



Our Casas Resident Council, Inc.

2300 W. Commerce St. Ste. #218

San Antonio, Texas 78207

Phone: (210) 354-2400 Fax: (210) 354-2402 Email: ourcasas@stic.net

Documents Needed for Foreclosure Intake

- **A current statement from your Lender or Servicer**
- **Any current correspondence from the Lender or Attorney's Office**
- **Any documentation from the courts or the the Sheriff regarding Foreclosure**
- **30-Day current verification of income from all household members including:**
 - **check stubs**
 - **Social Security**
 - **SSI award letter**
 - **Child Support**
 - **Spousal Support benefit letters**
 - **TANF or Food Stamps**
- **Last (2) current Bank statements with all pages (even if blank)**
- **A list of itemized monthly expenses (5TH Page of Package)**
- **Last year's Tax Return**
- **Hardship Letter**
- **Divorce Decree**
- **Bankruptcy Decree**
- **A full current utility bill (CPS, SAWS, etc.)**
- **A statement from HOA's dues (if applicable)**
- **License or ID**

Our Casas Resident Council Sign-In Sheet

Date	Time In	Time Out	Notes





Initial Client Intake Application For Our Casas Resident Council, Inc.

Intake Form

Attended Workshop Yes No

Information	Client A	Client B
Name:		
Address: City, State, Zip		
HOME Phone		
Cell Phone #		
Birth Date	Age: _____	Age: _____
Social Security		
Email		
US Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legally	Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorce <input type="checkbox"/> Separated <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widow <input type="checkbox"/>
Demographics	White <input type="checkbox"/> Black African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islands <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaska <input type="checkbox"/>	White <input type="checkbox"/> Black African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islands <input type="checkbox"/> Asian <input type="checkbox"/> Native American Alaska <input type="checkbox"/>
Language	English <input type="checkbox"/> Spanish <input type="checkbox"/>	English <input type="checkbox"/> Spanish <input type="checkbox"/>
Education	High School <input type="checkbox"/> College <input type="checkbox"/> Primary <input type="checkbox"/> GED <input type="checkbox"/> Vocational <input type="checkbox"/> None <input type="checkbox"/>	College <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Primary <input type="checkbox"/> None <input type="checkbox"/> Vocational <input type="checkbox"/>
Employer		
Position		
Starting Date		
Years Working		

Emergency Contact: _____ Phone: _____ Relationship: _____

Property Information:

Rent \$ _____ How Long _____ yrs _____ months	Delinquent Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 8 <input type="checkbox"/> Yes <input type="checkbox"/> No	Months Delinquent: _____
Mortgage: \$ _____ Bought Home Date ____/____/____	First Mortgage <input type="checkbox"/> Second Mortgage <input type="checkbox"/>
Mortgage Company: _____	Delinquent: Yes <input type="checkbox"/> No <input type="checkbox"/> Months Delinq _____
Interest Rate: _____ <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable	Taxes and Ins Included: Yes <input type="checkbox"/> No <input type="checkbox"/> Delinquent: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Income Information:

Total Annual Household Income: \$ _____		Total Number of people in the Household: _____			
Household Income Name:	Age/Sex	Relationship	Type of Income Received	Monthly Amt.	Perm. Disabled
		MY SELF			Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

How did you hear about our services?	<input type="checkbox"/> Agency <input type="checkbox"/> Realtor <input type="checkbox"/> Bank <input type="checkbox"/> Friend/Family
Service Requested.	<input type="checkbox"/> PrePurchase <input type="checkbox"/> Foreclosure <input type="checkbox"/> Post Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Other: _____

