



HOMEOWNERSHIP CENTER
262 Cottage St. Suite 130
Littleton, NH 03561
FAX: (603) 795- 7127

HOC@homesahead.org www.homesahead.org

Applying for the NH Homeowners Assistance Fund?

If you are requesting AHEAD's assistance in order to apply for the NH Homeowners Assistance Fund, you must complete our intake process and paperwork.

Make sure all documents are clear and legible. Do not send documents that have not been specifically requested or listed on this sheet. Do not send originals, we cannot guarantee that originals will be returned.

Step 1. Complete and sign the AHEAD Post-Purchase Participant Intake Forms. **All pages must be completed and signed.**

Step 2. Complete and sign the AHEAD & NH Homeowners Assistance Fund Authorization Forms. These forms are required. Some of them may appear to be similar but they are all unique and required in order to receive services from AHEAD. **All pages 12-27 must be signed.**

Step 3. Completed budget worksheet pages 1- 3. **All pages must be completed and signed.**

Step 4. Gather mandatory supporting documentation (see page 2 & 3 for list of required documents)

Step 5. Send AHEAD intake forms and required supporting documents back to AHEAD via USPS mail, email attachment (pdf format only) or fax.

What happens next?

AHEAD's Intake Specialist staff will review your paperwork to verify it is complete. Once all documents are completed and received an AHEAD Case Manager will begin the process of completing your NH Homeowners Assistance Fund Application. This typically happens within 48 hours of AHEAD receiving your complete packet.

Then, if you are requesting assistance with a mortgage, AHEAD's Case Management staff will schedule you a phone appointment with an AHEAD Homeownership Advisor to review your specific case, discuss loss mitigation, and begin working with your mortgage loan servicer.

Once your application for assistance is completed and received by the NH Homeowners Assistance Fund it usually takes 3-4 weeks for them to review your application and determine eligibility. Once you have been approved, the NH Homeowners Assistance Fund will then communicate with your mortgage servicer, town/city, HOA, and/or utility company to verify the amount past due and confirm payment arrangements. Payments are made directly to the mortgage servicer, town/city, HOA, and/or utility company. Payments are not made to the homeowner.

Document Checklist

Make sure all documents are clear and legible. Do not send documents that have not been specifically requested or listed on this sheet. Do not send originals, we cannot guarantee that originals will be returned.

REQUIRED DOCUMENTATION FOR ALL APPLICANTS OF THE NH HOMEOWNERS ASSISTANCE FUND

- Copy of social security card for everyone listed on deed/mortgage. If you do not have a copy of your social security card you can request a new copy by visiting your local Social Security office or online at <https://www.ssa.gov/ssnumber/>
- Copy of driver's license/photo ID for everyone listed on deed/mortgage
- Most recent SIGNED tax return. Tax return **MUST** be signed & dated (page 2 of 1040 form) even if it was filed electronically. If you do not file a US tax return you **must** complete and sign IRS form 4506 T-EZ
 - Completed 4506T-EZ form if applicant does NOT file US Federal Income Tax (AKA 1040)
- Most recent 4 weeks of paystubs for everyone listed on deed/mortgage (if applicable)
- Social Security current year Award/Benefit letter for everyone listed on deed/mortgage (if applicable)
- Copy of property deed with notary stamp (only if applying for \$5,000 or more in assistance)
- Copy of divorce decree or death certificate if anyone who is listed on the deed or mortgage has died or divorced the other homeowner.

Question 1. Are you requesting assistance with your mortgage? YES No

If you answered yes, the additional following documents are **REQUIRED!** If no, skip to Question 2

- Completed and signed hardship letter (page 18 of intake packet)
- Most recent mortgage statement and/or correspondence from mortgage lender
- Two most recent monthly bank statements (must be official statements *not print screens*, all pages, do not highlight or black out any information) for everyone listed on deed/mortgage

Question 2. Are you requesting assistance with your property taxes? YES No

If you answered yes, the additional following documents are **REQUIRED!** If no, skip to Question 3

- Most recent property tax bill

Question 3. Are you requesting assistance with your utilities (electric, heating fuel, water/sewer)?

YES No

If you answered yes, the additional following documents are **REQUIRED!** If no, skip to Question 4

Most recent, delinquent utility bills you are requesting assistance for. All pages must be included, not just the first page. Bill must include your full name, property address and account number.

Question 4. Are you requesting assistance with your HOA or lot rent? YES No

If you answered yes, the additional following documents are **REQUIRED!** If no, skip to section. If no, skip to Question 5

Most recent HOA fee statement (if applicable)

Question 5. Do you receive any other kind of state assistance? YES No

If you answered yes, the additional following documents are **REQUIRED!** If no, skip to section. If no, skip to Question 6

State aid award letter

Question 6. Is your home in a trust, living will or part of an estate? YES No

If you answered yes, the additional following documents are **REQUIRED!**

Full copy of the trust, will or estate.

Other Required documents (if applicable)

Proof of child support/alimony paid or received (copy of court order)

Please return documents by USPS/FAX or EMAIL:

HOC@homesahead.org

AHEAD, Inc.
HOMEOWNERSHIP CENTER
262 Cottage St. Suite 130
Littleton, NH 03561
FAX: (603) 795 – 7127

AHEAD Post-Purchase Participant Intake Form

Please provide the required information that are marked with an asterisk*.

