



Dear Customer,

Thank you for contacting the HomeOwnershipCenter for Reverse Mortgage Counseling (HECM). We are a HUD-Approved Housing Counseling Agency and our counselors are on the National Registry of HECM counselors.

Enclosed you will find a Program Application, Financial Interview Tool (FIT), Disclosure Statement, Privacy Policy and informational materials about Reverse Mortgages. Due to new HUD regulations, it is required that you fill out the Program Application and Financial Interview Tool (FIT) in their entirety and return them to:

HomeOwnershipCenter
Attn: Elizabeth Preuss
1611 Genesee Street
Utica, NY 13501

Once you have returned these forms, we will schedule your counseling session. In the meantime, it is important that you review all of the enclosed information about reverse mortgages, as that is also a requirement by HUD for those receiving counseling.

We charge a counseling fee of \$125 per session that can be paid by check or money order to the "HomeOwnershipCenter."

In the meantime if you have any questions, please feel free to contact Elizabeth Preuss at (315) 724-4197.

Sincerely,

HomeOwnershipCenter



1611 Genesee Street, Utica, New York 13501

TEL 315.724.4197 | FAX 315.724.1415 | NYS TDD RELAY 800.622.1220 | www.theHomeOwnershipCenter.org



PROGRAM APPLICATION

APPLICANT				CO-APPLICANT			
Applicant Name		Date of Birth		Co-Applicant Name		Date of Birth	
Social Security Number	Home Phone	Cell Phone		Social Security Number	Home Phone	Cell Phone	
Address (Street)				Address (Street)			
Address (City)		(State)	(Zip)	Address (City)		(State)	(Zip)
County		Email Address		County		Email Address	
# of Units	Manufactured Home? <input type="checkbox"/> YES <input type="checkbox"/> NO	# of Years at this Address?	# of People in Household?	# of Units	Manufactured Home? <input type="checkbox"/> YES <input type="checkbox"/> NO	# of Years at this Address?	# of People in Household?
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Highest Level of Education Obtained <input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma/Equivalent <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters				Highest Level of Education Obtained <input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma/Equivalent <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters			

EMPLOYMENT INFORMATION					
Applicant Employer Name & Address		Date of Hire	Self-Employed <input type="checkbox"/> YES <input type="checkbox"/> NO	Co-Applicant Employer Name & Address	
		Business Phone		Date of Hire	
				Self Employed <input type="checkbox"/> YES <input type="checkbox"/> NO	
				Business Phone	
Position/Title		Annual Income		Position/Title	
				Annual Income	
Previous Employer (if less than 2 years at current employer)			Previous Employer (if less than 2 years at current employer)		

ADDITIONAL INCOME INFORMATION		
Category	Applicant	Co-Applicant
Social Security / SSD / SSI	\$	\$
Pension	\$	\$
Child Support	\$	\$
Other	\$	\$

HOUSEHOLD INFORMATION			
<i>Please list ALL persons currently living in your household (Including applicant & co-applicant)</i>			
Name	Date of Birth	Annual Salary (if any)	Source of Income



PROGRAM APPLICATION

PROPERTY INFORMATION

Address of property (if different from above)		Is the property your primary residence?		Name that appears on Deed/Title	
Value of Property	Date Purchased	Mortgage Balance	Owner Occupied? <input type="checkbox"/> YES <input type="checkbox"/> NO		Tenants? <input type="checkbox"/> YES <input type="checkbox"/> NO
List all known structural issues (Home repair only)			Do you have a written Codes Violation or ROP Report? <input type="checkbox"/> YES <input type="checkbox"/> NO		

CERTIFICATIONS

	Applicant	Co-Applicant
Are you a US Citizen or A Permanent resident alien?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had any outstanding judgments? If yes, Date Discharged _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the last seven years, have you been declared bankrupt? If yes check one: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Date Discharged _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had property foreclosed upon or given title or deed in lieu thereof, in the last seven years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a Party in a lawsuit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you obligated to pay alimony, child support or separate maintenance? If yes, list amount: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any past-due obligations owed to or insured by an agency of the federal government?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive alimony, child support or separate maintenance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive Social Security and/or disability benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a Veteran?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you Active Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a HECM loan (Reverse Mortgage) on your property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Life Estate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish this information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

APPLICANT <input type="checkbox"/> I do not wish to furnish this information	CO-APPLICANT <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Foreign born: <input type="checkbox"/> YES <input type="checkbox"/> NO	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Foreign born: <input type="checkbox"/> YES <input type="checkbox"/> NO

Please tell us how you heard about us...

Radio Television Referral: if referral, by who? _____

Other _____



PROGRAM APPLICATION

SIGNATURE SECTION

I (I e) certify that all the information provided in this application is true and correct to the best of my (our) knowledge and contains no willful misrepresentations. I (I e) understand that any willful misstatement of material fact contained herein may be grounds for disqualification from our programs. I (We) understand that disclosure of information requested is voluntary. However, failure to disclose certain information may result in a delay or disqualification of my (our) application.

I (I e) authorize that staff of HomeOwnershipCenter to obtain income and asset verifications from all household income sources. I (We) authorize HomeOwnershipCenter to also obtain credit reports in connection with this application and as need based on program requirements. I (We) authorize the HomeOwnershipCenter to obtain a copy of the HUD-1 Settlement Statement, Appraisal and Real Estate Note(s) from the lender who made me/us a loan and/or the title company that closed the loan (when applicable). I (I e) understand that all information contained in this application will be kept confidential in accordance with the Freedom of Information Act.

I (We) acknowledge that I have read and received a copy of the HomeOwnershipCenter's Privacy Policy. I (We) understand that any intentional or negligent misrepresentation(s) of the information contained on this application may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

For Loan Projects Only:

I (We) understand that a lien will be placed against my (our) property for the total amount of the loan, plus fees. I (We) understand that loan funds provided by the HomeOwnershipCenter may be federal dollars and that certain restrictions, guidelines and standards apply. I (We) understand that if I (we) refuse to accept and/or follow said standards as created by the HomeOwnershipCenter policies and programs that our application may be denied and no loan funds issued.

I (We) confirm that all the information provided is correct and factual. No information has been withheld. I (We) understand the necessity for accurate and complete information and I (We) will provide any needed information to complete this worksheet. I (We) understand that deliberately providing inaccurate information or an unwillingness to provide the counselor with necessary information or documents in a timely manner will result in the closing of our file.

I (We) have read and understand all the information contained in this program application:

Signature of Primary Applicant

Date

Signature of Co-Applicant

Date

FOR OFFICE USE ONLY

Please select a Program:

- Homebuyer Education
- Financial Coaching
- PHIL - *Personal Home Improvement Loan*
- ESL/NYSERDA - *Energy Smart Loan*
- EHRL - *Emergency Home Repair Loan*
- City of Utica Home Repair Program
- City of Rome Home Repair Program
- Manufactured Home Replacement
- HECM/Reverse Mortgage
- Foreclosure Intervention/Prevention

NOTES:



Financial Interview Tool (FIT)

Online Counseling Support

Welcome to FIT! The following questions are designed to help counselors and assist clients in identifying the features of a reverse mortgage that may be appropriate to meet client goals, assess the availability of remaining equity against the client's financial needs over time and consider alternative options to a reverse mortgage. Answer the questions on this printable form and then enter your client's information into FIT. **Every question is required, so please be sure to input an answer to each question.**

General Information

HCS Agency ID (enter last (4) four digits after the "8"): 8 _____

Client last name: _____

Client zip code: _____

Estimated value of home: \$ _____

Total debt on the house (mortgage/other home loans): \$ _____

Homeowner #1 Age: _____

Homeowner #2 Age (skip if not applicable): _____

Homeowner #3 Age (skip if not applicable): _____

Counseling conducted with homeowner(s):

