

Housing Assistance And Development Services Inc.

HANDS

Homeowner's Checklist

Please complete and gather the following items.

DO NOT SEND ORIGINALS. DO NOT STAPLE DOCUMENTS.

- Fully complete Hardship Application Package and submit copies of the following documents
- Mortgage statement along with any current correspondence from your mortgage company or their attorney
- Any documentation from the courts or the Sheriff regarding a foreclosure; this includes foreclosure notice
- Copy of most recent homeowner's insurance bill
- Most recent paystubs reflecting 30 days YTD income for all employment
- If unemployed, proof of unemployment – Monetary Determination Letter and check stub from Unemployment or bank statement showing direct deposit
- For disability, provide copy of Long-term or Permanent Disability letter
- Verification of additional income (Social Security, SSI, Retirement, Pension, Child Support Order, etc)
- Most recent bank statements for all accounts – **NEED ALL PAGES**
- Last two (2) year's **COMPLETE** Federal Tax Returns with all schedules, W2's, and 1099's – must be signed and dated.
 - DO NOT SEND STATE RETURNS**
 - If Self-Employed, include YTD Profit and Loss statement
- Copy of property tax bill or PVA information showing assessment value of property
- Divorce decree or legal separation documents including Quit Claim Deed – if ex-spouse was on the mortgage
- ~~All clients will be required to pay for the Tri-merge credit report that is required for processing client's application. Application will not be process until all forms are completely filled out and we have received all supporting documents. **Cost for credit report: Single \$27.00 and Married \$42.00. Money is non-refundable.**~~

~~➤ Go to www.handsinc.net click on Pay For Services located at the top and bottom of the Home Page. Select Credit Report option that applies to you – Single \$27 or Married \$47~~

~~➤ Once you made the Credit Report payment go to HANDS Home Page and go down to Contact Us. Fill in your information and in the comments put your paid for a credit report.~~

Please complete your paperwork, gather your supporting documentation requested. Cases are worked on a first come first serve basis from the date the application is totally completed. If you should not complete your application and submit it within the time frame assigned to your case it will be withdrawn from the program.

Submit your Hardship Application Packet with supporting documents by scan/emailing to help@handsinc.net or by faxing to (270)796-8203.

If you have any questions about the application contact Anna Byrum at HANDS (270) 796-4176 ext 1

HANDS

Loss Mitigation Workout Packet Information Form

Borrower(s) Name: _____

Mortgage Lender: _____

Loan #: _____

Phone #: _____

➤ Have you contact your mortgage lender for a Workout Packet?

Yes No

If yes, date requested: _____

➤ Have you received Workout Packet from your mortgage lender?

Yes No

If yes, date received: _____

➤ Have you completed and returned Workout Packet to your mortgage lender?

Yes No

If yes, date returned to mortgage lender: _____

If no, please explain why you have not submitted Workout Packet to your mortgage lender:

HANDS Hardship Application

Borrower Information		Co-Borrower Information	
Name:		Name:	
Marital Status: ___ Unmarried ___ Married ___ Divorced ___ Separated ___ Single		Marital Status: ___ Unmarried ___ Married ___ Divorced ___ Separated ___ Single	
Household Size: _____ # of Dependents: _____ # of Earners: _____			
Military Status: ___ Active Duty ___ Veteran ___ Reserve			
Are you disabled: ___ Yes ___ No			
Social Security Number:	Date of Birth:	Social Security Number:	Date of Birth:
Home phone number with area code:		Home phone number with area code:	
Cell or work phone number with area code:		Cell or work phone number with area code:	
Email Address:		Email Address:	
Street Address:		Street Address:	
Mailing Address (if different from above):	County:	Mailing Address (if different from above):	County:
City, State and Zip		City, State and Zip	
I/We want to: _____ Keep the property _____ Sell the property			
The property is my/our: _____ Primary Residence _____ Second Home _____ Investment			
The property is: _____ Owner occupied _____ Renter occupied _____ Vacant			
This property is: _____ Single family home _____ Manufactured home _____ Condo/Townhome			
Do you own other residential property: _____ No _____ Yes If yes, address of other residential property: _____			
Have you filed bankruptcy: _____ No _____ Yes If yes, _____ Chapter 7 _____ Chapter 13 Filing Date: _____			
Has the bankruptcy been discharged: _____ No _____ Yes Bankruptcy Case Number: _____ Date of Discharge: _____			
Borrower Employment History (2 years)		Co-Borrower Employment History (2years)	
Employer Name:		Employer Name:	
Start/End Dates:	Gross Monthly Income:	Start/End Dates:	Gross Monthly Income:
Phone number with area code:		Phone number with area code:	
Employer Name:		Employer Name:	
Start/End Dates:	Gross Monthly Income:	Start/End Dates:	Gross Monthly Income:
Phone number with area code:		Phone number with area code:	

