA? TV__ Radio__ Newspaper __ Realtor __ Lender __ Friend __ Internet __ Other __

Are you working with a Counseling Agency? Yes ___ No ___

Are you working with the Loss mitigation department? Yes ___ No ___

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Did anyone contact you offering assistance to modify your mortgage, either directly by phone, mail or flyer? _____

Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your home, or stop making payments?

_____

_____ _____

Signature of Applicant **Signature of Co-applicant**

By signing above I/We authorize HEA to obtain credit report to be used for counseling purposes only.

The program structure goals & objectives conform to those outlined by The National Industry Standards for Foreclosure Prevention Strategies which is a set of guidelines for quality homeownership education and counseling services.

8-13-2014-llv

HOUSING & EDUCATION ALLIANCE

HUD Certified Housing Counseling Agency

BUDGET

Applicant	Co-Applicant
_____	_____

MONTHLY INCOME

Gross Monthly	$ _____	**Gross** Monthly	$ _____
Net Monthly	$ _____	**Net** Monthly	$ _____
Child Support	$ _____	Child Support	$ _____
Alimony	$ _____	Alimony	$ _____
Investment	$ _____	Investment	$ _____
Pension/Retirement	$ _____	Pension/Retirement	$ _____
SSI/SSD	$ _____	SSI/SSD	$ _____
Other	$ _____	Other	$ _____
TOTAL INCOME	$ _____	**TOTAL INCOME**	$ _____

MONTHLY EXPENSES – complete below for all expenses

Mortgage (P & I)	$ _____	Car Loan/Lease	$ _____
Property Taxes	$ _____	Car Insurance	$ _____
Homeowners Insurance	$ _____	Car Maintenance	$ _____
Flood Insurance	$ _____	Gas/Oil	$_____
Second Mortgage/Loan	$ _____	Child Support	$_____
HOA/Condo Fees	$ _____	Alimony	$ _____
Home Repair	$ _____	Food/Groceries	$ _____
Electricity	$ _____	Eating Out	$ _____
Water	$ _____	Recreation	$ _____
Sewer	$ _____	Personal Care	$ _____
Garbage	$ _____	Church/Contributions	$ _____
Cable/Internet	$ _____	Medical Bills	$ _____
Phone	$ _____	(not covered under insurance)	
Phone	$ _____	Medicines (not covered)	$ _____
Cell Phone	$ _____	Pet Expense	$ _____
Student Loan	$ _____	Other Insurance	$ _____
Tuition	$ _____	Other Expense	$ _____
School Lunch	$ _____		
Credit Cards	$ _____	**TOTAL EXPENSES**	$_____

(Minimum Payments)

TOTAL INCOME Less TOTAL EXPENSES

$_____

8-13-2014-llv

Check-off List

Intake ____

Budget ____

Last/Most Current Paystub(s) ____

Utility Bills ____

Payment method – **PayPal _____ Money Order _____**

Scan to: info@heausa.org

Fax to: (813) 932-4660

Mail to: 9215 N. Florida Ave., Suite 101
Tampa, FL. 33612
Attn: Back to Work

8-13-2014-11v