

**MSHDA'S MI HOMEOWNER ASSISTANCE FUND**

- Return all of the listed personal documents and this packet via email or fax. Do NOT take pictures on your phone and send them. Complete the attached forms, sign, date, and return with your documents.

**Email To:** \_\_\_\_\_ **or Fax to:** \_\_\_\_\_

- Application appointments will be provided to those who have submitted ALL requested documents. At this time, appointments will be done via Zoom Video conferencing or telephone if you do not have an Internet connection. If you have any questions, please contact us at \_\_\_\_\_. If we are unable to take your call, please leave a message. We will return your call within two business days.

**MIHAF Required Documentation List**

✓	Document	Description
	<b>Proof of Identification</b> Only needed for Head of Household & 2 <sup>nd</sup> Homeowner	1 of the following: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State Issued ID <input type="checkbox"/> Permanent Resident Card
	<b>Proof of Social Security Number</b>	1 of the following: <input type="checkbox"/> Social Security Card <input type="checkbox"/> W2/1099 Tax Form (most recent year) <input type="checkbox"/> 1040 IRS Tax Form (1 <sup>st</sup> two pages only; most recent tax year) <input type="checkbox"/> Other legal document (showing name & complete SSN)
	<b>Proof of Household Income</b> All Residents including Dependents 18 & older/NOT full-time student	<input type="checkbox"/> One pay statement with Year to Date earning from each employer <input type="checkbox"/> 1040 IRS Tax Form (first two pages only; most recent tax year, if self-employed) <input type="checkbox"/> W2/1099 Tax Form (most recent year) <input type="checkbox"/> Unemployment/benefit statement or payment history <input type="checkbox"/> Government benefit statement <input type="checkbox"/> Retirement/Pension statement <input type="checkbox"/> Child support payment history <input type="checkbox"/> Alimony payment statement
	<b>Proof of Delinquency</b> if applicable	<input type="checkbox"/> Mortgage Statement for each mortgage lien (most recent month) <input type="checkbox"/> Property tax statement <input type="checkbox"/> Condominium Association Dues delinquent statement <input type="checkbox"/> Homeowner insurance policy delinquency statement, if not escrowed in monthly mortgage statement <input type="checkbox"/> Mobile home consumer loan statement <input type="checkbox"/> Mobile home lot rent statement <input type="checkbox"/> Land Contract Agreement or Memorandum of Land Contract; Delinquent statement from title holder/seller of land contract <input type="checkbox"/> Utility bill for each provider: Electric, Home Heating (gas, propane, etc.) Water and/or Sewer (most recent bill) <input type="checkbox"/> Internet provider statement (most recent bill)
	<b>Proof of Other Documents</b> if applicable	<input type="checkbox"/> Bankruptcy – Bankruptcy Court/Trustee Approval letter or Evidence of Discharge of Bankruptcy <input type="checkbox"/> Death Certificate of deceased property owner <input type="checkbox"/> Letters of Authority/Last Will & Testament of deceased property owner's estate

MSHDA Client ID: \_\_\_\_\_ CM Client #: \_\_\_\_\_

<b>** Total monthly household Income:</b> _____	<b>** Total monthly debt:</b> _____
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**Section I - Must be completed by client and co-client**

<b>Client Name</b> (First, Middle Initial, Last):		<b>Date of Birth:</b>	<b>County:</b>		<b>Gender:</b> <input type="checkbox"/> _____
<b>Street Address:</b>		<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Home or Cell Phone Number:</b>		<b>Email Address:</b>		<b>Current Housing Status:</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living w/ Family	
<b>Race: (Check all that apply):</b> <input type="checkbox"/> African American/Black <input type="checkbox"/> Multiple Races (Check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <i>Tribal Affiliation:</i> _____ <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Choose not to provide			<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern/Arab American <input type="checkbox"/> My ethnicity is not listed <i>Please specify:</i> _____ <input type="checkbox"/> Choose not to provide		<b>Number in Household:</b> <b>Check appropriate answer:</b> Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Live in rural area: <input type="checkbox"/> Yes <input type="checkbox"/> No English Proficient: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Highest Education Level:</b> <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Jr. High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Vocational <input type="checkbox"/> Jr. College <input type="checkbox"/> College <input type="checkbox"/> Grad School <input type="checkbox"/> Other					

<b>Co-Client Name</b> (First, Middle Initial, Last):		<b>Date of Birth:</b>	<b>County:</b>		<b>Gender:</b> <input type="checkbox"/> _____
<b>Street Address:</b>		<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Home or Cell Phone Number:</b>		<b>Email Address:</b>		<b>Current Housing Status:</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living w/ Family	
<b>Race: (Check all that apply):</b> <input type="checkbox"/> African American/Black <input type="checkbox"/> Multiple Races (Check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <i>Tribal Affiliation:</i> _____ <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Choose not to provide			<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern/Arab American <input type="checkbox"/> My ethnicity is not listed <i>Please specify:</i> _____ <input type="checkbox"/> Choose not to provide		<b>Check appropriate answer:</b> Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Live in rural area: <input type="checkbox"/> Yes <input type="checkbox"/> No English Proficient: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Highest Education Level:</b> <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Jr. High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Vocational <input type="checkbox"/> Jr. College <input type="checkbox"/> College <input type="checkbox"/> Grad School <input type="checkbox"/> Other					

**Section II - Foreclosure intake only**

<b>Does your name appear on:</b> <input type="checkbox"/> Land Contract <input type="checkbox"/> Deed <input type="checkbox"/> Mortgage		<b>Current Mortgage Servicer:</b>		<b>Loan Number:</b>	
<b>Monthly Pmt Amount:</b>	<b>Second Mortgage?</b>	<b>Is your mortgage delinquent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Amt: _____		<b>Are your property taxes delinquent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Amt: _____	
<b>Date of event causing default:</b>		<b>Notified of a sheriff sale:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		<b>Primary reason for default:</b> <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Medical <input type="checkbox"/> Increase expenses <input type="checkbox"/> Other	

Client Printed name	Client signature	Date
Co-Client Printed name	Co-Client signature	Date
Agency Name	Agency Staff Name	Date



**Michigan State Housing Development Authority  
HOUSING EDUCATION PROGRAM  
AGREEMENT and RELEASE OF INFORMATION**

In signing this agreement and release, I/We agree to actively participate in the Housing Education Services being offered by this MSHDA approved agency. I/We understand:

1. A referral to other services of the organization or another agency (as appropriate) may be made to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. That this agency receives funds through MSHDA and HUD 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. That a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. That this agency may provide information on numerous housing programs and loan products and I further understand that the housing services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.

**NOTE:** *If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related service, please contact MSHDA's Housing Education Program at (517)373- 6840.*

**CONSENT:** Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits.

**For Pre-Purchase Education Services only:**

I/We acknowledge the agency provided me/us with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

**For Post-Purchase Education Services only:**

I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Housing Education Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

Client's printed name:	Client's signature:	Date signed:
Client's printed name:	Client's signature:	Date signed:
Client's current address:	City:	Zip code:

<b>To be completed by MSHDA Housing Education Program Certified Counselor.</b>		
Agency name: <u>Michigan State University Extension</u>	Agency phone number:	
Counselor name:	Counselor signature:	Date:



## National Foreclosure Mitigation Counseling Program Privacy Policy

Our Agency, a MSHDA sub-grantee for the National Foreclosure Mitigation Counseling program, 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 or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

### You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your 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 and do so.

### Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g. if we are compelled by legal process).
3. Within our 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.

I Agree

I Chose to Opt Out

\_\_\_\_\_  
Client Initials and Date

## **Program Disclosure Form**

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

**About Us and Program Purpose:** The Michigan State University Extension Financial and Homeownership Education program (MSUE FHE) is a nonprofit, HUD-approved housing counseling agency. We provide free education workshops in pre-purchase home buyer education, financial management, and post-foreclosure education; and provide one-on-one counseling for foreclosure prevention. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

**Agency Conduct:** No MSUE FHE employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency’s compliance with federal regulations and our commitment to serving the best interests of our clients.

**Agency Relationships:** MSUE FHE has a financial affiliation (funded by) with Michigan State Housing Development Authority (MSHDA) and professional affiliations (not funded by) with HUD, and banks including TCF/Huntington Bank. As a program participant, you are not obligated to use the products and services of MSUE FHE or our industry partners.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** MSUE FHE has a first-time homebuyer program developed in partnership with MSHDA. However, you are not obligated to participate in this or other MSUE FHE programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA) for first-time homebuyer loan programs, or any other MSHDA or HUD approved agency for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

**Referrals and Community Resources:** You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by MSUE FHE and its exclusive partners and affiliates.

**Privacy Policy:** I/we acknowledge that I/we received a copy of MSUE FHE’s privacy policy.

Initial

**Errors and Omissions and Disclaimer of Liability:** I/we agree MSUE FHE, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in MSUE FHE counseling; and I hereby release and waive all claims of action against MSUE FHE and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

**Quality Assurance:** In order to assess client satisfaction and in compliance with grant funding requirements, MSUE

FHE, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with MSUE FHE grantors such as HUD or MSHDA.

\*Participating in an MSU Extension – Financial and Homeownership Education Program or service, does not guarantee any specific outcome\*

**I/we acknowledge that I/we received, reviewed, and agree to MSUE FHE’s Program Disclosures.**

\_\_\_\_\_  
Printed Name 1

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name 2

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FINANCIAL/BUDGET SUMMARY FOR LOSS MITIGATION COUNSELING

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Lender/Loan #: \_\_\_\_\_

Number of Persons in household: \_\_\_\_\_

MONTHLY NET INCOME (AFTER TAXES)		
Primary income		
Secondary income		
Part time income		
Alimony/Child support		
Rent received		
Social security benefit		
Pension/Retirement		
Unemployment income		
Food stamps		
<b>Total Monthly Income</b>		

FLEXIBLE HOUSEHOLD EXPENSES		
Groceries/month		
Dining out including lunches		
Entertainment		
Gasoline		
Car insurance		
Vehicle tags/license		
Car maintenance/Oil/Tires		
Health/Dental insurance		
Health/Dental copay or expense		
Prescriptions		
Monthly Savings		
Christmas/Holiday/Birthday Gifts		
Life Insurance		
Child care		
Child support		
School supplies/tuition		
Home maintenance		
Church/charity		
Personal Care/Health Club		
Pet care		
Clothing		
Drying cleaning/laundromat		
<b>Total Household Expenses</b>		

HOUSING EXPENSE	BALANCE	PAYMENT
1st mortgage		
2nd mortgage		
Association dues/Lot rent		
Property taxes		
Home insurance		
<b>Total Housing Expense</b>		

UNSECURED DEBTS	BALANCE	PAYMENT
Total Credit Card Debt		
Total personal loan debt		
<b>Total Unsecured payments</b>		

UTILITIES	PAST DUE	CURRENT
Heating gas/oil		
Electric		
Water		
Trash disposal		
Cable/Satellite-Wowway		
Telephone/landline		
Cell phone		
Internet		
Alarm service		
Miscellaneous utility		
<b>Total Utility Expense</b>		

ASSETS		
Checking		
Savings		
401k		
403B		
Value of vehicles paid in full		
Value of Real Estate paid in full		
<b>Total Assets</b>		

SECURED DEBTS	BALANCE	PAYMENT
Auto loan/lease		
Auto loan/lease		
Recreation vehicle		
Time share/vacation property		
Student loan		
IRS/State Taxes		
<b>Total Secured Debts</b>		

FINANCIAL SUMMARY		
Total Income		
Total Housing Expense		
Total Utility Expense		
Total Secured Expense		
Total Household Expense		
Total Unsecured Expense		
Total Expenses		
<b>Income Less Expenses</b>		

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_