Primary Applicant (Resident 1)

First name*	Middle Name	Last Name*
Date of birth (MM - DD - YYYY)*	Current Age*	Social Security Number *

Home Address

Street*	Address Line 2	City*
State*	Zip Code*	County*

Is your mailing address the same as your home address? * Yes No

Mailing Address (if different from home address)

Street*	Address Line 2	City*
State*	Zip Code*	County*

Additional Contact Information

Phone Number*	Email Address*
Preferred method of contact* <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text Message (Standard messaging and data rates may apply)	
Preferred language*	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Portuguese <input type="checkbox"/> Arabic <input type="checkbox"/> Indonesian <input type="checkbox"/> Kinyarwanda <input type="checkbox"/> Nepali <input type="checkbox"/> Swahili <input type="checkbox"/> Vietnamese <input type="checkbox"/> Farsi <input type="checkbox"/> Pashto	

_____ (initials)* I authorize NH Homeowner Assistance Fund to collect and record my nonpublic personal information. NH Homeowner Assistance Fund will not sell your personal information to anyone; however, we may share the information you give us today, and any other information about you that we obtain, with the U.S. Department of the Treasury, other agencies of the federal government or the State of New Hampshire, any organizations and companies that own, insure, guarantee, or service your first lien mortgage loan, companies that perform support services in conjunction with the NH Homeowner Assistance Fund, HUD certified housing counselors, and legal assistance representatives. Any information shared with the NH Homeowner Assistance Fund will be used to evaluate your request for assistance.

Has anyone in your household qualified for any kind of unemployment insurance benefits on or after January 21, 2020?

Yes No

Did you or anyone in your household make less income as a result of the COVID-19 Public Health Emergency? Yes No

The decrease in household income is due to: Loss of Income Illness Other

Approximately how much less are you earning per month due to the COVID-19 Public Health Emergency? _____

Did you or anyone in your household have an increase in expenses due to the COVID-19 Public Health Emergency? Yes No

If yes, how much per month was that increase in expenses? _____

Has anyone in your household received any Mortgage, Property charge or Utility assistance since January 21, 2020? Yes No

Primary Applicant Demographics (Resident 1)

Disclosing gender, race, ethnicity, and other demographic information will not affect eligibility.

What is your race? * (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other race <input type="checkbox"/> Choose not to respond	Are you English proficient?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond
With which gender do you identify?* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Choose not to respond	
What is your ethnicity?* <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose not to respond	
Are you a veteran?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond	Are you in active military status?* <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a disability* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond	Do you have a disabled dependent?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond
Highest level of education:* _____	
Marital status:* <input type="checkbox"/> Married <input type="checkbox"/> Living with partner <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

Household Composition

How many people including you live in your household? * _____

(Please include yourself, all other adults, and minor children.)

Please provide the information below for each resident in the household other than yourself.

Co-Applicant/Resident 2 Is this person listed on the mortgage and/or the deed to the home? Yes No

First name*	Middle Name	Last Name*
Date of birth (MM - DD - YYYY)*	Current Age*	Social Security Number *

What is your race? * (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other race <input type="checkbox"/> Choose not to respond	Are you English proficient?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond
With which gender do you identify?* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Choose not to respond	
What is your ethnicity?* <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose not to respond	
Are you a veteran?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond	Are you in active military status?* <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a disability* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond	Do you have a disabled dependent?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond
Highest level of education:* _____	
Marital status:* <input type="checkbox"/> Married <input type="checkbox"/> Living with partner <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Relationship to Primary Applicant: _____	Is this person a dependent of the primary applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have more than 2 people living in your household? If yes, please complete page 25 for each member in the household. If you need additional pages, please contact AHEAD.

Income Information

Add income information for each resident who is listed on your mortgage and/or deed (e.g., a co-borrower, co-owner).

Primary Applicant Income |Full name: _____

Have you filed an income tax return for last year and do you have access to your IRS 1040-series tax return or an IRS Transcript showing your adjusted gross income? * <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, enter your Adjusted Gross Income from your most recently filed federal income tax return: * _____
Source of income: <input type="checkbox"/> Job Income <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Self Employed <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Workers Comp <input type="checkbox"/> Unemployment <input type="checkbox"/> Annuity <input type="checkbox"/> Rental or boarder income <input type="checkbox"/> Social Security <input type="checkbox"/> Alimony <input type="checkbox"/> Room Rents <input type="checkbox"/> Other
Employer Name: _____ Position: _____ Date of hire: _____
Frequency of pay:* <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Twice per month <input type="checkbox"/> Yearly
Gross Monthly Income Amount:*

Resident 2 Income |Full name: _____ if applicable

Have you filed an income tax return for last year and do you have access to your IRS 1040-series tax return or an IRS Transcript showing your adjusted gross income? * <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, enter your Adjusted Gross Income from your most recently filed federal income tax return: * _____
Source of income: <input type="checkbox"/> Job Income <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Self Employed <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Workers Comp <input type="checkbox"/> Unemployment <input type="checkbox"/> Annuity <input type="checkbox"/> Rental or boarder income <input type="checkbox"/> Social Security <input type="checkbox"/> Alimony <input type="checkbox"/> Room Rents <input type="checkbox"/> Other
Employer Name: _____ Position: _____ Date of hire: _____
Frequency of pay:* <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Twice per month <input type="checkbox"/> Yearly
Gross Monthly Income Amount:*

Authorized Representative(s)

The homeowner must be entered as the primary applicant. Applicants may designate a third party to act as their Communication Designee or authorized representative. The authorized representative may be another household member or an individual outside of the household; e.g., a lawyer, social worker, or volunteer.

Are you filling out this application on behalf of someone else? * <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:		
Name of the Agency	First name	Last name
Would you like to designate an authorized representative? * <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:		
First name*	Last name*	
Phone number*	Email address*	

_____ (initials)* I request that the individual named above have designated authority to act as my authorized representative to AHEAD Inc.. This authorization is effective until revoked by me in writing.