Hardship Statement

I/We am/are having difficulty making our monthly payment because:

Borrower's Monthly Income	Pre-Event Gross Income	Current Gross Income	Co-Borrowers' Monthly Income	Pre-Event Gross Income	Current Gross Income
Base Pay			Base Pay		
Social Security/SSDI			Social Security/SSDI		
Rents Received			Rents Received		
Unemployment Income			Unemployment Income		
2 nd Job			2 nd Job		
Child Support			Child Support		
Other			Other		
Total Monthly Income			Total Monthly Income		

Liquid Assets (Non-Retirement)		
Account Type	Bank Name	Account Balance
Checking Account(s)		
Savings Account(s)		
Money Market Funds		
Stocks/Bonds/CDs		
Other		
Total Liquid Assets		Total Liquid Assets \$

Mortgage Information

Name of Lender:		
Name(s) of Borrower(s) on Note:		
Loan Number:	Current Balance:	Monthly Payment:
Last Month Paid/Accepted:	Past Due Balance:	Loan Term: <input type="checkbox"/> 30 Years <input type="checkbox"/> 15 Years
Loan Type: <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> RHS <input type="checkbox"/> Conventional <input type="checkbox"/> Contract for Deed		
Rate Type: <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Adjustable Rate (ARM)		If ARM, what is the adjustment period:
Who pays the real estate tax bill on this property: <input type="checkbox"/> I/We do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Are the taxes current: <input type="checkbox"/> Yes <input type="checkbox"/> No What is your annual property tax premium: \$ _____ Condominium or HOA fees: <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Paid to: _____		Who pays the homeowner's Insurance for this property: <input type="checkbox"/> I/We do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Is the policy current: <input type="checkbox"/> Yes <input type="checkbox"/> No What is your annual insurance premium: \$ _____

Second Mortgage Information

Name of Lender:		
Name(s) of Borrower(s) on Note:		
Loan Number:	Current Balance:	Monthly Payment:
Last Month Paid/Accepted:	Past Due Balance:	HELOC?

Information for Government Monitoring Purpose

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or server may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race, you may check more than one designation. If you do not furnish ethnicity, race or sex, the counselor is required to not the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

Borrower <input type="checkbox"/> I do not wish to furnish this information	Co-Borrower <input type="checkbox"/> I do not wish to furnish this information
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Asian & Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> American Indian/Alaska Native & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> White <input type="checkbox"/> Other _____	Race <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Asian & Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> American Indian/Alaska Native & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> White <input type="checkbox"/> Other _____
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male

Certification of No Felony Conviction

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 receive 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. **Please Read and Initial Below:**

Borrower (Initial)

____ I 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.

Co-Borrower (Initial)

____ I 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.

In making this certification, I/we certify under perjury that all of the information in this document is truthful and that I/we understand that the Servicer, **HANDS**, the Commonwealth of Kentucky 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.

Borrower(s) Acknowledgement and Agreement

In making this request for consideration under HANDS, I certify under penalty of perjury.

1. That all of the information in this document is truthful and the event(s) identified in this Hardship Application is/are the reason that I need to request assistance.
2. I understand that HANDS may investigate the accuracy of my statements and may require me to provide supporting documentation, I also understand that knowingly submitting false information may violate Federal law.
3. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, HANDS housing counselor may cancel any agreement.
4. That my property is owner-occupied, I intend to reside in this property for the next twelve months, I have not received a condemnation notice, and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I currently have.
5. I am willing to provide all requested documents and to respond to all questions in a timely manner.
6. I understand that the information in this document will be used to evaluate my eligibility for foreclosure prevention counseling.
7. I understand that HANDS housing counselor will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information by HANDS to (a) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (b) companies that perform support services in conjunction with HANDS; and (c) any HUD-certified housing counselor.

