



Foreclosure & Prevention: Welcome Letter

Greetings,

Welcome to the **African American Alliance for Homeownership (AAAH)** counseling program. The following forms need to be completed, signed, and returned; along with copies of the required documentation.

Foreclosure Application Forms *(Signature required on all forms)*

- ☐ Homeownership Counseling and Education Services Disclosure Statement (2-sided)
- ☐ Privacy Policy (2-sided)
- ☐ Conflict of Interest/Disclosure Form
- ☐ Release of Information
- ☐ Foreclosure Counseling Agreement
- ☐ Release of Information
- ☐ Foreclosure Counseling Application (2-sided)
- ☐ Co-applicant Counseling Application *(Must complete if on the same loan)*
- ☐ Loan Information Sheet
- ☐ Monthly Spending Plan (2-sided)
- ☐ Authorization to Obtain Credit Report (2-sided)
- ☐ Median Family Income Calculation Form

Required Documentation

- ☐ Picture ID with signature *(all Applicants)*
- ☐ Income Documentation for past 60 days (i.e., pay stubs, SSI, SSD Award Letter, and P&L) *(all Applicants)*
- ☐ Bank Statements *(actual statements NOT transaction history)*
- ☐ Most recent monthly mortgage statement
- ☐ Recent Lender Letter *(i.e., Acceleration or Default letter, Trustees Notice of Sale)*
- ☐ Hardship letter (signed and dated)
- ☐ Utility bill *(most recent)*
- ☐ 2 years taxes (all schedules, signed and dated)
- ☐ Property tax statement

After we receive your completed application and **ALL** requested documents, a counselor will contact you to set up your first counseling appointment. We look forward to hearing from you soon, and if you have questions please call **503-595-3517**.

Best,

African American Alliance for Homeownership

825 NE 20th Ave., Ste 225 • Portland, OR 97232 • Phone: (503) 595-3517 • Fax: (503) 595-3519
www.aaah.org



HOMEOWNERSHIP COUNSELING AND EDUCATION SERVICES DISCLOSURE STATEMENT



File#

Dear CLIENT:

Welcome to the African American Alliance for Homeownership (AAAHT). We want your experience with us to be positive and valuable to your success in securing homeownership/or homeownership retention. This disclosure statement describes what we offer, what to expect after your appointment, and your rights as a client. Please read this form carefully, ask your counselor for clarification if you have any questions, and sign to verify that you understand the information.

Services Provided:

- Mortgage default and foreclosure prevention counseling.
- Financial wellness education providing tools to improve individual credit, create savings plans, and succeed in money management

Client Assurances:

- Client information will remain confidential, except in circumstances as required by law and/or in cases whereby the information is required to complete a process involving professional consultants working with the AAAH staff or qualified individuals outside of our staff, and a release is obtained.
- Clients are under no obligation to utilize the services of AAAH, or any services of any of our housing partners, to participate in its housing counseling program.
- Clients are always able to receive referrals to other programs, alternative services and products. We welcome collaborative work between programs and honor the choices our clients make. AAAH does not require you to work with any specific home ownership partner or organization.

Clients have the right to:

- Be treated fairly and respectfully by AAAH staff, receive responses to calls, emails etc. in a timely manner.
- Receive an evaluation of your financial and credit situation, including identification of barriers and proposed solutions/options. Receive support to create a manageable monthly spending plan. If more intense counseling is needed, we develop a Client Action Plan or other identified support system.
- Be supported to help you make the best decisions possible for your individual needs; help to options that best fit your needs.
- Advocacy throughout the home retention process as well as communication with all parties involved to protect your interests.