Signature: _____
Date: _____

Signature: _____
Date: _____

Funding Source: __ HUD __ COSA __ CRA

Client's Signature: _____		Date: _____
Client's Signature: _____		Date: _____
Monthly Expenses		Loan #: _____
Client's Name: _____		
Address: _____		
Mortgage	\$	\$
2nd Mort/HELOC	\$	\$
Property Taxes	\$	\$
Insurance	\$	\$
Condo Fees	\$	\$
SUB TOTAL	\$	\$
Electric	\$	\$
Gas/Oil	\$	\$
Water/Sewer	\$	\$
Telephone	\$	\$
Cell Phone	\$	\$
Cable/Internet	\$	\$
Home Maint.	\$	\$
Lawn/Alarm Sys.	\$	\$
SUB TOTAL	\$	\$
Food Groceries	\$	\$
Sch/Work Lunch	\$	\$
Dinning Out	\$	\$
Personal Items	\$	\$
Cleaning Supply	\$	\$
Pet Food/Care	\$	\$
SUB TOTAL	\$	\$
Gasoline	\$	\$
Car Insurance	\$	\$
Auto/Tag Inspec.	\$	\$
Public Transp.	\$	\$
Parking Tolls	\$	\$
SUB TOTAL	\$	\$
Clothing	\$	\$
Dependent Care	\$	\$
Day Care/BabySit	\$	\$
Diapers/Formula	\$	\$
Child S/Alimoni	\$	\$
SUB TOTAL	\$	\$
Rental Insurance	\$	\$
Life Insurance	\$	\$
Health Insurance	\$	\$
CoPays/ Dr Visits	\$	\$
Medical Bills	\$	\$
SUB TOTAL	\$	\$
Hair Cuts/Barbar	\$	\$
Religious	\$	\$
Entertainment	\$	\$
Cigar/Alcohol	\$	\$
Union Dues	\$	\$
Tuition/Books	\$	\$
SUB TOTAL	\$	\$
Car Payments	\$	\$
Credit Cards	\$	\$
Student Loans	\$	\$
IRS Payments	\$	\$
Per/Other Loans	\$	\$
SUB TOTAL	\$	\$
Total Expenses	\$	\$
NET INCOME	\$	\$
SUR PLUS	\$	\$

Housing Information:
Rent Own Buying
Single Row Twin Appt Duplex

Live in the Home?
Yes No Household # _____

Loan Information:
Lender: _____
Purch. Date _____ Conv VA FHA
Interest _____ Fixed Arm
Value _____ Months Behind _____

Amount Behind \$ _____
Remaining Balance \$ _____
New Principal \$ _____

ASSETS:
Savings Balance: \$ _____
Checking Balance: \$ _____

(1) Car Information
Year: _____ Good Fair Poor
Model: _____
Balance: \$ _____ Value: \$ _____

(2) Car Information
Year: _____ Good Fair Poor
Model: _____
Balance: \$ _____ Value: \$ _____

INCOME:

	GROSS	NET
Paystubs	\$	\$
SSI	\$	\$
SSA	\$	\$
Welfare	\$	\$
Food Stamps	\$	\$
Rent	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Self Emp.	\$	\$
TOTAL	\$	\$
DTI	#DIV/0!	
FR 31%		\$
BR 45%	\$	\$

To Solve For P&I

Interest Rate:	0.00%
Term (in years):	0
Remaining Balance:	\$0.00
P&I:	Monthly Pmt
Re-type P&I:	
Escrow:	
NEW PITI	\$

Agency: _____ Phone: _____
Counselor: _____ Ext: _____

Disclosures

Our Casas Resident Council, Inc. Privacy Policy

Our Casas Resident Council, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “non-public personal information”, such as your total debt information, income, living expenses, and personal information concerning your financial circumstances, will be signature on the Pre-Purchase, Foreclosure Mitigation, and Financial Capabilities Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of Information that we gather from you;

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income,
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions, and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures;

1. You have the opportunity to “opt-out” of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors.

Release of your information to third parties;

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any non-public personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to non-public personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with Federal regulations to guard your non-public personal information.