Lien Information

Other than mortgage(s) are you aware of any liens on your property?* Yes No

If yes, please explain and list all liens:

Property Information

Is the property for which you are requesting assistance your primary residence? * Yes No

Do you need assistance with your mortgage payment? This might include escrow shortages, actual late payments or other fees you were charged for having missed those payments (including forbearance costs)? *

Yes No

Do you have a pending foreclosure or tax sale? *

Yes No

If you are in immediate threat of losing your home to foreclosure, tax deed, or sheriff's sale, we encourage you to reach out to <https://nhlegalaid.org/> | (603) 224-3333

If yes, has a date for your foreclosure auction been set? * If yes, date of foreclosure auction (MM - DD - YYYY) * _____

Yes No

Property Type: *

- Single-family (attached or detached) properties
- Duplex
- Triplex
- Fourplex
- Condo
- Coop
- Manufactured Housing/Mobile Home

Are you in active bankruptcy? * Yes No

Have you filed bankruptcy in the past?* Yes No If yes, when (MM-YYYY): _____

AHEAD Post-purchase Intake Packet

Please tell us about the delinquent mortgages for this property.

Mortgage #1:

Mortgage/Loan Type*					
<input type="checkbox"/> First Mortgage <input type="checkbox"/> Second Mortgage <input type="checkbox"/> Loans Secured by Manufactured Housing (secured by real estate or a dwelling) <input type="checkbox"/> Land Contract <input type="checkbox"/> Reverse Mortgage					
Is your mortgage federally-backed (if you know)? * <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know					
If yes, Federally-backed Mortgage Type* <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> USDA-RA <input type="checkbox"/> HELOC <input type="checkbox"/> HECM					
Mortgage Servicer Name: *		Loan Number: *		Original Amount Borrowed: *	
Monthly Payment amount: *					
Does this amount include any of the following additional property charges (check all that apply)? *					
<input type="checkbox"/> Property taxes <input type="checkbox"/> HOA/Condo/Coop fees or common charges <input type="checkbox"/> Homeowners insurance (hazard/flood/wind)					
Status of the account:					
<input type="checkbox"/> Currently in forbearance <input type="checkbox"/> Forbearance has ended <input type="checkbox"/> Foreclosure <input type="checkbox"/> Repossession <input type="checkbox"/> Post-Foreclosure <input type="checkbox"/> Current <input type="checkbox"/> Delinquent					
Amount needed to bring the loan current*					
Please tell us about the missed mortgage payments*					
Month-Year	Missed Payment Amount	Month-Year	Missed Payment Amount	Month-Year	Missed Payment Amount
Have you completed or are you in the process of completing loss mitigation with your servicer? Loss mitigation is the oral or written request for mortgage assistance that is accompanied by any information required by your servicer for evaluating the request.* <input type="checkbox"/> Yes <input type="checkbox"/> No					
What options, if any, has your mortgage servicer offered you to bring your loan current (check all that apply)?					
<input type="checkbox"/> Immediate lump sum payment of full amount past due <input type="checkbox"/> Short-term (12 months or less) repayment plan <input type="checkbox"/> Deferral or partial claim + resume regular payments <input type="checkbox"/> Loan modification with reduced payments <input type="checkbox"/> Other (please describe below):					
Are there any additional people on your mortgage(s) who don't currently live in your home? * <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please provide the Co-Borrower and/or Co-Owner details below:					
First name*	Middle Name	Last name*	Social Security Number*		

Do you have a 2nd mortgage, home equity loan or HELOC on the property? * Yes No

If yes, complete page 9 for the additional mortgage. If no, skip to page 10.

AHEAD Post-purchase Intake Packet

Mortgage #2 (if applicable):

Mortgage/Loan Type* <input type="checkbox"/> First Mortgage <input type="checkbox"/> Second Mortgage <input type="checkbox"/> Loans Secured by Manufactured Housing (secured by real estate or a dwelling) <input type="checkbox"/> Land Contract <input type="checkbox"/> Reverse Mortgage					
Is your mortgage federally-backed (if you know)? * <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know					
If yes, Federally-backed Mortgage Type* <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> USDA-RA <input type="checkbox"/> HELOC <input type="checkbox"/> HECM					
Mortgage Servicer Name: *		Loan Number: *		Original Amount Borrowed: *	
Monthly Payment amount: *					
Does this amount include any of the following additional property charges (check all that apply)? * <input type="checkbox"/> Property taxes <input type="checkbox"/> HOA/Condo/Coop fees or common charges <input type="checkbox"/> Homeowners insurance (hazard/flood/wind)					
Status of the account: <input type="checkbox"/> Currently in forbearance <input type="checkbox"/> Forbearance has ended <input type="checkbox"/> Foreclosure <input type="checkbox"/> Repossession <input type="checkbox"/> Post-Foreclosure <input type="checkbox"/> Current <input type="checkbox"/> Delinquent					
Amount needed to bring the loan current*					
Please tell us about the missed mortgage payments*					
Month-Year	Missed Payment Amount	Month-Year	Missed Payment Amount	Month-Year	Missed Payment Amount
Have you completed or are you in the process of completing loss mitigation with your servicer? Loss mitigation is the oral or written request for mortgage assistance that is accompanied by any information required by your servicer for evaluating the request.* <input type="checkbox"/> Yes <input type="checkbox"/> No					
What options, if any, has your mortgage servicer offered you to bring your loan current (check all that apply)? <input type="checkbox"/> Immediate lump sum payment of full amount past due <input type="checkbox"/> Short-term (12 months or less) repayment plan <input type="checkbox"/> Deferral or partial claim + resume regular payments <input type="checkbox"/> Loan modification with reduced payments <input type="checkbox"/> Other (please describe below):					
Are there any additional people on your mortgage(s) and/or deed who don't currently live in your home? * <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please provide the Co-Borrower and/or Co-Owner details below:					
First name*		Middle Name		Last name*	
Social Security Number*		Social Security Number*			

Property Charge Assistance

Do you need assistance paying property charges/taxes or utilities that are **NOT** included in your mortgage?

Yes No

Please tell us all the types of delinquent property charges you would need assistance for.

Property Charge #1: Property Tax

What city/town is the property in?*	Total property charges owed*
-------------------------------------	------------------------------

Property Charge #2: HOA/Condo/Coop fees or common charges

<input type="checkbox"/> HOA fees <input type="checkbox"/> Condo fees <input type="checkbox"/> Coop fees <input type="checkbox"/> Mobile Home Lot Rent <input type="checkbox"/> Common charges	Who do you Pay?*	Total property charges owed*
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Property Charge #3: Homeowners Insurance (hazard/flood/wind)

Insurance Company Name	Total property charges owed*
------------------------	------------------------------

Property Charge #4: Utility Assistance

<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas (oil, propane, kerosene) <input type="checkbox"/> Water and/or sewer	Who do you Pay? (names of utility companies and/or town/city for water/sewer)	Total delinquent utility charges owed Electric: \$ _____ Natural Gas: \$ _____ Water and/or sewer: \$ _____
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General Customer Service Agreement

AHEAD's mission is to create pathways to safe, affordable housing which strengthens and revitalizes rural communities. AHEAD actively supports and promotes fair housing education, counseling, and advocacy, to the end that all persons have the opportunity to secure the housing they desire and can afford, without discrimination based on their race, color, religion, gender, sexual orientation, gender identity, gender expression, national origin, familial status, marital status, disability, genetic information, ancestry, age, source of income or other characteristics protected by law.

1. I understand that AHEAD provides home purchase, foreclosure prevention, reverse mortgage, rental and financial counseling for which require me to complete an AHEAD intake packet. After my initial counseling appointment, I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand that AHEAD receives funds from HUD, NeighborWorks America®, NHHFA and other local financial institutions and, as such, is required to share some of statistical demographic information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I acknowledge that I have received a copy of AHEAD's Privacy Policy.
4. 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.
5. 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.
6. I understand that AHEAD is a Housing Counseling organization and is not a mortgage lender or realtor. AHEAD provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from AHEAD in no way obligates me to choose any of these particular loan products or housing programs.

Participant, please **sign** name here

Co-Participant, please **sign** name here

Participant, please **print** name here

Co-Participant, please **print** name here

Date: _____

Date: _____

*

AHEAD Inc. 262 Cottage St. Littleton, NH 03561

www.homesahead.org email hoc@homesahead.org phone (603)444-1377 fax (603)795-7127

This form was updated on 6/25/2023



Foreclosure Mitigation Counseling Agreement

1. I understand that AHEAD 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 agencies as appropriate.
2. I understand that AHEAD may receive grant and other funding and, as such, may be required to share some of my personal information with those funder’s program administrators and their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for AHEAD funder’s program administrators and/or evaluators to follow-up with me and/or AHEAD for up to three (3) years from the date of this signed form for the purpose of program evaluation.
4. I acknowledge that I have received a copy of AHEAD’s Privacy Policy & Practices
5. I may be referred to other services offered by AHEAD or other agencies, organization, or individuals 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 for appropriate assistance.
7. I understand that AHEAD provides information and education on numerous loan products, housing programs, and financial counsel. I further understand that the housing counseling I receive from AHEAD in no way obligates me to choose any of these particular loan products, housing programs, or other options.

Participant, please **sign** name here

Co-Participant, please **sign** name here

Participant, please **print** name here

Co-Participant, please **print** name here

Date: _____

Date: _____



Free Credit Report & Monitoring Agreement

I, each of the persons signing below, agree that my request for a credit assessment ("Request for Assessment"), including all personal information furnished to my HomeOwnership Advisor and one or more credit reports obtained in connection with my request ("Request Information"), may be received and reviewed by an automated underwriting service and one or more mortgage lenders ("Lenders") which I may designate for my HomeOwnership Advisor to send my Request Information. I also consent that my HomeOwnership Advisor may request and obtain one or more credit reports, as necessary, in connection with my Request for Assessment and continued credit monitoring and that each Lender that I designate may receive and review the results of my Request for Assessment. I authorize AHEAD Inc. and my Homeownership Advisor to pull my/our credit to review my/our credit file for housing counseling in connection with my pursuit of obtaining a loan, receiving loss mitigation services, or creating a budget/debt reduction plan. I understand that AHEAD may share my information with HUD for the purpose of AHEAD program auditing.

APPLICANT

First Name		Middle Name	Last Name	
Street Address		City	State	Zip
Phone		Email		
Date of Birth	Social security Number			

_____ Date: _____

Signature

CO-APPLICANT

First Name		Middle Name	Last Name	
Street Address		City	State	Zip
Phone		Email		
Date of Birth	Social security Number			

_____ Date: _____

Signature



Privacy Release Form

HUD #82773 / Last 4 of Tax ID# 9643
HOME OFFICE: 262 Cottage St, Suite 130, Littleton, NH 03561
(800) 974-1377

As described in AHEAD’s Privacy Policy and Practices (provided), your privacy and the security of personal information is extremely important to us. To better serve you, it may be necessary at times for AHEAD to share information with or secure information from other agencies, organizations, and/or individuals who may be able to assist us with securing a resolution to your current financial crisis. These contacts might include:

- Local, state, and/or federal government agencies
- Lenders, servicers, and/or other financial institutions
- The NH Bar Association, NH Legal Assistance, Legal Advice & Referral Center, and/or other legal counsel
- The NH Banking Department
- Local, state, and/or federal service agencies and/or resources

Additionally, if there are specific agencies, organization, and/or individuals that you are currently working with or feel may be of assistance, kindly list them below:

- NAME: _____
CONTACT INFORMATION: _____
- NAME: _____
CONTACT INFORMATION: _____
- NAME: _____
CONTACT INFORMATION: _____

I authorize AHEAD’s office to communicate information about my case with any of the above referenced agencies, organizations, and/or individuals. I freely and willingly authorize AHEAD and their staff to make inquiries into my personal records, and/or files to obtain information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time.

Applicant, please **sign** name here

Co-Applicant, please **sign** name here

Applicant, please **print** name here

Co-Applicant, please **print** name here

Date: _____

Date: _____



Authorization to Release Information Form

HUD #82773 / Last 4 of Tax ID# 9643
262 Cottage Street, Suite 130, Littleton, NH 03561
(800) 974-1377 * Fax: (603) 795-7127 * hoc@homesahead.org * www.homesahead.org

To: _____ (Lender/Service))
RE: Account Number: _____
Homeowner/Borrower's Name: _____
Property Address: _____
Mailing Address: _____

AUTHORIZATION TO RELEASE INFORMATION

Dear Sir or Madam:

I am currently working with AHEAD Inc. I hereby authorize you to release any and all information concerning my financial information to AHEAD Inc at their request.

I further authorize you to discuss my personal information with any counselor employed by AHEAD Inc. Including, but not limited to **Samantha Marshall, Kelly Mason-Carson, Karen Fagnant, Mari DeBlois, Megan Nile, Katie Masters and/or Amy Lurvey.**

You may release any additional information regarding my situation without further authorization from me. **This Authorization is valid for 12 months after the date of signature.**

AHEAD Inc is a HUD approved Non-Profit agency. I certify that I have not been charged any fee relating to the Foreclosure Counseling I am receiving from AHEAD Inc. _____ Initial

Applicant, please **sign** name here

Co-Applicant, please **sign** name here

Applicant, please **print** name here

Co-Applicant, please **print** name here

Date: _____

Date: _____

Applicant Social Security Number

Co-Applicant, Social Security Number



Confidentiality Agreement

The AHEAD HomeOwnership Center recognizes its duty to protect the privacy of its customers and will only release personal information to others with your written approval. We agree to keep all information completely confidential and will not disclose details to any person(s), except to appropriate staff members and to others specifically authorized by you.

AHEAD staff will continue to uphold all confidentiality agreements throughout and after your affiliation with AHEAD, unless otherwise directed by you in writing. In your best interest, it is our promise to you, that all information will remain personal and confidential.

While AHEAD recognizes the importance of not disclosing your personal information please be aware that any information pertaining to rental units owned by AHEAD **WILL** be disclosed to the appropriate management company. Furthermore, any information that may affect an approval or denial on a mortgage approval **WILL** be disclosed to the lender.

Should you feel that your best interest are not being served by our staff please let us know as soon as possible so we may rectify the situation immediately.

Applicant, please **sign** name here

Co-Applicant, please **sign** name here

Applicant, please **print** name here

Co-Applicant, please **print** name here

Date: _____

Date: _____

HomeOwnership Staff Signature

Date



Privacy Policy and Practices

AHEAD 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 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 your 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 AHEAD 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 AHEAD 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 AHEAD 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 AHEAD's 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 this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that AHEAD 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 AHEAD will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting AHEAD.

_____ Name 1 (Printed)	_____ Signature	_____ Date	_____ Name 2 (Printed)	_____ Signature	_____ Date
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RELEASE: I hereby authorize AHEAD 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.

_____ Name 1 (Printed)	_____ Signature	_____ Date	_____ Name 2 (Printed)	_____ Signature	_____ Date
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INSTRUCTIONS FOR PREPARING A FINANCIAL HARDSHIP LETTER

In your own words, please write a letter to your lender (handwritten or typed). Include 3 paragraphs in that letter:

1. The first paragraph should indicate what your hardship is and how you have arrived at your current financial situation.
2. The second paragraph should include the steps you are taking and have been taking to correct or “fix” the situation. Please include the fact that you have contacted AHEAD, a HUD approved counseling agency, to provide counseling and assist you with the situation.
3. The third paragraph should indicate what you would like your lender to do to help you. (i.e. reduce the monthly payments to make them more affordable)
4. Make sure the letter is SIGNED (in your handwriting – not typed) and DATED.

AUTHORIZATIONS, ACKNOWLEDGEMENTS AND CERTIFICATIONS

I acknowledge that NH Homeowner Assistance Fund and any other participants can obtain, use, and share application information and documentation for purposes permitted by applicable law.

Authorization for Third Parties

I authorize my employer, The NH Department of Labor, NH Department of Health and Human Services, the US Veterans Administration, the Social Security Administration and any other state or federal agency to provide information to NH Homeowner Assistance Fund in connection with confirming income information provided herein.

Acknowledgement Regarding Electronic Records and Signatures

NH Homeowner Assistance Fund and other participants may keep any paper record and/or electronic record of this application whether or not my request is approved.

If this application is created as (or converted into) an electronic application, I consent to the use of electronic records and electronic signatures as the terms are defined in and governed by applicable federal and/or state electronic transaction laws.

I intend to sign or have signed this application either using my (a) electronic signature; or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature will be my binding electronic signature.

I agree that the application delivered or transmitted as an electronic record with my electronic signature, will be as effective and enforceable as a paper application signed by me in writing.

Zero Income Attestation

Any applicant claiming zero income, attests to have zero income from the following:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security, annuities, insurance policies, retirement, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments;
- Periodic allowances such as alimony, child support, or gifts received;
- Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- Any other source not named above.