HOMEOWNERSHIP COUNSELING AND EDUCATION SERVICES DISCLOSURE STATEMENT



File#

As a participant in our program you have the responsibility to:

- When the lender sends you paperwork to complete, the date specified is mandatory. You must comply or your request to the lender may be denied.
- Read all material carefully and follow their instructions. Give the lender exactly what they request; failure to do so may also be cause for a denial. Always include your loan number, name and date on everything you send to your lender. If you're not sure about what you received, have questions, or would like a counselor to review the materials, call the AAAH office for a follow-up appointment. Make sure the Intake Specialist or whoever is making your appointment is aware that you need a review of documents.
- Attend all scheduled meetings or reschedule at least 24 hours in advance.
- The lenders foreclosure timeline is not concrete; however you must comply with their date specified requests. Some lenders may respond to within 72 hours, yet some may take weeks or months to respond to your requests. If it's been at least 10 days and you haven't received information from your lender, contact them for a "status update." **We suggest you call them weekly.**
- You may get duplicate paperwork, and lots of it! Open everything that's addressed from the lender, no matter how stressful or depressing. **DO NOT IGNORE YOUR MAIL!**
- Keep your lender updated every 30 days and don't wait for them to ask you for the information. Waiting for the lender to request information regarding changes to your finances or household situation only delays the modification or work-out process, not the foreclosure process. You still owe the money, and the clock is still ticking.
- Contact your AAAH counselor with any updated information. Your counselor will call you if the lender contacts AAAH. **Please remember:** We advocate on your behalf, we do **NOT** make regular calls to your lender for you!

Information on Alternative Services, Programs, and Products:

Upon request AAAH will provide information regarding alternative services, programs, and resources as part of the homeownership program. Provision of the information does not constitute endorsement by the AAAH.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____



PRIVACY POLICY



File#

The African American Alliance for Homeownership (AAAH) 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 “nonpublic personal information,” such as your total debt information, income, living expenses, and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation 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 about 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, 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/report.

You may opt-out of certain disclosures:

1. You have the opportunity to “opt-out” of disclosures of your nonpublic 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. If at any time you wish to change your decision with regard to your “opt-out”, you may call us at 503-595-3517 and do so.



PRIVACY POLICY



File#

Release of your information to third parties:

1. 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 nonpublic personal information about you or former customer's to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic 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 nonpublic personal information.

Client Signature_____

Date_____

Co-Client Signature_____

Date_____

Counselor Signature _____

Date _____



CONFLICT OF INTEREST/DISCLOSURE FORM



File#

Notice to the Consumer:

As a certified housing counselor I am required by the Housing and Urban Development's Handbook 7610.1 Rev-4, CHg-1 to make a full disclosure of any and all actual and potential conflicts of interest. The purpose of such disclosures is to allow you to make fully informed decisions about the services and agencies I may refer you to during the course of counseling sessions I will conduct with you.

As an AAAH certified housing counselor it is my obligation to put your interests above my own in all of my dealings with you. A conflict of interest can be defined as a situation in which my duty to provide you with sound, impartial advice may compete with my personal interests.

The best way to avoid any conflicts of interest is to provide you with a complete and full disclosure of any interest I may have in the services or agencies I may refer you and of the benefits I may derive from making such referrals, so that you can make fully informed decisions regarding my advice. The law recognizes that you are the best person to determine whether a true conflict exists. This disclosure is not intended to discourage you from working with a particular agency or individual of your choice. Rather it is designed to make sure that you have all of the pertinent information when making such choices. You are not obligated to work with me, my office or any other persons or agencies with which I am affiliated or to which I may refer you. AAAH and its agents do not receive compensation for referrals.

Section 8 of RESPA prohibits anyone from giving or accepting a fee, kickback or anything of value in exchange for referrals of settlement service business involving a federally related mortgage loan. In addition, RESPA prohibits fee splitting and receiving unearned fees for services not actually performed.

AAAH complies with all federal fair housing and all applicable laws including but not limited to Section 8 of the Real Estate Settlement and Procedures Act - RESPA 1974.

AAAH provides its services free to the public.