Client Signature

Date

Client Signature

Date



Disclosures

Our Casas Resident Council, Inc

1. I understand that Our Casas Resident Council, Inc. provides Foreclosure Mitigation, Pre-Purchase, Financial Capabilities, Rental and Homeless counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that Our Casas Resident Council, Inc. receives Congressional funds through National Foreclosure Mitigation Counseling and other HUD programs and as such is required to share some of my personal information with HUD and NFMC program administrators and HUD or their agents for purpose of program monitoring, compliance and evaluation.
3. I give permission for NFMC and HUD program administrators to follow-up with me for the purpose of program evaluation.
4. I acknowledge that I received a copy of Our Casas Resident Council's Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able 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.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred to appropriate assistance.
7. I understand that Our Casas Resident Council, Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Our Casas Resident Council, Inc. in no way obligates me to choose any of these particular loan products or housing programs.
8. I understand if I do not respond when Our Casas Resident Council, Inc. has attempted to contact me after a 30 day period my case will be closed.

Client Signature

Date

Client Signature

Date



IMPORTANT DISCLOSURE TO CONSUMERS

Our Casas Resident Council provides housing counseling to interested consumers at no charge. Our services are on a One on One basis and also in Workshop settings in the following:

· Pre Purchase, Foreclosure, Rental, Shelter and Post Purchase. (Please see our Brochure)

These services are provided to assist you with your housing-related needs. In the course of providing assistance, it may be determined that you are eligible for certain programs, products and services.

Understand, however, that you are free to choose lenders, lending products, home inspectors, home insurance and homes, regardless of any recommendations made by counselors, or other agency members, or personnel.

I/We, _____ have read and received a copy of this disclosure form.

Client's Signature

Date

Client's Signature

Date

INFORMACION IMPORTANTE PARA EL CONSUMIDOR

Nueva Esperanza ofrece servicios de consejería a los consumidores interesados sin fines de lucro. Nuestros servicios son en forma de cita uno a uno con el consejero y en forma de grupo en lo siguiente:

· Comprar Casa, Ejecución Hipotecaria, Renta, Asilos de vivienda y Programas para dueños de casa. (por favor vea nuestro panfleto)

Estos servicios son proveidos para asistirle y determinar si usted esta elegible para ciertos programas, productos y servicios. Entienda que usted esta libre de escoger bancos, productos de prestamos, viviendas, Seguros de casa, Inspectores, aunque el consejero(a) le haya dado alguna recomendación, u otro miembro.

Yo/ Nos, _____ hemos leído y recibido una copia de esta forma.

Firma Del Cliente

Fecha

Firma Del Cliente

Fecha



CLIENT / COUNSELOR AGREEMENT

Esperanza and it's counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the Mortgage/Rental/Taxes default, including the amount and cause of default
- Presentation and explanation of reasonable options available
- Assistance communicating with the parties involved in the transaction
- Timely completion of promised action
- Explanation of documentation and process but don't give legal advice
- Identification of assistance resources and referrals (if available)
- Answering your phone calls 24 hours unless the counselor is sick or out in a training
- Confidentiality, honesty, respect, and professionalism in all services

I/We _____, agree to the following terms of service:
(Client's Name)

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will follow the Action Plan and Budget created. I will get a copy
- I/We will provide all necessary documentation and follow-up information within the time frame requested.
- I/We will be on time for appointments and understand that if we are late (30 min +) for an appointment, the appointment will be rescheduled.
- I/We will contact the counselor about any changes in our situation immediately.
- If it is an urgent matter, or received documentations, I/We will make an appointment.
- I/We understand that No Walk Ins or Drop Off Documentation will be aloud.
- I/We understand that breaking this agreement may cause the counseling organization to terminate it's service assistance to me/us.