Borrower Signature

Date

Borrower Signature

Date

Housing Assistance and Development Services Inc.

HANDS

Third Party Authorization Form

Mortgage Lender/Servicer Name

Account Loan Number

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above mortgage lender/servicer and its successors and assigns (individually and collectively, "Servicer") and the following third parties

HANDS

Counseling Agency

Agency Contact Name & Phone Number

Other Third Party

Third Party Contact Name & Phone Number

Relationship of Other Third Party to Borrower and Co-Borrower

(individually and collectively, "Third Party") to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower. I also understand and consent to the disclosure of my personal information and the terms of any agreements under HANDS programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

The Servicer will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

Before signing this Third Party Authorization, beware of foreclosure rescue scams!

- It is expected that a HUD-approved housing counselor, HFA representative or other authorized third party will work directly with your lender/mortgage servicer.
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

This Third Party Authorization is valid when signed by all borrowers and co-borrowers named on the mortgage and until the Servicer receives a written revocation signed by any borrower or co-borrower.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD PARTY AUTHORIZATION.

BORROWER

CO-BORROWER

Printed Name

Printed Name

Signature

Signature

Date

Date

Housing Assistance aNd Development Services (HANDS)

CLIENT AUTHORIZATION FORM

1. I understand that HANDS provides financial counseling, pre-purchase counseling and foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I authorize HANDS, its counselors, administrators, or assigns to discuss my mortgage and its relevant financial issues with parties relevant and necessary in reaching a conclusion and/or option to my present situation.
3. I acknowledge that I have received a copy of HANDS' Privacy Policy.

FURTHER, I UNDERSTAND:

1. 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.
2. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
3. I understand that HANDS provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from HANDS in no way obligates me to choose any of these particular loan products or housing programs.

Client A Signature: _____ Date: _____

Client B Signature: _____ Date: _____

**Housing Assistance and Development Services Inc.
(HANDS)**

CREDIT REPORT AUTHORIZATION FORM

Authorization is hereby granted to Housing Assistance and Development Services Inc. (HANDS) to obtain a consumer credit report through a credit reporting agency. I understand and agree that HANDS intend to use the consumer credit report for the purpose of evaluating my financial readiness to buy a home and may share any credit information obtained hereunder with such mortgage lenders or persons affiliated with HANDS, pursuant to Paragraph 604 of the Fair Credit Reporting Act (FCRA). I also understand that counselors have a dual role in developing debt management plans that address consumers' needs but that also meet the requirements of the creditors who fund the offices.

My signature below authorizes the release of financial information which I have supplied in connection with financial counseling program. Authorization is further granted to the credit reporting agency to use a photo static reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

1. Client's Name (print)

2. Client's Name (print)

1. Client's signature

2. Client's signature

1. Client's Social Security Number

2. Client's Social Security Number

Date

Date

Address (print)

City (print)

State and Zip code

<p>Please check form of payment for credit report</p> <p><input type="checkbox"/> Online through HANDS website</p>

Housing Assistance and Development Services, Inc.
HANDS

Counseling Disclosure

Services Offered:

Our agency provides the following HUD one-on-one housing services:

rental, pre-purchase/homebuying, financial management - budget/credit, post purchase, and resolving or preventing mortgage delinquency or default counseling.

Our agency also provides the following services and group education workshops:

financial literacy, predatory lending, fair housing, rental, pre-purchase/homebuyer education, post purchase, and resolving or preventing delinquency.

Relationship with Industry Partners:

Our agency has financial or exclusive relationships or both, with specific industry partners, including HUD, USDA and Kentucky Housing Corporation.

No Client Obligation:

There is no obligation to receive, purchase or use any product or service offered by this agency or any services of its industry partners or other party in exchange for your receiving HUD housing counseling services.