AAAH is a HUD certified housing counseling agency. AAAH has a 501(c)(3) designation under the IRS code. Since its inception the organization has established policies and procedures, which include potential conflicts of interest. Members of the board and staff are required and bound to adhere to these policies. AAAH's board and staff take all allegations about potential conflicts of interest very seriously. We carry our activities on our regular course of business in an ethical manner and in the best interest of the people and communities we serve. We will continue in solidifying and expand our performance in accordance to our mission and policies established for this purpose. I acknowledge reading of this disclosure and I understand all of the rights and duties described herein.

Client Signature: _____

Date: _____

Co-client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____



FORECLOSURE COUNSELING AGREEMENT



File#

1. I understand that the African American Alliance for Homeownership (AAAHH) provides foreclosure mitigation 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 African American Alliance for Homeownership receives funds through various Foreclosure Counseling programs and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
4. I acknowledge that I have received a copy of AAAH's privacy policy.
5. I may be referred to other housing services of the organization or another agency(s) 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 may not give legal advice. If I want legal advice, I may be referred for appropriate assistance.
7. I understand that AAAH provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from AAAH in no way obligates me to choose any of these particular loan products or housing programs.

Client Signature: _____

Date: _____

Co-Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

RELEASE OF INFORMATION

File#

Loan #: _____ Last 4 Digits of SS#: _____ Last Name: _____

Property Address: _____ City _____ State _____ Zip _____

To: _____ Fax: _____

By signing this form, I Authorize the Following:

I authorize the African American Alliance for Homeownership (AAAH) and their representatives to share the following information regarding my family and me. I understand that this information is for the purpose of assessing our needs for housing, utility assistance, counseling and/or other services.

The information may consist of the following:

1. I understand that (AAAH) provides housing stability counseling, this may also include income, state financial assistance, savings, debts I owe for utilities, rent (if applicable), etc. Identifying and/or historical information regarding myself and members of my household, after which I will receive a written action plan consisting of recommendations for handling my situation, possibly including referrals to other housing agencies as appropriate.
_____ I Choose to Opt Out
2. I agree to allow (AAAH) to pull my credit report at the time of intake. In lieu of a new credit pull, I agree to provide (AAAH) with a copy of my credit report dated within 30 days of the intake date.
_____ I Choose to Opt Out
3. I understand that (AAAH) receives Congressional funds through the Housing Stability Counseling Program (HSCP) and as such, is required to submit client-level information to the online reporting system and share some of my information with HSCP administrators or their agents for purposes of program monitoring, compliance, and evaluation.
_____ I Choose to Opt Out
4. I give permission for HSCP administrators and/or their agents to follow-up with me between now and June 30, 2026, for the purposes of program evaluation.
_____ I Choose to Opt Out

I may be referred to other housing services of the organization or other agency or agencies as appropriate that maybe able to assist with concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

I acknowledge that I have received a copy of (AAAH) privacy policy.

I understand that:

- The partner agencies have signed agreements to treat my information in a professional and confidential manner.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- This authorization will remain in effect for twenty-four months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement.
- If I revoke my authorization, all information about me already in the database will remain.

Client Signature: _____ Date: _____

Co-client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

FORECLOSURE COUNSELING APPLICATION



| | | | |
|---|--|-----------------------|------------|
| (Official Use Only) Intake Date: _____ <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> Email | | Customer File Number: | |
| | | | |
| First Name: | | Middle/MI: | Last Name: |
| Date of Birth: | | Age: | SSN: |
| Home Phone: | | Cell Phone: | |
| Preferred Contact Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email | | Email: | |

| | | |
|---|---|-----------|
| Street Address: | | |
| City: | State: | Zip Code: |
| Length of Occupancy: | | |
| Monthly Gross Income: \$ (Before Taxes) | Annual Gross Income: \$ (Before Taxes) | |
| Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2-weeks <input type="checkbox"/> Twice-a-month (ex. 1st & 15th or 5th & 20th) <input type="checkbox"/> Monthly | | |
| Current Savings Amount: \$ | | |