Client's Signature

Date

Client's Signature

Date

Counselor

Date



HOUSING COUNSELING WAIVERS AND CONSENTS

HUD Approved Agency: Our Casas Resident Council

Phone: (210) 354-2400

Counselor(s)

Borrower's Name: _____

Last 4 Social: _____

CoBorrower's Name: _____

Last 4 Social: _____

Address: _____

Phone: _____

Counseling Type: Home Purchasing

Rental/Tenant Counseling

Homeowner Services (Taxes, Deeds, Prop Rebate)

Mortgage Default/ Early Delinquency

CONSENT TO RELEASE INFORMATION: I/we (client's initials) x [redacted] hereby authorize the above named Housing Counselors' Agency to release information about my case, when appropriate, in any third party negotiations necessary to resolve my case. This authorization allows the Housing Counseling Agency to share information in any third party referrals and/or negotiation with lenders, landlords, credit bureaus, or other appropriate entities in an effort to achieve my housing counseling objectives, including the resolution of current or possible future problems related to my case. I/we understand that Esperanza receives Congressional (NFCM & HUD) and other funding sources that are required to share some of my personal information and follow up with me/us within the next three years for purposes of program monitoring, compliance and evaluation. I/we hereby waive any privacy objections to the sharing of information.

CONSENT TO REQUEST INFORMATION: I/we (client's Initials) x [redacted] hereby authorize the above -named Housing Counseling Agency to obtain information about my case, when appropriate, from any third party in an effort to achieve my housing counseling objectives. I authorize the Housing Counseling Agency to obtain any and all information regarding my employment, savings and bank accounts, mortgage and loans, real estate transactions, utility payments, taxes and other accounts as deemed necessary.

CONSENT TO ACCESS CREDIT REPORT: I/we (client's initials) x [redacted] hereby authorize the above-named Housing Counseling Agency to order a tri-merge consumer credit report. The Housing Counseling Agency has my permission to discuss my personal credit information with third party agencies including lenders, creditors, utilities, and landlords in seeking a solution to my housing and credit-related goals and concerns.

A counselor may answer questions and provide information, but not give legal advice. We maintain physical, electronic and procedural safeguards that comply federal regulations to guard your nonpublic personal information. The Housing Counseling Agency is not responsible for any reason. I/we are not eligible for grants, financing or other programs and are not responsible far any mishandling of information.

Client's Signature

Date

Client's Signature

Date

Counselor

Date





Our Casas Resident Council, Inc.

2300 W. Commerce St. Ste. #218

San Antonio, Texas 78207

Phone: (210) 354-2400 Fax: (210) 354-2402 Email: ourcasas@stic.net

Third Party Authorization and Agreement to Release

Loan # _____

Name(s): _____

Property Address: _____

For the purpose of assisting in pursuing and negotiating a Loss Mitigation alternative, I do
Hereby authorize _____ (my Lender/Mortgage Servicer) to
Release or otherwise provide to Juan Gutierrez and Dario Chapa
Name(s)

Of Our Casas Resident Council, Inc.
Agency

In his/her capacity as a Counselor, of HUD Approved Certified Housing Counseling Agency
Relationship (if Applicable) Phone # (210) 354-2400

Public and non-public personal financial information contained in my loan account, which may
include, but not limited to; final payoff statement, loan status, payment history, and / or
Property information. This letter of authorization will be valid for (12) months or until a
Resolution has been reached.

Printed Customer Name

Customer Signature

Date

Printed Customer Name

Customer Signature

Date



Our Casas Resident Council ACTION PLAN



This housing counseling action plan is an agreement between the client and housing counselor to work together towards resolving A housing issue and/or a housing goal.

I (we) _____ the client(s) agree to:

Attend an appointment on: ___/___/___ at: ___:___ am pm
For: Follow up Missing Documentation Contact Lender/Realtor/City/Person/Attorney
 Complete financial package to be submitted. Other: _____

Missing Documentation:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

ACTION:

<input type="checkbox"/>	Follow up on your action plan and BUDGET prepared today.
<input type="checkbox"/>	Begin or continue paying your bills on time.
<input type="checkbox"/>	MAKE AN APPOINTMENT IF YOU: receive any documentation in the mail (No dropping documents or walk ins).
<input type="checkbox"/>	REFERRED to: _____ (Referral letter attached)
<input type="checkbox"/>	Begin or continue saving for: _____
Increase Income	
<input type="checkbox"/>	Get a steady primary job
<input type="checkbox"/>	Get a part time jobs)
<input type="checkbox"/>	Rent space in the house
<input type="checkbox"/>	Sell Assets
Lower Expenses:	
<input type="checkbox"/>	Utilities
<input type="checkbox"/>	Entertainment
OTHER:	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

The counselor will take the following steps: Provide housing counseling appropriate to the client's goals and Notify the client of any changes or new information received relating to the case.