Alternatives:

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff.

I have read and received a copy of this disclosure.

Date: _____

Client _____

Client _____

Housing Assistance and Development Services Inc.

HANDS

Counseling Agreement

THIS COUNSELING AGREEMENT ("Agreement") is entered by and between _____ ("Counselor") and _____ ("Client(s)").

RECITALS:

WHEREAS Counselor is an employee of a HUD approved counseling agency and a member of Kentucky Housing Corporation Homeownership Counseling Program, hereinafter referred to as ("Program") which has been created to provide services to individuals needing loss mitigation and default counseling and,

WHEREAS, Client desires to participate in a counseling program.

NOW, THEREFORE, in consideration of the mutual promises contained in this Agreement, Counselor and Client agree as follows:

SECTION I – CLIENT'S PROMISES

In order to address specific financial considerations which can affect the Client's ability to seek solutions in maintaining a mortgage loan, Client recognizes the benefit of counseling services and pledges full cooperation with the Counselor and the requirements of the counseling sessions. Client understands that, as a part of the Program, Client will be required to supply certain specific information regarding employment, income, debts and other personal information to the Counselor. In recognition of the need to obtain and exchange information, Client authorizes Counselor to obtain information from outside sources as mutually agreed.

As a participant in the Program, Client agrees to comply with the Program guidelines. By entering into this Agreement, Client understands and acknowledges that failure to comply with the guidelines of the Program could result in termination from the Program, Client promises to make a good faith effort to meet the following:

1. Client will comply with the family budget created by Client and Counselor.
2. Client will report all sources of income to Counselor
3. Client will report any changes in his financial situation, including changes in employment, credit rating, bank accounts, debts and income.

SECTION II – COUNSELOR'S PROMISES

1. Counselor pledges to preserve strict confidentiality in regard to information supplied by Client or obtained from other sources regarding Client. The Counselor shall not disclose or distribute information regarding this Agreement, any non-public personal information on Client or any other material or information that is deemed confidential by HANDS to any other party without the express written consent by Client. However, Counselor may disclose or distribute such information if it is requested by law or judicial process, subsequent to Counselor promptly sending written notice of such legal request to Client.
2. Counselor pledges to act to the best of his/her ability to serve and protect the best interest of Client.
3. Counselor will not receive direct financial compensation in exchange for referral of Client to a particular lender.
4. Counselor understands and agrees that all client data stored in Home Counselor Online (HCO) is private and confidential. HANDS shall provide HUD access to the client's information In HCO and shall not disclose any private client information to any unauthorized parties.

SECTION III – MORTGAGE LOAN

Client acknowledges and understands that Counselor is NOT an agent for any particular lender and has no authority to approve or deny a mortgage loan or resolution to any mortgage. Client acknowledges that participation in and/or the completion of counseling does not guarantee approval for a mortgage loan resolution or outcome.

SECTION IV – COUNSELOR’S COMPENSATION

Client understands that Counselor is a HUD approved counseling agency and is being compensated by HUD for conducting counseling sessions with Client. Counselor will periodically require Client to sign documentation confirming Client’s participation in counseling sessions and Client agrees to execute the required documentation certifying that counseling sessions have taken place.

Counselor WILL NOT receive any commission for resolution or disposition of a home mortgage, nor is the Client required to pay any additional fees to participate in the one-on-one counseling sessions with the program approved counselor, except for a Tri-merge Credit Report.

SECTION V – CREDIT REPORT

As part of the Program, Client may be asked to authorize Counselor to access Client’s credit report. Client understands that, although Counselor may discuss matters appearing on Client’s credit report, Counselor maybe prohibited from giving Client a copy of the credit report dependent upon Counselor’s legal relationship with the credit reporting agency.

The undersigned parties acknowledge their understanding of the terms of this Agreement. The parties have signed below effective this _____ day of _____ 20 ____.

