

Affordable Housing Alliance

3535 Route 66
Parkway 100 Complex
Building 4
Neptune, NJ 07753
Phone: 732-389-2958
Fax: 732-922-4100



Affordable Housing Alliance

“We Help With Housing

Donna M. Blaze
Chief Executive Officer

Home Equity Conversion Mortgage Client Counseling Session Packet

IMPORTANT CLIENT NOTICE

All clients must complete all pages in this packet. Please return the completed packet to this agency either in person or by mail. **Our mailing address is now Affordable Housing Alliance 3535 Rt. 66, Parkway 100 Complex, Building #4 Neptune, NJ 07753.** Should you have any further questions or concerns, please call (732) 389-2958 and ask to speak with Linda Osborn.

Please note that there is a \$200 fee for counseling regardless if you close on the loan or not. We prefer the \$200 be paid at or prior to the counseling session (money order or credit card only please). Alternatively, you can pay a \$100 deposit at time of the counseling session and \$100 at closing. If you earn less than 200% of the federal poverty level, we will only charge you \$125 at the time of closing but proof of income is required. All money paid is nonrefundable.

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 let us know so we can arrange alternative accommodations.

Applicant

Date

Co-Applicant

Date



HECM APPLICATION

HOMEOWNER INFORMATION WORKSHEET

Homeowner (A) _____

Homeowner (B) _____

Homeowner Street Address _____

City _____ County _____ Zip Code _____

Home Phone (A) _____ Home Phone (B) _____

Work Phone (A) _____ Work Phone (B) _____

Cell Phone (A) _____ Cell Phone (B) _____

Email Address (A) _____

Marital Status: _____

Homeowner (A) Race: _____ Homeowner (B) Race: _____

Homeowner (A) SSN _____ Homeowner (B) SSN _____

Homeowner (A) DOB _____ Homeowner (B) DOB _____

Household Annual Income: _____ Household Size: _____

Square Footage: _____

Homeowner (A) Education (Check one)

- College
- High School/GED
- None
- Primary
- Vocational

Homeowner (B) Education (Check one)

- College
- High School/GED
- None
- Primary
- Vocational

Person(s) on Deed: _____

PROPERTY INFORMATION

Home's Purchase Price: _____ Estimated Value of Home: _____

1st Mortgage Balance: _____ Monthly Mortgage Payment: _____

Other Mortgages: Yes No 2nd Mortgage Balance: _____

Years in Current Home: _____

Main reason(s) for investigating a reverse mortgage: _____

Type of Property: Single Family detached 2-4 Unit Mobile Home
 Townhouse Condominium Other: _____

HOUSEHOLD INCOME

Household Monthly Income	Gross	Net	Verification
Homeowner (A) Monthly Income Employer (1)	\$	\$	
Homeowner (A) Monthly Income Employer (2)	\$	\$	
Homeowner (B) Monthly Income Employer (1)	\$	\$	
Homeowner (B) Monthly Income Employer (2)	\$	\$	
Social Security /SSI / SSDI	\$	\$	
Unemployment Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits/Pension	\$	\$	
Monies From Rental properties	\$	\$	
Household Members Over Age 18 Wages	\$	\$	
Food Stamps	\$	\$	
Other	\$	\$	
Other	\$	\$	
TOTAL HOUSEHOLD INCOME	\$	\$	

HOUSEHOLD ASSETS

Checking Account Balance: _____

Savings Account Balance: _____

Other (stocks, annuities, IRA): _____

Monthly Expenses

These categories are just suggestions – only fill in information applicable to your situation

Housing

Mortgage(s)	
Gas	
Water/Sewer	
Electricity	
Telephone: Land Line	
Telephone: Cell	
Cable:	
Internet:	
HOA Fee:	
Homeowners Insurance (<i>if not in mortgage payment</i>)	
Taxes (<i>if not in mortgage payment</i>)	

Credit Cards (please provide
minimum monthly payment &
balance for each car):

Transportation

Gas	
Car Payment	
Car Insurance	

Insurance

Life	
Disability	
Health	

Medical

Prescriptions	
Co-pay	

Miscellaneous

Food	
Clothing	
Pets	
Other	
Other	

Comments:
