

HOPE for Seniors Counseling Checklist

Please bring the following completed documents with you for your counseling appointment:

- Completed Intake Form (please fill in missing information)
- Completed Monthly Cash Flow Statement
- Completed Assets and Liabilities Statement
- Completed Financial Interview Tool (FIT) Questionnaire
- Signed HOPE Policy/Privacy Statement
- Authorization (if applicable)
- For POA's: Document empowering legally authorized representative to act on the behalf of the Senior (including but not limited to court document appointing a guardian or conservator or a durable power of attorney),
- Any additional information that you feel is necessary for us to evaluate your situation

We have enclosed additional important materials for you to read prior to your appointment. Please keep them for future reference.

- HOPE for Seniors Policy/Privacy Statement
- HUD's '*Preparing for Your Counseling Session*'
- National Coalition on Aging Booklet '*Use Your Home to Stay at Home*'
- 'Reverse Mortgage Reports' packet of estimates and information, including but not limited to:
 - Loan printout showing Total Annual Loan Cost (TALC)
 - Loan printout amortization schedule
 - Loan comparison printout



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Intake & Financial Assessment Packet... for Seniors

Please provide some general information about yourself and answer the following questions. Your responses will help us help you determine what solutions may be best for your circumstances. The DuPage Homeownership Center is a nonprofit charitable organization dedicated to increasing accessibility to and preserving homeownership. We do not sell any products or services and there is no charge for our services. Call (630)260-2500 or log onto www.dhoc.org for a copy of our annual report.

Today's Date _____

Name _____ Date of Birth _____

Address _____

City & Zip _____

Phone Number _____ Family Size _____

Gender: Female _____ Male _____ US Veteran: _____ Yes _____ No

Marital Status: _____ Single _____ Divorced _____ Married _____ Widowed

Primary Language: English _____ Spanish _____ Other: Please Specify _____

Highest Level of Education Completed: High School Diploma: Yes ___ No ___ GED ___
Some College _____ Vocational Certificate _____
College Degree: AA ___ BS ___ MS ___ PHD _____

Spouse's Name _____ Date of Birth _____

Spouse's Gender: Female _____ Male _____ US Veteran: _____ Yes _____ No

Spouse's Primary Language: English _____ Spanish _____ Other: Please Specify _____

Spouse's Highest Level of Education Completed: High School Diploma: Yes ___ No ___ GED ___
Some College _____ Vocational Certificate _____
College Degree: AA ___ BS ___ MS ___ PHD _____

Estimated value of your home: _____

Property Type (single family, condo or townhome) _____

Estimated total mortgage(s) outstanding (including home equity lines of credit, home improvement loans, second mortgages and real estate tax liens): _____

Mortgage Type for Current Loan: _____ Conventional _____ FHA _____ VA
_____ HECM _____ Other Reverse Mortgage

Type of Financing for Current Loan: _____ Fixed Rate _____ Adjustable Rate (ARM)
_____ Other - Please specify _____

(Continue on reverse side)

Race (Bi-racial individuals & couples, please check all that apply):

_____ White _____ Black/African American _____ Asian
_____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander
_____ American Indian/Alaskan Native & Black/African American
_____ American Indian/Alaskan Native and White _____ Asian & White
_____ Black/African American and White
_____ Other Multiple Races _____ Information Not Provided

Are you of Hispanic or Latino ethnicity? _____ Yes _____ No

Names and addresses of other people attending counseling session:

Name _____ **Name** _____

Address _____

Phone Number _____ **Phone Number** _____

As a HUD certified counseling agency, we are required to use an automated client management system that interfaces with HUD. HUD will follow strict rules to protect your confidentiality. The personal data collected, such as name and address, are protected by the Privacy Act. You will never be named in any reports. Although your responses may be looked at individually by HUD, or contractors hired by HUD to collect and analyze the data, your name will not be associated with any analysis of the data. Only results from groups of people will be reported. Contractors to HUD are covered by the same requirements to protect privacy as HUD staff and must demonstrate that they have systems in place to protect against data disclosure.

