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.heausa.org

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WWW.HEAUSA.ORG

INTAKE SHEET

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

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

Address: _____**City**:_____ **State:** _____ **Zip:** _____

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

Would you like to schedule an appointment with our Counseling Agency? Yes ___ No ___

Best number to call to arrange an appointment during normal business hours Home: _____ Cell: _____

Applicant's S.S. No: XXX-XX-_____ **Date of Birth:** _____**Marital Status:** M_ S _ D _ W _

Number of household members: _____ **Number of household members below age 18:** _____

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

Co-Applicant's S.S. No: XXX-XX-_____ **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 [ ]

Ethnicity: Hispanic [ ] Non-Hispanic [ ]

Co-Applicant

Race
White [ ] Black [ ] American/Indian [ ]
Asian [ ] Other [ ] Native Pacific Islander [ ]

Ethnicity: Hispanic [ ] Non-Hispanic [ ]

Education: No High School Diploma __ GED/Diploma __ Vocational Certificate __ Some Collage __
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: _____

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How Did You Find Out About This Workshop? Agency ____Realtor ____Friend _____Other _____

Have you owned a home within the last 36 months (3 years) Yes____ No ____

Are you working with a Lender? Yes ___ No ____ Please **write their name and contact below:**

Lender Name: _____ Phone: _____

Are you working with a Realtor? Yes___ No ____ **Please write their name and contact below:**

Realtor Name: _____ Phone: _____

If you have signed a purchase Contract: Date Signed: _____ Closing Date: _____

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FORECLOSURE PREVENTION CLIENT'S ONLY

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? _____

_____

Note: All information requested is required by HUD or other agencies we report our activity. Please take the time to fully complete each item. If you have any questions please ask.

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HOME BUYER PRE-PURCHASE AND COUNSELING BUDGET

Applicant	Co-Applicant
_____	_____

INCOME

Net Monthly	$ _____	Net Monthly	$ _____
Child Support	$ _____	Child Support	$ _____
Alimony	$ _____	Alimony	$ _____
Investment	$ _____	Investment	$ _____
Retirement Income	$ _____	Retirement Income	$ _____
Other Assets	$ _____	Other Assets	$ _____
TOTAL INCOME	**$ _____**	**TOTAL INCOME**	**$ _____**

EXPENSES

Rent	$ _____	Child Support	$ _____
Renter's Insurance	$ _____	Alimony	$ _____
Auto Insurance	$ _____	Food (Groceries)	$ _____
Auto Gas/Maintenance	$ _____	Eating Out	$ _____
Car Payment	$ _____	Medicines (not covered)	$ _____
Judgments	$ _____	Medical Bills(Not covered)	$ _____
Credit Cards (Minimum)	$ _____	Recreation	$ _____
Student Loan (Deferred)	$ _____	Water/Sewer	$ _____
Student Loan	$ _____	Electricity	$ _____
Tuition	$ _____	Cable/Internet	$ _____
Phone	$ _____	Cellular Phone	$ _____
Other Insurance	$ _____	Other expenses	$ _____
		TOTAL EXPENSES	**$ _____**

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Check List

Intake ____

Budget ____

Last/Most Current Paystub(s) ____

Utility Bills ____

Payment method: **PayPal _____ Money Order _____**

Scan to: info@heausa.org
attn: Walter Walker

Fax to: (813) 932-4660

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