



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 homeownership.

Sincerely,

Walter Walker, Jr.

Director of Education and Counseling

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

Race

White [] Black [] America/Indian Asian []
Other [] Native Pacific Islander []

Co-Applicant

Race

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

Hourly Rate: _____

No. Hrs. per week: _____

Gross Monthly _____

Co-Applicant Income

Hourly Rate: _____

No. Hrs. per week: _____

Gross Monthly _____

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 ___

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 \$ _____
 Net Monthly \$ _____
 Child Support \$ _____
 Alimony \$ _____
 Investment \$ _____
 Pension/Retirement \$ _____
 SSI/SSD \$ _____
 Other \$ _____

TOTAL INCOME \$ _____

Gross Monthly \$ _____
 Net Monthly \$ _____
 Child Support \$ _____
 Alimony \$ _____
 Investment \$ _____
 Pension/Retirement \$ _____
 SSI/SSD \$ _____
 Other \$ _____

TOTAL INCOME \$ _____

MONTHLY EXPENSES – complete below for all expenses

Mortgage (P & I) \$ _____
 Property Taxes \$ _____
 Homeowners Insurance \$ _____
 Flood Insurance \$ _____
 Second Mortgage/Loan \$ _____
 HOA/Condo Fees \$ _____
 Home Repair \$ _____
 Electricity \$ _____
 Water \$ _____
 Sewer \$ _____
 Garbage \$ _____
 Cable/Internet \$ _____
 Phone \$ _____
 Phone \$ _____
 Cell Phone \$ _____
 Student Loan \$ _____
 Tuition \$ _____
 School Lunch \$ _____
 Credit Cards \$ _____
 (Minimum Payments)

Car Loan/Lease \$ _____
 Car Insurance \$ _____
 Car Maintenance \$ _____
 Gas/Oil \$ _____
 Child Support \$ _____
 Alimony \$ _____
 Food/Groceries \$ _____
 Eating Out \$ _____
 Recreation \$ _____
 Personal Care \$ _____
 Church/Contributions \$ _____
 Medical Bills \$ _____
 (not covered under insurance)
 Medicines (not covered) \$ _____
 Pet Expense \$ _____
 Other Insurance \$ _____
 Other Expense \$ _____

TOTAL EXPENSES \$ _____

TOTAL INCOME Less TOTAL EXPENSES

\$ _____

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