Assets & Liabilities

Assets (what you own)	Current Value
Checking Accounts	\$
Savings Accounts	\$
Money Market Accounts	\$
Brokerage Accounts	\$
Certificates of Deposit	\$
IRA Accounts	\$
Keogh Accounts	\$
Other Retirement Accounts	\$
Pension	\$
Life Insurance (cash value)	\$
Annuities	\$
Bonds	\$
Mutual Funds	\$
Stock	\$
Other Securities	\$
Receivables (money owed you)	\$
Home (current market value)	\$
Other Real Estate	\$
Other	\$
Total Assets	\$
Liabilities (what you owe)	Current Debt
Home Mortgage	\$
Other Mortgages(incl home equity lines or loans)	\$
Automobile Loans	\$
Credit Card Balances	\$
Installment Accounts	\$
Contracts / Money Borrowed	\$
Income Taxes	\$
Pledges	\$
Other	\$
Total Liabilities	\$
Net Worth (Assets minus Liabilities)	

Monthly Cash Flow Statement

(Please enter all income and expenses as **monthly** amounts)

Income	Total
Interest/Dividends	\$
Social Security Benefits	\$
Pension / Retirement Plans	\$
Reimbursement Funds	\$
Sale of Investments	\$
Employment Income	\$
Other	\$
Total Income	\$
Expenses	Total
Mortgages (incl home equity lines or loans)	\$
Utilities (gas,electric,water,garbage,phone)	\$
Homeowners Association Dues	\$
Property Taxes	\$
Homeowners Insurance	\$
Automobile Insurance	\$
Insurance (medicare supplement, dental)	\$
Other Insurance (life, long term care)	\$
Credit Card Debt:	\$
Other Debt:	\$
Food/Groceries/Household supplies	\$
Transportation (gas/auto maintenance)	\$
Clothing	\$
Prescription Drug Expense(out of pocket)	\$
Other (dentist, prescription glasses)	\$
Recreation(health club, sports, travel)	\$
Gifts/Holiday Expenses	\$
Entertainment (cable TV, dining, theater)	\$
Household help/In-home care	\$
Income Taxes	\$
Other (2 nd home expense)	\$
Total Expenses	\$



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HOPE for Seniors Policy/Privacy Statement

The DuPage Homeownership Center (DHOC) is a HUD certified, nonprofit agency offering housing and reverse mortgage counseling services to individuals in need of the same ('clients').

The DHOC assists clients in making informed choices. We may provide information which includes (but is not limited to) programs and service providers and suggested courses of action. The DHOC makes no promises, warranties, claims, guarantees, or endorsements regarding this information or any referrals made by the DHOC. All final decisions resulting from the counseling process rest with the client.

To safeguard the privacy of counseling clients, the DHOC has adopted the following policy:

1. The DHOC holds in strict confidence all client information regardless of the source or sources from which it is received.
2. The DHOC does not accept counseling requests by anyone "on behalf" of consumers, except for persons who are legally empowered to represent such consumers.
3. The DHOC does not provide information on the scheduling, progress, or outcome of any counseling case to anyone without the client's prior written permission.
4. The DHOC has a role separate from that of the lender and requiring performance that is not compromised by lender interests. The counselor's job is to represent the best interests of the client in an advisory capacity.
5. The DHOC will not induce a client to contact, select, or avoid a specific lender or lenders.
6. The DHOC is required to report any instances of "Elder Abuse" defined as "any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult" and may include abuse that is physical, emotional, sexual or financially exploitative.
7. The DHOC does not require the client to receive, purchase, or use any other services offered by us or our exclusive partners in order to receive counseling services.

I have read and accept the provisions of this statement as a condition of using the DHOC.

Name (print)

Signature

Date

Name (print)

Signature

Date



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Authorization

Date: _____

I, _____ authorize the following individual(s) to attend my counseling session.

Name Relationship to Client

Name Relationship to Client

Name Relationship to Client

Signature of Client _____