| | |
|--|--|
| Referred by: <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Ad <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Phone Inquiry <input type="checkbox"/> Agency Staff <input type="checkbox"/> Customer <input type="checkbox"/> Other <input type="checkbox"/> Lender: _____ <input type="checkbox"/> Government Agency: _____ <input type="checkbox"/> Realtor: _____ | |
|--|--|

| | | | |
|---|---|--|--|
| Race: (Please check one): | <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Slavic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White | | |
| | | | |
| Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic | Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow | | | |

Applicant Household Information

| | |
|---|--|
| Are you the Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No | Your Family/Household Size: |
| Number of Dependents: | Ages: / / / / / / / |

File#

Applicant Household Information (cont'd)

| | |
|---|--|
| Are there any non-dependents who will be or are currently living in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list: Relationship/age: _____ Relationship/Age: _____ Relationship/age: _____ Relationship/Age: _____ |
| Your Household Type: <input type="checkbox"/> Female Head of Household <input type="checkbox"/> Male Head of Household <input type="checkbox"/> Married with children <input type="checkbox"/> Married without children <input type="checkbox"/> Two or more unrelated adults | |

Applicant's Primary Employment

| | |
|--|---|
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer Name: | |
| Position: | Hire Date: |
| Work Telephone No: | Occupation: |
| Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Commission <input type="checkbox"/> Self-employed | |
| | |

Applicant's Secondary Employment

| | |
|--|--|
| Employer Name: | |
| Position: | Work Telephone No: |
| Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Commission <input type="checkbox"/> Self-employed | |
| Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2-weeks <input type="checkbox"/> Twice-a-month (ex. 1st & 15th or 5th & 20th) <input type="checkbox"/> Monthly | |
| Monthly Gross Income: \$ (Before Taxes) | Annual Gross Income: \$ (Before Taxes) |

I certify that my answers are true and complete to the best of my knowledge and may be subject to verification by the City of Portland, State of Oregon, or HUD.

Applicant Signature

Date

| | | | | |
|--|--|---|------------|--|
| First Name: | | MI: | Last Name: | |
| Date of Birth: | | Age: | SSN: | |
| Home Phone: | | Cell Phone: | | |
| Preferred Contact Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email | | Email: | | |
| Street Address: | | | | |
| City: | | State: | Zip Code: | |
| Length of Occupancy: | | | | |
| Race: <i>(Please check one):</i> | | <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Slavic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White | | |
| Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow | | | | |
| Are you the Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Your Family/Household Size: | | |
| Number of Dependents: Ages: / / / / / / / | | | | |
| Your Household Type: <input type="checkbox"/> Female Head of Household <input type="checkbox"/> Male Head of Household <input type="checkbox"/> Married with children <input type="checkbox"/> Married without children <input type="checkbox"/> Two or more unrelated adults | | | | |

Co-Applicant's Primary Employment

| | | | |
|--|--|--|--|
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Employer Name: | | | |
| Position: | | Hire Date: | |
| Work Telephone No: | | Occupation: | |
| Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Commission <input type="checkbox"/> Self-employed | | | |
| Monthly Gross Income: \$ | | Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2-weeks <input type="checkbox"/> Twice-a-month <input type="checkbox"/> Monthly | |

Co-Applicant's Secondary Employment

| | |
|--|--|
| Employer Name: | |
| Position: | Work Telephone No: |
| Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Commission <input type="checkbox"/> Self-employed | |
| Monthly Gross Income: \$ | Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2-weeks <input type="checkbox"/> Twice-a-month <input type="checkbox"/> Monthly |

Co-Applicant Signature

Date

File#

Loan Information Sheet

File#

Originating Lender _____ Loan Number _____

Current Loan Servicer _____ Loan Number _____

Second Mortgage or Home Equity Line of Credit: ☐ Yes ☐ No

Name of Second Lender _____

Loan Number of Second Mortgage or Home Equity Line of Credit: _____

Current Credit Score _____ **Source of Credit Score (Please circle):**

Trans Union Equifax Experian Tri-merge Report

Total Monthly Mortgage Payment \$ _____

Second Mortgage Payment Amount \$ _____

Type of Loan Product for Primary Lender:

- ☐ Fixed Rate currently under 8% ☐ Fixed Rate currently 8% or greater
☐ ARM currently under 8% ☐ Arm currently 8% or greater ☐ Hybrid Arm (2/28 or 3/27)
☐ Option ARM ☐ Other ☐ Unknown ☐ Interest Only
☐ FHA fixed rate ☐ VA fixed rate ☐ FHA ARM ☐ VA Arm

Privately held: ☐ Yes ☐ No

Seeking counseling for Primary Mortgage ☐ Yes ☐ No

Seeking counseling for Second Mortgage ☐ Yes ☐ No

Seeking counseling for property taxes ☐ Yes ☐ No

If loan is an ARM of any kind, has the interest rate reset? ☐ Yes ☐ No

Primary reason for current default on mortgage (please circle all that apply):

- ☐ Reduction in income ☐ Poor budget management skills ☐ Loss of income
☐ Medical issues ☐ Increase in expense ☐ Divorce or Separation ☐ Death of family member
☐ Business Venture failed ☐ Increase in loan payment
☐ Other

Current Loan Status

- ☐ Current ☐ 30 - 60 days late ☐ 61- 90 days late ☐ 91 - 120 days late
☐ 120+ days late ☐ Unknown or Unsure

Additional Comments: _____

Monthly Spending Plan

Name: _____

File #: _____

| INCOME | Budget | Actual |
|-----------------------------|--------|--------|
| Wages & Tips | | |
| Interest Income / Dividends | | |
| Gifts Received | | |
| Refunds/Reimbursements | | |
| Transfer from Savings | | |
| Other | | |
| Total INCOME | | |

| CHARITY/GIFTS | Budget | Actual |
|-------------------------------|--------|--------|
| Gifts Given | | |
| Charitable Donations /Tithing | | |
| Other | | |
| Other | | |
| Total CHARITY/GIFTS | | |

| HOME EXPENSES | Budget | Actual |
|----------------------------|--------|--------|
| Mortgage/Rent | | |
| Home/Renters Insurance | | |
| Electricity | | |
| Natural Gas/Oil | | |
| Water/Sewer/Trash | | |
| Phone (Mobile/Home) | | |
| Cable/Satellite | | |
| Internet | | |
| Furnishings/Appliances | | |
| Lawn/Garden | | |
| Maintenance/Supplies | | |
| Improvements | | |
| Other | | |
| Total HOME EXPENSES | | |

| DAILY LIVING | Budget | Actual |
|---------------------------|--------|--------|
| Groceries - edible | | |
| Personal Supplies | | |
| Clothing | | |
| Cleaning/House items | | |
| Education/Lessons | | |
| Dining/Eating Out | | |
| Salon/Barber | | |
| Pet Food | | |
| Allowance | | |
| Other - | | |
| Other - | | |
| Total DAILY LIVING | | |

| ENTERTAINMENT | Budget | Actual |
|-------------------------|--------|--------|
| Digital Networks/Hulu | | |
| Netflix/Prime | | |
| Movies/Theater/Concerts | | |
| Books | | |
| Hobbies | | |
| Sports | | |
| Outdoor Recreation | | |
| Toys/Gadgets | | |
| Vacation/Travel | | |
| Other - | | |
| Other - | | |