COUNSELOR:

HANDS

Agency Name

Counselor Name

Credit Counselor

Title

CLEINT:

Client A Signature

Client A Printed Name

Client B Signature

Client B Printed Name

Address

City, ST, Zip

Client’s Phone Number

Housing Assistance and Development Services Inc.
HANDS
Monthly Expense vs Income Worksheet

LIVING EXPENSES

FIXED	AMOUNTS	
House Payment _____	\$ _____	2 nd \$ _____
Electric _____	\$ _____	
Gas/Heating Fuel _____	\$ _____	
Water _____	\$ _____	
Sewer _____	\$ _____	
Trash Collection (Monthly) _____	\$ _____	
Childcare _____	\$ _____	
Child Support (Paid) _____	\$ _____	
Medical/Prescriptions _____	\$ _____	
Other _____	\$ _____	
FIXED EXPENSES TOTAL _____	\$ _____	

FLEXIBLE	
Groceries _____	\$ _____
Eating Out _____	\$ _____
Lunch at School _____	\$ _____
Gas/Transportation _____	\$ _____
Home Telephone _____	\$ _____
Cell Phone _____	\$ _____
Entertainment _____	\$ _____
Cable TV/Satellite _____	\$ _____
Internet _____	\$ _____
Laundry/Dry Cleaning _____	\$ _____
Household Items _____	\$ _____
Church/Charity _____	\$ _____
Allowances _____	\$ _____
Barber/Beauty Shop _____	\$ _____
Miscellaneous (Cigarettes, postage, etc) _____	\$ _____
How much do you save a month? _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
FLEXIBLE EXPENSES TOTAL _____	\$ _____

OTHER EXPENSES

	Yearly	Monthly
Insurance		
Automobile _____	\$ _____	\$ _____
Health _____	\$ _____	\$ _____
Life _____	\$ _____	\$ _____
Homeowners – Escrow <input type="checkbox"/> Yes <input type="checkbox"/> No _____	\$ _____	\$ _____
Tuition/Books _____	\$ _____	\$ _____
Taxes/Car Tags _____	\$ _____	\$ _____
Property Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No _____	\$ _____	\$ _____
House Maintenance _____	\$ _____	\$ _____
Car Maintenance _____	\$ _____	\$ _____
OTHER EXPENSES TOTAL _____	\$ _____	\$ _____

DEBT

CREDITOR (credit cards, car payments, student loans, medical bills, & etc.)

	Balance	Monthly Payment
Credit Card _____	\$ _____	\$ _____
Credit Card _____	\$ _____	\$ _____
Credit Card _____	\$ _____	\$ _____
Credit Card _____	\$ _____	\$ _____
Credit Card _____	\$ _____	\$ _____
Additional credit cards please write off to the side		
Car Loan 1 _____	\$ _____	\$ _____
Car Loan 2 _____	\$ _____	\$ _____
Boat Loan _____	\$ _____	\$ _____
Motorcycle Loan _____	\$ _____	\$ _____
Personal Loan 1 _____	\$ _____	\$ _____
Personal Loan 2 _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
MOTHLY DEBT TOTAL _____	\$ _____	\$ _____

INCOME

NET INCOME (after taxes and deductions)

	Monthly
Client (A) _____	\$ _____
Client (B) _____	\$ _____
Pension _____	\$ _____
Unemployment _____	\$ _____
Child Support Received _____	\$ _____
Social Security _____	\$ _____
SSI/Disability _____	\$ _____
K-Tap _____	\$ _____
Food Stamps _____	\$ _____
Rent Received _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
INCOME TOTAL _____	\$ _____

CLIENT A _____ DATE _____

CLIENT B _____ DATE _____

COUNSELOR _____ DATE _____



Privacy Policy

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

HANDS 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publicly available information, such as your Social Security Number or demographic data such as our race and ethnicity.
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts.

What personal information does HANDS collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others, such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency, such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to HANDS employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information, and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use,

Opting Out of Certain Disclosures

You may direct HANDS to not disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit HANDS ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in the Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

Privacy Policy Continued

OPT-OUT: I request that HANDS make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that HANDS will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting HANDS.

Client 1 (Printed)

Signature

Date

Client 2 (Printed)

Signature

Date

RELEASE: I hereby authorizes HANDS to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Client 1 (Printed)

Signature

Date

Client 2 (Printed)

Signature

Date

HUD approved Agency