Additional Acknowledgments and Certifications

Each Applicant named in this application makes the following Agreements and Certifications:

I agree to, acknowledge, represent, and certify UNDER PENALTY OF PERJURY the following statements to NH Homeowner Assistance Fund and any other participants.

The information I have provided in this application is true, accurate, and complete as of the date submitted.

AHEAD Post-purchase Intake Packet

The property referenced in this application is my primary residence.

I have not filed any other application for or received assistance from NH Homeowner Assistance Fund or under any other federally funded program for assistance regarding the mortgage, property taxes, homeowner association or other common charges or utilities referenced in this application.

If the information I submitted changes or I have new information before disbursement of funds, I agree to change and supplement this application.

During application submission and review, I will inform NH HAF immediately if I become aware of a foreclosure auction, property tax deed, sheriff's sale, or disconnection date.

I understand that NH Homeowner Assistance Fund and other participants may rely on the information contained in the application before and after disbursement of funds.

I will provide any and all records and information reasonably requested to evidence the information provided.

I understand that I may be contacted by NH Homeowner Assistance Fund or its designees in connection with promotion of this program.

Any intentional or negligent misrepresentation of information may result in the imposition of civil and/or criminal penalties on me including, but not limited to, fine or imprisonment or both under the provisions of federal law. Any inaccurate information provided in this application may also result in recapture of funding.

I must not commit fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program.

I must not engage in abusive, violent, or offensive communication or behavior toward NH HAF, NH Housing, or representatives of any NH HAF Partner agency including but not limited to Speridian, Tidal Basin, AHEAD, New Hampshire Legal Assistance, 603 Legal Aid, and 211. Harassment, including abusive behavior, offensive language, discriminatory remarks, verbal and physical abuse, or violence will not be tolerated. Such behavior may result in disqualification from consideration for program assistance and appropriate legal actions may be pursued as necessary.

The State of New Hampshire, NH Housing, and its contractors ("The State") are not responsible for the release of any liens partially or fully satisfied with any HAF payment made on behalf of an applicant.

If I have reason to believe that I have been discriminated against based on age, race, color, religion, sex, disability, national origin, or familial status, I may file a discrimination complaint with the Director, Office of Civil Rights and Equal Employment Opportunity, 1500 Pennsylvania Ave., N.W., Washington, DC 20220.

I understand, acknowledge, and agree to the Authorizations, Acknowledgements and Certifications set forth above.

Signature

Last four digits of Social Security Number

Date

Signature

Last four digits of Social Security Number

Date

NH HAF Case #: _____
Property Address: _____
Grantee: _____

**GRANT AGREEMENT WITH FUTURE ADVANCES
NEW HAMPSHIRE HOMEOWNER ASSISTANCE FUND PROGRAM**

This Grant Agreement (this "Agreement" or "Grant") is made on _____, by and between the Grantee identified above, having an address at the Property Address identified above (the "property") and New Hampshire Housing Finance Authority ("NH Housing"). The Agreement shall commence on the issuance date and shall terminate two years after last payment on behalf of applicant is made unless sooner terminated or further extended in accordance with the terms of this Agreement.

Agreement

1. The Governor's Office for Emergency Relief and Recovery ("GOFERR") is the recipient of Homeowner Assistance Fund (HAF) from the U.S. Department of Treasury made available under Section 3206 of the American Rescue Plan Act of 2021 (hereinafter the "Act"). NH Housing is the sub-recipient administering the New Hampshire Homeowner Assistance Fund ("NH HAF"). Grantee has been approved by NH Housing to receive the benefit of NH HAF pursuant to the Act in the form of a grant for the purpose of making payments for eligible housing-related expenses.

2. NH Housing hereby makes a grant to Grantee in the amount of up to Forty Thousand Dollars \$40,000 and based upon the total amount of NH HAF assistance provided on behalf of Grantee (the "Grant"). NH Housing may make one or more than one disbursement(s) on behalf of Grantee for housing-related expenses consistent with the program terms of NH HAF.

3. Grantee represents and warrants that the Grant has been and will be used only for NH HAF eligible housing-related expenses.

4. EVENTS OF DEFAULT. The following shall constitute events of default by Grantee pursuant to this Grant:

- (a) Fraud or misrepresentation in connection with this transaction;
- (b) Breach of any term of this Agreement;
- (c) If Grantee is not using the property as his/her principal place of residence at the time of receiving this Grant;
- (d) If Grantee sells, transfers, conveys, or otherwise disposes of the property in whole or in part after signing this Agreement; or
- (e) If Grantee refinances any prior-recorded mortgage on the property with a cash-out greater than \$5,000 ["Cash out" means any amount paid to or on behalf of the Grantee above the amount necessary to pay off the existing mortgage(s)].

5. REMEDIES.

(a) Grantee acknowledges that upon the occurrence of an event of default, NH Housing may exercise any of the following rights:

- i. If Grantee has engaged in fraud or misrepresentation in connection with this transaction, NH Housing may declare the HAF Grant immediately due and payable.
- ii. If Grantee has engaged in fraud or misrepresentation in connection with this transaction, NH Housing may pursue any available remedy, civil or criminal, to the fullest extent of the law.
- iii. NH Housing may exercise any additional remedies allowed under the law.

(b) Grantee acknowledges that upon the occurrence of an event of default, the choice of remedy is within NH Housing's sole discretion. The selection of a particular remedy, or the decision to take no action, will not prevent NH Housing from pursuing any available remedy in the future or in the event of another event of default.

(c) Grantee covenants that Grantee will pay all of NH Housing costs, including but not limited to, attorney's fees and other costs actually incurred in the curing of an event of default or in the enforcement of any provisions of this Agreement.

IN WITNESS WHEREOF, this Agreement has been duly executed by Grantee on the date set forth above.

GRANTEE(S):

Signature:

Name:

GRANTEE(S):

Signature:

Name:



NEW HAMPSHIRE HOMEOWNER ASSISTANCE FUND

Third-Party Authorization

“I” and “My” means and refers to individually and collectively the undersigned Owner and Co-Owner (if any), and any non-owner borrower identified below.

“Servicer” means the first mortgage lender/servicer identified below.

“Third Party” means individually and collectively the third parties (including their employees, contractors, subcontractors, agents, successor, and assigns) identified below.

I authorize the Servicer and any Third Party to obtain, share, release, discuss, and otherwise provide to and with each other and with my public and non-public personal information contained in or related to my mortgage loans, insurance policies and associated premiums, tax and homeowner payment obligations. 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 Owner and non-owner borrower. I also understand and consent to the disclosure of my personal information and the terms of any applications, agreements, or other communications under Homeowner Assistance Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the American Rescue Plan Act of 2021.

The Servicer and any Third Party is authorized to take such steps as it may deem reasonable 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 Authorization, beware of foreclosure rescue scams!

- A HUD-approved housing counselor, NH Housing representative, or other authorized third party may work directly with the Owner’s lender/mortgage servicer.
- The Owner can visit <https://www.hud.gov/findacounselor> to identify a HUD-approved housing counseling agency.
- Beware of anyone who asks for a fee in exchange for a counseling service or modification of a delinquent loan.

All owners and non-owner borrowers should sign this Third-Party Authorization. This Third-Party Authorization is not revocable except as otherwise required by applicable law.

SERVICER:

Mortgage Lender/Servicer Name

Account/Loan Number

Property Address:

THIRD PARTIES:

**New Hampshire Housing
Finance Authority**

**P.O. Box 5087
Manchester, NH 03108**

**New Hampshire Homeowner
Assistance Fund**

Counseling Agency

Agency Contact Name & Phone Number

Other Third-Party

Contact Name & Phone Number

The following are optional:

Second Mortgage Lender/Servicer Name **Account/Loan Number**

Hazard Insurance Company Name

Policy Number

Phone Number

**Condominium Association / Home
Owner Association**

Phone Number

City/Town/County Taxing Authority

Phone Number

Name of Owner: _____

Employer: _____ Phone: _____

Name of Owner: _____

Employer: _____ Phone: _____

Name of Non-Owner Borrower: _____

Employer: _____ Phone: _____

Name of Non-Owner Borrower: _____

Employer: _____ Phone: _____

Owner's Attorney: _____

Phone: _____

Other Designated Representative (s) authorized to act on behalf of Owner:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

OTHER:

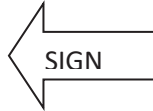
I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Owner

Printed Name

Signature

Date

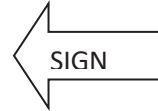


Co-Owner

Printed Name

Signature

Date

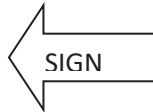


Additional Co-Owner

Printed Name

Signature

Date

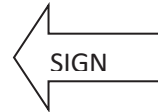


Additional Co-Owner

Printed Name

Signature

Date

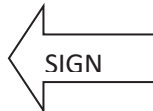


Non-Owner Borrower

Printed Name

Signature

Date

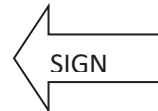


Additional Non-Owner Borrower

Printed Name

Signature

Date



Additional Household Members (Optional)

Resident # _____ Demographics

First name*	Middle Name	Last Name*
Date of birth (MM - DD - YYYY)*	Current Age*	Social Security Number *

What is your race? * (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other race <input type="checkbox"/> Choose not to respond	Are you English proficient?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond
With which gender do you identify?* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Choose not to respond	
What is your ethnicity?* <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose not to respond	
Are you a veteran?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond	Are you in active military status?* <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a disability* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond	Do you have a disabled dependent?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond
Highest level of education:* _____	
Marital status:* <input type="checkbox"/> Married <input type="checkbox"/> Living with partner <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Relationship to Primary Applicant: _____	Is this person a dependent of the primary applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No

Complete income information if additional resident is listed on your mortgage and/or deed (e.g., a co-borrower, co-owner)

Have you filed an income tax return for last year and do you have access to your IRS 1040-series tax return or an IRS Transcript showing your adjusted gross income? * <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Enter your Adjusted Gross Income from your most recently filed federal income tax return * _____
Source of income: <input type="checkbox"/> Job Income <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Self Employed <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Workers Comp <input type="checkbox"/> Unemployment <input type="checkbox"/> Annuity <input type="checkbox"/> Rental or boarder income <input type="checkbox"/> Social Security <input type="checkbox"/> Alimony <input type="checkbox"/> Room Rents <input type="checkbox"/> Other
Employer Name: _____ Position: _____ Date of hire: _____
Frequency of pay:* <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Twice per month <input type="checkbox"/> Yearly
Gross Monthly Income Amount:*

Monthly Household Budget Worksheet - List your monthly payments/expenses

Your monthly budget is an important part of helping you to best manage your money. It also helps us to determine how we can help find opportunities to assist with keeping you in your home. Please review and complete each item carefully. **IMPORTANT: If an expense is only paid yearly, divide the total annual cost by 12 and enter the amount in the monthly payment column.**

A. Housing	Monthly Payment	
Mortgage or rent		
Second mortgage (home equity)		
Homeowners association fees		
Property taxes		
Maintenance or repairs		
Water & Sewer		
Heating fuel, propane, wood, etc...		
Electricity		
Phone, incl. cell phone(s), pager, etc		
Internet (only if not included in another payment)		
Cable/satellite programming		
Netflix, Disney+, Hulu, etc...		
Garbage removal		
Subtotal of Section A	\$	