<input type="checkbox"/>	Waiting for documents or Action	<input type="checkbox"/>	Follow up with you
<input type="checkbox"/>	Mail/Fax your documents to: _____	<input type="checkbox"/>	Other _____

Important Disclosure:

Client understands that has the freedom to choose: lenders, loan products, homes, realtors, and Home Inspectors. Housing Counselors can give you a list of them but cannot place you to one particular entity.
ALL OUR SERVICES ARE FREE OF CHARGE EXCEPT FOR THE CREDIT REPORT OF: \$15.00 (money order only).

_____	_____	_____	_____
Client	Date	Client	Date
_____	_____		
Counselor	Date		





Our Casas Resident Council Inc.
 2300 W. Commerce St. Ste. # 218
 San Antonio, Texas 78207
 Phone: (210) 354-2400 Fax: (210) 354-2402
 ourcasas@stic.net

Financial Hardship Affidavit

Borrower Name(s): _____
 Property Street Address: _____
 Property City, ST, Zip: _____
 Property: _____
 Lender: _____
 Loan Number: _____

In order to qualify for _____'s offer of a conditional Loan Workout and Modification Agreement, I am submitting this form to the Lender and indicating by my checkmarks ("v") the one or more events that contributed to my inability to remain current on my mortgage loan.

- | Borrower | Co-Borrower | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | My income has been reduced or lost. For example: unemployment, reduced job hours, reduced pay, decline in business earnings. Explain below. |
| <input type="checkbox"/> | <input type="checkbox"/> | My household financial circumstances have changed. For example: permanent or short-term disability, death in the family, divorce or separation, increased family responsibilities (birth or adoption of a child, taking care of elderly relatives or other family members). Explain below: |
| <input type="checkbox"/> | <input type="checkbox"/> | My expenses have increased. For example: my monthly mortgage payment will rise or has risen, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills Explain below: |
| <input type="checkbox"/> | <input type="checkbox"/> | Other, Explain Below: |

Explanation: _____

Borrower Acknowledgement
 I verify that events identified above have contributed to my inability to remain current on my mortgage loan. I understand and acknowledge that the Lender may investigate the accuracy of the event(s), and may require me to provide supporting documentation. I understand that if I have misrepresented the event(s) or do not provide the required documentation that the Lender may cancel this agreement and re-start foreclosure activities.

_____	_____	_____	_____
Borrower Signature	Date	Co-Borrower Signature	Date
Phone# _____		Phone# _____	

Dodd-Frank Certification


The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this Information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:


- (A) felony larceny, theft, fraud, or forgery,
- (B) money laundering or
- (C) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/We also understand that knowingly submitting false information may violate Federal law.


This Certificate is effective on the earlier of the date listed below or the date received by your servicer.



Borrower Signature



Date



Co-Borrower Signature



Date

Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed.**
 ▶ **Request may be rejected if the form is incomplete or illegible.**
 ▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| / / | / / | / / | / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	



INDIVIDUAL CLIENT FILE CHECKLIST

Date: _____ Reviewer: _____

Agency Name: _____
 Address: _____
 Counselor's Name: _____
 Client Type: mortgagor potential mortgagor homeless
 renter potential renter other _____

Client's File Number: _____ FHA Case Number (if applicable): _____

Client's Name: _____

Client's Address: _____

Client's Telephone No: _____ Email Address: _____

Date Counseling Began: _____ Counseling: _____ Phone or In Person

Duration of Session(s): _____

Type of Counseling Received:

- Pre-purchase/Home Buying Resolving or Preventing Mortgage Delinquency or Default
- Non-Delinquency Post Purchase Locating, Securing or Maintaining Residency in Rental Housing
- Shelter or Services for the Homeless

YES	NO	N/A	DOES THE FILE CONTAIN THE FOLLOWING?	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial, budget, and/or credit analysis of client's income, expenses, and/or spending habits established by client or counselor	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Publications on Home Inspection distributed to pre-purchase purchase counseling clients, if applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity log with date, time, duration and description of each interaction or activity performed on behalf of, and by the client	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Action plan with clear identifiable client's needs and what client/counselor will do to meet the client's housing goals	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow-up communication to ensure client is progressing toward housing goal, to modify or terminate counseling, and to learn and report outcomes, if applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documented the results of counseling.	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disclosure statement or notation and date that disclosure was provided verbally or electronically	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termination cause and/or explanation of counseling with date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding source(s) and amounts to which the counseling activities are attributed, if applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client fees paid by client, lenders & other parties with amount and source of fees and a copy of receipt to client, if applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verbal fee schedule disclosure (note/date) or electronic fee schedule disclosure documentation	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If credit report is in the file, authorization to obtain a credit report and authorization to share information with HUD and third parties.	

DISCUSSION OF ALTERNATIVES: _____

COMMENTS: _____



CONSULTATION FORM

DATE:		Counseling TYPE Group <input type="checkbox"/> On Site <input type="checkbox"/> Phone <input type="checkbox"/>		HUD# Case#
NAME(s)		ADDRESS		
(HOME) (CELL)	HOUSEHOLD #	CLIENT SOC SEC #	YR GROSS \$	
TIME IN _____ TIME OUT _____ Hour(s)	ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	RACE <input type="checkbox"/> Am. Indian/ Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian	MULTI-RACE <input type="checkbox"/> Am. Indian or Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Black or African American and White <input type="checkbox"/> Am. Indian or Alaskan Native and Black	
INCOME LEVELS		<input type="checkbox"/> 30	<input type="checkbox"/> 50	<input type="checkbox"/> 80 <input type="checkbox"/> Over 80

Receiving Educational/Outreach Service	<input type="checkbox"/> Completed Homebuyer Education Workshop	<input type="checkbox"/> Completed resolving or preventing mortgage delinquency workshop
	<input type="checkbox"/> Completed Post-Purchase Homeowner Workshop	<input type="checkbox"/> Completed Financial Literacy including budgeting and/ or credit repair
	<input type="checkbox"/> Completed Fair housing Workshop	<input type="checkbox"/> Completed Predatory Lending Workshop

- LEFT SIDE:**
- ___ HCO ___ CMAX
 - ___ Close out Form
 - ___ Case Detail Narrative
 - ___ ACTION PLAN
 - ___ Waiver of Privacy
 - ___ Budget
 - ___ Intake
 - ___ Picture ID
 - ___ Social Security
 - ___ Funding Report
 - ___ Check list PHFA
 - ___ Conflict of Interest

- RIGHT SIDE**
- Pre Purchase**
- ___ Affordability analysis
 - ___ Dispute letters
 - ___ 1st time buyer certificate
 - ___ Fax request docs x grant
 - ___ Lender's preapproval
 - ___ Agreement of Sale
 - ___ Good Faith Estimate
 - ___ Settlement Notice
 - ___ pre- HUD-1 sheet
 - ___ Foreclosure Prevention

- Default & Delinquency**
- ___ Financial Package:
 - ___ Ours ___ HAMP ___ 710
 - ___ Hardship Letter
 - ___ Crisis Budget HCO
 - ___ Taxes
 - ___ Paystubs
 - ___ Bills
 - ___ Coun. Questionnaire
 - ___ Picture ID
 - ___ Credit Report
 - ___ Mortgage statements
 - ___ Complaint
 - ___ Mortgage /Note/
 - ___ Deed
 - ___ APPX B ___/___/___
 - ___ HEMAP ___/___/___