____ Yes ____ No (representative acting on behalf of homeowner with Power of Attorney)

Client Goals

1. Reasons that you are considering a reverse mortgage (check all that apply):

- Pay off debt (mortgage, credit card, personal loan, other debts)
- Pay for health or disability-related expenses
- Pay for home repairs or improvements
- Extra income for everyday expenses (other than health needs)
- Improve quality of life or to afford extras
- Plan ahead for emergencies or unexpected expenses
- Provide financial help to family
- HECM for home purchase
- HECM refinance

2. Do you plan to use the reverse mortgage to purchase financial products?

- No Yes - (check all that apply)
 - An annuity
 - Long-term care insurance
 - Investments
 - Other financial product

Question #2:

Homeowners must be very careful in deciding to use a reverse mortgage to buy other financial products. They need to consider the additional costs and risks of this purchase decision.

3. How many years have you lived in your current home? (Enter the closest round number. If your client has lived in their home less than a year, please enter 1.)

4. How long do you plan to stay in your current home? (check only one)

- Less than 3 years
- 3 to 7 years
- More than 7 years

Availability of Help

5. What is your marital status? (check only one) 📌

Married/Domestic partner

Widowed

Divorced/Separated

Single

*(If **Married/Domestic partner** is checked, answer the following)*

If one spouse passes away, is the other spouse covered under their pension? (check only one)

No pension

Has pension, spouse not covered

Has pension, spouse covered

Has pension, don't know if spouse is covered

Don't know if have a pension

Do you have life insurance to support the surviving spouse? (check only one)

No

Yes

Don't know if have life insurance

*(If **Widowed/Divorced/Separated** is checked, answer the following)*

Were you widowed/divorced/separated in the past 12 months?

No Yes

*(If **Widowed/Divorced/Separated/Single** is checked, answer the following)*

Do you live alone?

No Yes

Gender of Homeowner:

Male Female

Question #5:

Married/Domestic partner -

Among couples who do not have life insurance, or pension benefits for the surviving spouse/partner, home equity may be an important financial safety net. They need to use this asset wisely in order to sustain the surviving spouse/partner.

Widowed -

Recently widowed, divorced, or separated homeowners are often in a transitional situation, where they are uncertain of their desire or ability to continue to live in their current house.

Divorced/Separated -

Homeowners who live alone are less likely to get help with everyday activities. Some may become depressed due to isolation. They can find it hard to respond to changes in their health or home environment without additional support.

6. Do you have family, friends, or other people nearby that you can rely on for help with a problem or emergency? 🛠️

No Yes

Question #6:

Homeowners who do not have reliable help nearby may become overwhelmed by a problem or emergency situation. They may depend on their reverse mortgage to pay for ongoing help.

Quick Health Check

7. How would you rate your current health? 🛠️

Homeowner #1 (check only one):

Good

Fair

Poor

Homeowner #2 (check only one, skip if not applicable):

Good

Fair

Poor

Homeowner #3 (check only one, skip if not applicable):

Good

Fair

Poor

8. Have any of the homeowners stayed in a hospital or nursing home in the past 6 months due to an accident or illness? 🛠️

No Yes

Question #8:

Homeowners who recently stayed in a hospital or nursing home can be in a transitional situation, where they are uncertain of their desire or ability to continue to live in their current house.

9. Do any of the homeowners have any difficulty doing everyday activities such as: (check all that apply) 📌

- Bathing and/or dressing
- Reading the mail and/or hearing conversations
- Doing household chores, yard work, and/or simple home repairs
- None of the above

Question #9:

Homeowners who are having difficulties with everyday activities may find it hard to stay at home for many years and fully benefit from a reverse mortgage without additional support. They may struggle to do home repairs, or pay insurance and other bills. They may need to pay for help at home which can quickly draw down a reverse mortgage.

10. Have any homeowners had a fall in the past 6 months? 📌

- No Yes

Question #10:

Homeowners who fall may be facing many different challenges such as uncontrolled health problems, an unsafe home environment, or increasing frailty. They may find it hard to stay at home for many years and fully benefit from a reverse mortgage without additional support.

11. Do any of the homeowners currently rely on help from: (check all that apply) 📌

- Family or friends
- Paid helper or caregiver
- None of the above

Question #11:

Homeowners who already rely on help from others to stay at home may benefit from public benefit programs. They may depend on their reverse mortgage to pay for ongoing help.

Monthly Cash Needs

12. What is your total monthly household income?

\$ _____

13. How much are you getting from Social Security each month?

\$ _____

14. Without a reverse mortgage, do you now have any difficulty, or expect any difficulty in the future, paying for: 🏠

___ Everyday expenses (such as food, utilities, transportation, etc.)

If yes, extra amount you may need each month from a reverse mortgage:

\$ _____

___ Medications, other health or home care expenses

If yes, extra amount you may need each month from a reverse mortgage:

\$ _____

___ Property taxes or homeowners insurance

If yes, extra amount you may need each month from a reverse mortgage:

\$ _____

___ Other cash needs

If yes, extra amount you may need each month from a reverse mortgage:

\$ _____

___ None of the above

Question #14:
Homeowners who already have difficulty, or expect difficulties, in making ends meet will depend heavily on their reverse mortgage to stay at home and fulfill borrower obligations.

15. Do you have homeowners insurance? 🏠

___ No ___ Yes

If no, when did you let it lapse? (check only one)

___ Never had it

___ Let it lapse within the past 12 months

___ Let it lapse more than 12 months ago

Question #15:
Homeowners who do not currently have homeowners insurance face extra expenses. They may present a foreclosure risk if they do not keep up with this additional responsibility.

16. In the last two years, have you ever been late in making a property tax or homeowners insurance payment? 🏠

___ No ___ Yes

If yes, were you late because you did not have enough funds to pay for these expenses?

___ No ___ Yes

Question #16:
Homeowners who have a history of late property tax or homeowners insurance payments may present a foreclosure risk.

17. Are any of the homeowners financially supporting elderly relatives, adult children, grandchildren, or others?

No Yes

If yes, extra amount you need each month, if any:

\$ _____

18. Are any of the homeowners getting benefits from Supplemental Security Income (SSI), Medicaid, Veterans Affairs, or other public programs? 📌

No Yes

Funds for Major Expenses

Question #18:

Homeowners who receive benefits from means-tested public programs must be very careful that the loan type and payment plan they select do not affect their eligibility for these benefits.

19. Do you have any non-housing debt (credit cards, car loan, personal loan) that you plan to pay off with a reverse mortgage?

No Yes

If yes, estimated amount of debt:

\$ _____

20. Do you plan to use the reverse mortgage to pay for a major purchase in the next 12 months (such as new furniture, RV, family event or education)?

No Yes

If yes, estimated cost:

\$ _____

21. How old is your house? (check only one) 📌

Less than 10 years old

10-25 years old

More than 25 years old

Question #21:

Homeowners who live in houses that are old are likely to need to make major home repairs and do additional maintenance which can quickly draw down a reverse mortgage.

22. Does the house have stairs, a steep pathway or other barriers that could make it hard to stay at home over time? 📌

No Yes

Question #22:


Older homeowners may need to modify their homes to make them safe and suitable, so they can stay at home for many years and fully benefit from a reverse mortgage.

23. Is your house likely to need major repairs or home improvements within the next 12 months?

____ No ____ Yes

If yes, estimated cost:

\$ _____

24. Would you need to rely on your reverse mortgage to pay for any large future expenses? 

____ No ____ Yes

Question #24:

Homeowners with few resources may depend on their reverse mortgage to deal with uncertainty, so they can stay at home for many years and fully benefit from a reverse mortgage.

25. Depending on your needs and income level, I may be required to complete a BenefitsCheckUp Assessment with you, as part of the counseling session. Even if it is not required, I recommend that you complete this assessment, to learn about public programs that can help you pay for prescription drugs, healthcare, housing, utilities and more. Would you like to complete a BenefitsCheckUp assessment?

____ No ____ Yes

Privacy Policy

HomeOwnershipCenter (HOC) 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. 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

- You have the opportunity to “opt-out” of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- 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 (315) 724-4197 and do so.

Release of your information to third parties

- 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.
- 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).
- 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 physical information.