Total ENTERTAINMENT

| SAVINGS | Budget | Actual |
|------------------------|--------|--------|
| Emergency Fund | | |
| Personal Savings | | |
| Retirement (401k, IRA) | | |
| Investments | | |
| Education | | |
| Savings for IDA | | |
| Total SAVINGS | | |

| TRANSPORTATION | Budget | Actual |
|-----------------------------|--------|--------|
| Vehicle Payments | | |
| Auto Insurance | | |
| Fuel | | |
| Bus/Taxi/Max Fare/Uber/Lyft | | |
| Repairs | | |
| Registration/License | | |
| Other | | |
| Total TRANSPORTATION | | |

| HEALTH | Budget | Actual |
|--------------------------------|--------|--------|
| Health Insurance out of pocket | | |
| Doctor/Dentist out of pocket | | |
| Medicinal Products | | |
| Health Club Dues | | |
| Life Insurance out of pocket | | |
| Veterinarian/Pet Care | | |
| Other | | |
| Total HEALTH | | |



Monthly Spending Plan



File #: _____

Name: _____

| OBLIGATIONS | Budget | Actual |
|----------------------------|--------|--------|
| Student Loan | | |
| Other Loan | | |
| Credit Cards | | |
| Credit Cards | | |
| Credit Cards | | |
| Credit Cards | | |
| Credit Cards | | |
| Alimony/Child Support | | |
| Federal Taxes | | |
| State/Local Taxes | | |
| Other | | |
| Total OBLIGATIONS | | |
| MISCELLANEOUS | Budget | Actual |
| Bank Fees | | |
| Postage | | |
| Other | | |
| Other | | |
| Total MISCELLANEOUS | | |
| BUDGET SUMMARY | Budget | Actual |
| Total Income | | |
| Total Expenses | | |
| Surplus | | |
| Deficit | | |

Client _____

Date _____

Client _____

Date _____

Counselor _____

Date _____



AUTHORIZATION TO OBTAIN CREDIT INFORMATION



File#

I hereby authorize the African American Alliance for Homeownership (AAAH) to:

- ✓ Pull my credit report to review my credit file for the purpose of obtaining a mortgage and housing counseling in connection with my pursuit to purchase real property.
- ✓ Pull my credit report and review my credit file for budget and credit management purposes.
- ✓ Pull my credit report to review my credit file for the purpose assisting me/us in the process of mortgage affordability as part of foreclosure or mortgage modification counseling.
- ✓ Obtain a copy of the Closing Disclosure statement when I purchase a home from the lender who made me a loan or the title company that closed the loan.
- ✓ Provide information to lenders and government agencies in connection with our application for mortgage financing. Such information includes, without limitation, credit history, employment history and income, tax returns, account information, and information regarding the property being purchased.
- ✓ Contact client at telephone numbers provided on their AAAH Housing Counseling Intake application.
- ✓ Verify my past and present employment earnings record, bank accounts, stock holdings, and other assets balances that are needed to process my application. I further authorize AAAH to order a consumer credit report and verify other credit information, including past and present landlord or mortgage references.

The information AAAH obtains is only to be used in the processing of my application and can be shared with various agencies that fund the AAAH Partnership programs.



AUTHORIZATION TO OBTAIN CREDIT INFORMATION



To establish "proper identification," as required by the Fair Credit Report Act, please complete the following identifying information and supply the consumer interviewer with two (2) pieces of proper identification. It is understood that a signed photocopy of this form will also serve as authorization.

APPLICANT (Please Print)

| | | | |
|---|---------------------|--------------|-----------------|
| First Name: | Last Name: | MI: | |
| Birth Date: | Social Security No: | | |
| Current Address: | | Telephone #: | |
| City: | State: | Zip Code: | Length of Time: |
| Previous Address: (If less than 2 years at current address) | | | |
| City: | State: | Zip Code: | |
| Employer Name: | | | |

CO-APPLICANT - MARRIED COUPLES ONLY (IF NOT MARRIED – MUST USE SEPARATE FORM)

| | | |
|----------------|---------------------|-----|
| First Name: | Last Name: | MI: |
| Birth Date: | Social Security No: | |
| Employer Name: | | |

I am (we are) the person(s) named above, and I (we) understand that Federal law provides that a person who obtains information from a consumer-reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned for not more than one year or both.