- Rental:**
- ___ Lease
 - ___ Eviction Notice

- Seeking Pre-Purchase Homebuyer Counseling**
- Purchased Housing ___ W GRANT
 - Client will be Mortgage Ready within 90 Days
 - Client will NOT be Mortgage Ready within 90 Days;
 - Receiving Long-Term Pre purchase Counseling
 - Entered Lease Purchase Program
 - Decided Not to Purchase Housing; No Further Effort to Prepare Needed
 - Referred to another agency _____
 - Withdraw

- Seeking Help with Resolving or Preventing Mortgage Delinquency**
- Brought Mortgage Current
 - Mortgage Refinanced
 - Mortgage Modified ___ HAMP ___ In house
 - Received Second Mortgage ___ HEMAP
 - Initiated Forbearance Agreement / Repayment Plan
 - Executed a Deed-in-Lieu
 - Sold Property/Pre, Chose Alternative Housing Solution
 - Pre Foreclosure Sale
 - Mortgage Foreclosed
 - Referred to another social service or emergency assistance
 - Partial Claim- FHA
 - Referred for Legal Assistance ___ PLA ___ CLS

- Seeking Help with Home Maintenance and Financial Management for Homeowners**
- Received Home Equity or Home Improvement Loan
 - Completed financial management/budget counseling
 - Received Consumer Loan (Unsecured)
 - Mortgage Refinanced
 - Referred to Other Social Service Agency: _____
 - Sold House, Chose Alternative Housing Solution
 - Completed Home Maintenance counseling
 - Counseled and Utilities brought current
 - Counseled and referred for Legal Assistance

- Seeking Help in Locating, Securing, or Maintaining Residence in Rental Housing**
- Received Housing Search Assistance
 - Obtained Temporary Rental Relief
 - Referred to Agency with Rental Assistance Program
 - Advised on Recertification for HUD/Other Subsidy Program
 - Referred to Other Social Service Agency _____
 - Counseled or Referred to Legal Aid Agency for Eviction / or Other Fair Housing Assistance
 - Found Alternative Rental Housing
 - Decided to Remain in Current Housing Situation
 - Entered Debt Management/Repayment Plan
 - Counseled and utilities brought current
 - Resolved security deposit dispute

- Seeking Shelter or Services for the Homeless**
- Occupied Emergency Shelter
 - Occupied Transitional Housing
 - Occupied Permanent Housing with Rental Assistance
 - Occupied Permanent Housing without Rental Assistance
 - Referred to other Social Service Agency _____
 - Remained Homeless

Counseling Type: _____

Referrals & Follow up	Date	Referrals & Follow up	Date

COUNSELOR NAME: _____

Agency Name: Our Casas Resident Council

CFPB FINANCIAL WELL-BEING SCALE Questionnaire

Part 1: How well does this statements describe you or your situation?

This statement describes me	Completely	Very Well	Somewhat	Very Little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday occasion would put a strin on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me



CAUTION

For Your Protection: Get a Home Inspection

Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information about the overall condition of the home prior to purchase. In a home inspection, a qualified inspector takes an in-depth, unbiased look at your potential new home to:

Evaluate the physical condition: structure, construction, and mechanical systems; Identify items that need to be repaired or replaced; and Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

You Must Ask for a Home Inspection

A home inspection will only occur if you arrange for one. FHA does not perform a home inspection.

Decide early. You may be able to make your contract contingent on the results of the inspection.

Appraisals are Different from Home Inspections

An appraisal is different from a home inspection and does not replace a home inspection. Appraisals estimate the value of the property for lenders. An appraisal is required to ensure the property is marketable. Home inspections evaluate the condition of the home for buyers.