B. Transportation	Monthly Payment	
Vehicle 1 (loan payment)		
Vehicle 2 (loan payment)		
Public transportation (bus, taxi, train, etc.)		
Vehicle insurance (all vehicles)		
Licensing		
Fuel & maintenance		
Other		
Subtotal of Section B	\$	

C. Savings and/or Investments	Monthly Payment	
Retirement account(s)		
Investment Accounts		
College Savings		
Emergency Savings		
Other		
Subtotal of Section C	\$	

D. Food	Monthly Payment	
Groceries		
Dining Out		
Other		
Subtotal of Section D	\$	

E. Family expenses	Monthly Payment	
Medical Copays		
Prescription Copays		
School tuition		
Child Care costs		
School supplies		
Organization dues or fees		
Club sports, dance lessons, etc...		
Other		
Subtotal of Section E	\$	

F. Insurance	Monthly Payment	
Home (including Flood Insurance)		
Health (medical, dental, vision, etc.)		
Life		
Rental		
Other		
Subtotal of Section F	\$	

G. Legal	Monthly Payment	
Attorney		
Alimony		
Child Support		
IRS Debt		
Other		
Subtotal of Section G	\$	

Monthly Household Budget Worksheet Page 2 - List your monthly payments/expenses

Your monthly budget is an important part of helping you to best manage your money. It also helps us to determine how we can help find opportunities to assist with keeping you in your home. Please review and complete each item carefully. **IMPORTANT: If an expense is only paid yearly, divide the total annual cost by 12 and enter the amount in the monthly payment column.**

H. Other Debt	Monthly Payment	
Credit Card # 1		
Credit Card # 2		
Credit Card # 3		
Unsecured (Personal) Loan(s)		
Student Loan(s)		
Other (list)		
Subtotal of Section H	\$	

I. Personal	Monthly Payment	
Households toiletries and supplies		
Grooming (hair, nails, etc...)		
Clothing		
Dry cleaning/laundromat		
Gym membership		
Organization dues or fees		
Charitable Contributions		
Pet expenses (food, medical, etc..)		
Other		
Subtotal of Section I	\$	

Totals	Monthly Subtotal	
Section A		
Section B		
Section C		
Section D		
Section E		
Section E		
Section F		
Section G		
Section H		
Section I		
Grand Total	\$	

Client Name Printed _____

Client Signature _____ Date _____

The information above is true and complete to the best of my knowledge.



Monthly Household Budget Worksheet Page 3 Complete income information for each household member who earns income, including social security benefits, retirement, etc.... If you have more than 4 household members, please use additional pages.

Household member #1 _____

Are you currently employed?
 Yes No

If yes, how often are you paid?
 Every week Every other week (bi-weekly)
 Twice a month Monthly

If yes, how are you paid?
 Hourly Salary

If hourly, what is your hourly rate? _____

If salary, what is your annual salary? _____

How many hours per week do you work on average? _____

Do you receive a monthly social security benefit?
 Yes No If yes, how much? _____

Do you receive a monthly retirement benefit?
 Yes No If yes, how much? _____

Do you receive a monthly alimony payment?
 Yes No If yes, how much? _____

Do you receive a monthly child support payment?
 Yes No If yes, how much? _____

Household member #2 _____

Are you currently employed?
 Yes No

If yes, how often are you paid?
 Every week Every other week (bi-weekly)
 Twice a month Monthly

If yes, how are you paid?
 Hourly Salary

If hourly, what is your hourly rate? _____

If salary, what is your annual salary? _____

How many hours per week do you work on average? _____

Do you receive a monthly social security benefit?
 Yes No If yes, how much? _____

Do you receive a monthly retirement benefit?
 Yes No If yes, how much? _____

Do you receive a monthly alimony payment?
 Yes No If yes, how much? _____

Do you receive a monthly child support payment?
 Yes No If yes, how much? _____

Household member #3 _____

Are you currently employed?
 Yes No

If yes, how often are you paid?
 Every week Every other week (bi-weekly)
 Twice a month Monthly

If yes, how are you paid?
 Hourly Salary

If hourly, what is your hourly rate? _____

If salary, what is your annual salary? _____

How many hours per week do you work on average? _____

Do you receive a monthly social security benefit?
 Yes No If yes, how much? _____

Do you receive a monthly retirement benefit?
 Yes No If yes, how much? _____

Do you receive a monthly alimony payment?
 Yes No If yes, how much? _____

Do you receive a monthly child support payment?
 Yes No If yes, how much? _____

Household member #4 _____

Are you currently employed?
 Yes No

If yes, how often are you paid?
 Every week Every other week (bi-weekly)
 Twice a month Monthly

If yes, how are you paid?
 Hourly Salary

If hourly, what is your hourly rate? _____

If salary, what is your annual salary? _____

How many hours per week do you work on average? _____

Do you receive a monthly social security benefit?
 Yes No If yes, how much? _____

Do you receive a monthly retirement benefit?
 Yes No If yes, how much? _____

Do you receive a monthly alimony payment?
 Yes No If yes, how much? _____

Do you receive a monthly child support payment?
 Yes No If yes, how much? _____

Client Name Printed _____

Client Signature _____ Date _____

The information above is true and complete to the best of my knowledge



Short Form Request for Individual Tax Return Transcript

▶ **Request may not be processed if the form is incomplete or illegible.**
▶ **For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.**

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
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 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you that it was unable to locate a return, or that a return was not filed, whichever is applicable.

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

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note:** This form must be received by IRS 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 4506T-EZ. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	