Applicant Signature

Date

Co-Applicant Signature

Date

Counselor Signature

Date

File#

Median Family Income Calculation Form

| | | |
|-----------------|-------------|------|
| Last Name: | First Name: | MI: |
| Street Address: | | |
| City: | State: | Zip: |

Income Calculation

Monthly Gross Income for Household

(Please attach a copy of Income documents or Self-Certificate Form)

\$ _____

Yearly Gross Income

(Monthly gross income x 12)

\$ _____

Household Size

Income Ratio (MFI for Customer)

(Locate the amount that appears in the 100% column that is
Appropriate for your customers household size and divide the customers
Yearly Gross Income by this amount)

_____ %

Qualify for Program

☐ Yes ☐ No

(Must be 80% or lower MFI to qualify)

HUD Median Income Percentages - issued by HUD for Section 8 and other non-LIHTC projects.
2022 Median Income for a Family of Four: **Published by PORTLAND HOUSING BUREAU**

\$106,500

Effective: 06/15/2022

| Household Size | 30% | 40% | 45% | 50% | 55% | 60% | 65% | 80% | 2022 100% see Note | 120% |
|----------------|-----------------|----------|----------|-----------------|----------|-----------------|----------|------------------|-----------------------|-----------|
| 1 | \$22,400 | \$29,840 | \$33,570 | \$37,300 | \$41,030 | \$44,760 | \$48,490 | \$59,650 | \$74,550 | \$89,460 |
| 2 | \$25,600 | \$34,080 | \$38,340 | \$42,600 | \$46,860 | \$51,120 | \$55,380 | \$68,200 | \$85,200 | \$102,240 |
| 3 | \$28,800 | \$38,360 | \$43,155 | \$47,950 | \$52,745 | \$57,540 | \$62,335 | \$76,700 | \$95,850 | \$115,020 |
| 4 | \$31,950 | \$42,600 | \$47,925 | \$53,250 | \$58,575 | \$63,900 | \$69,225 | \$85,200 | \$106,500 | \$127,800 |
| 5 | \$34,550 | \$46,040 | \$51,795 | \$57,550 | \$63,305 | \$69,060 | \$74,815 | \$92,050 | \$115,020 | \$138,024 |
| 6 | \$37,100 | \$49,440 | \$55,620 | \$61,800 | \$67,980 | \$74,160 | \$80,340 | \$98,850 | \$123,540 | \$148,248 |
| 7 | \$39,650 | \$52,840 | \$59,445 | \$66,050 | \$72,655 | \$79,260 | \$85,865 | \$105,650 | \$132,060 | \$158,472 |
| 8 | \$42,200 | \$56,240 | \$63,270 | \$70,300 | \$77,330 | \$84,360 | \$91,390 | \$112,500 | \$140,580 | \$168,696 |

Note:

- 2022 Income levels have increased based on HUD's calculations for the Portland-Vancouver-Hillsboro, OR-WA MSA.**
The income schedule above is to be used for projects that DO NOT qualify for the HERA and are not funded with CDBG or HOME.
- Other 2022 MFI levels are based on the 4-Person Income Limit of \$106,500. The 1-Person family Income Limit is 70% of the 4-Person Income Limit, the 2-Person family Income Limit is 80% of the 4-Person Income Limit, the 3-Person family Income Limit is 90% of the 4-Person Income Limit. Each family size larger than four (4) is calculated by an 8% increase per HH member to the 4-Person Income Limit. (i.e., 5-Person = 108%; 6-Person = 116%; 7-Person = 124%; 8-Person = 132%, and so on.
- The income limits listed above are based on income limits published by HDU effective June 15, 2022.

Applicant Signature: _____ Date: _____

File#