FHA Does Not Guarantee the Value or Condition of your Potential New Home

If you find problems with your new home after closing, FHA cannot give or lend you money for repairs, and FHA cannot buy the home back from you. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

Radon Gas Testing and other safety/health issues

The United States Environmental Protection Agency and the Surgeon General of the United States have recommended that all houses should be tested for radon. For more information on radon testing, call the toll-free National Radon Information Line at 1-800-SOS-Radon or 1-800-767-7236.

Ask your home inspector about additional health and safety tests that may be relevant for your home.

Be an Informed Buyer

It is your responsibility to be an informed buyer. You have the right to carefully examine your potential new home with a qualified home inspector. To find a qualified home inspector ask for references from friends, realtors, local licensing authorities and organizations that qualify and test home inspectors.





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Signature: _____

Date: _____

HUD-92564-CN (6/14)



CAUTION

CAUTION

CAUTION



THE LEAD DISCLOSURE RULE

Congress passed the Residential Lead-Based Paint Hazard Reduction Act of 1992, also known as Title X, to protect families from exposure to lead from paint, dust, and soil. Section 1018 of this law directed HUD and EPA to require the disclosure of known information on lead-based paint and lead-based paint hazards before the sale or lease of most housing built before 1978.

What is Required?

Before ratification of a contract for housing sale or lease, sellers and landlords must:

- Give an EPA-approved information pamphlet on identifying and controlling lead-based paint hazards ("Protect Your Family From Lead In Your Home" pamphlet, currently available in English, Spanish, Vietnamese, Russian, Arabic, Somali).
- Disclose any known information concerning lead-based paint or lead-based paint hazards. The seller or landlord must also disclose information such as the location of the lead-based paint and/or lead-based paint hazards, and the condition of the painted surfaces.
- Provide any records and reports on lead-based paint and/or lead-based paint hazards which are available to the seller or landlord (for multi-unit buildings, this requirement includes records and reports concerning



Related Information

"Protect Your Family from Lead in Your Home" pamphlet

[In English](#)

[In Spanish](#)

[In Vietnamese](#)

[In Russian](#)

[In Arabic](#)

[In Somali](#)

[Don't see what you need?](#)

Sample Lead Disclosure Rule Documents

[Sale: English; Spanish](#)

[Rental: English; Spanish](#)

HUD Resources

common areas and other units, when such information was obtained as a result of a building-wide evaluation).

- Include an attachment to the contract or lease (or language inserted in the lease itself) which includes a Lead Warning Statement and confirms that the seller or landlord has complied with all notification requirements. This attachment is to be provided in the same language used in the rest of the contract. Sellers or landlords, and agents, as well as homebuyers or tenants, must sign and date the attachment.
- Sellers must provide homebuyers a 10-day period to conduct a paint inspection or risk assessment for lead-based paint or lead-based paint hazards. Parties may mutually agree, in writing, to lengthen or shorten the time period for inspection. Homebuyers may waive this inspection opportunity.

Types of Housing Covered?

Most private housing, public housing, Federally owned housing, and housing receiving Federal assistance are affected by this rule.

Effective Dates

The regulations became effective on September 6, 1996 for transactions involving owners of more than 4 residential dwellings and on December 6, 1996 for transactions involving owners of 1 to 4 residential dwellings.

Recordkeeping

Sellers and lessors must retain a copy of the disclosures for no less than three years from the date of sale or the date the leasing period begins.

What Can You Do?

If you did not receive the Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards form when you bought or leased pre-1978 housing, contact **1-800-424-LEAD** (5323).

Lead Based Paint
Disclosure Rule

Rule Interpretive
Guidances

Part I, August 21,
1996

Part II, December
5, 1996

Part III, August 2,
2000

Lead Safe Housing
Rule Fact Sheet

Fair Housing and
Lead-based Paint

Fair Housing (FHEO)
Website

Helpful Tools

Updated PIH
Guidance on the
Lead-Safe Housing
Rule and Lead
Disclosure Rule for
Field Office Staff,
Public Housing
Agencies, and
Property Owners