



## ACRHA -Albany County Rural Housing Alliance, Inc.

Mailing Address: P. O. Box 407, Voorheesville, New York 12186

Physical Address: 24 Martin Road, Voorheesville, New York 12186

518.765.2425 (phone) 518.765.9014 (fax)

[www.ACRHA.org](http://www.ACRHA.org)

Main Office

NYS TTY/TDD Relay: 7-1-1

In order to assist you with rectifying your mortgage situation we require the following information to be complete before we can further review your case. We need this information to get a clear picture of your finances and the mortgage you are responsible for as well as meet HUD and other grant requirements. We cannot make a valid assessment without all of these documents. Failure to provide this in a timely manner will negatively affect our ability to assist. Please return this packet within 2 weeks of receipt. Please return ALL documentation to our main office P.O. Box listed above or via email to: [bburke@acrha.org](mailto:bburke@acrha.org)

\*\*\*\*\* COPIES ONLY!!! ORIGINALS WILL NOT BE RETURNED \*\*\*\*\*

**Sign and return the enclosed forms with your package:**

- Intake form (4 pages)
- Authorization to Release Loan Information
- Program Disclosure
- Hardship Letter

**Complete to the best of your ability the following forms enclosed and return with your package:**

- Budget

**Provide COPIES, not originals, of the following:**

- 1 month's proof of income for ANYONE contributing to the household finances both reported and unreported income (most recent pay stubs, Social Security letter, child support documentation, tax returns and income statement for self-employed, etc...)
- Modification Application ( from your bank ) request for mortgage assistance
- Copy of official form of identification, ie; Drivers License or State ID
- Most recent bank statements for all bank accounts (2 months) ALL PAGES
- Most recent mortgage statement

Should you require further information please do not hesitate to contact me directly @ 518-765-2425 extension 2589.

Sincerely,

**Brendan Burke**

**Housing Counselor**

**Albany County Rural Housing Alliance**

# Action Plan

Date Prepared: \_\_\_\_\_ Homeowner: \_\_\_\_\_ Lender: \_\_\_\_\_

**Explanation of the Hardship:**

\_\_\_\_\_ contacted our office for assistance with her mortgage and assistance with a modification process with \_\_\_\_\_

**Property Condition:**  Vacant  Occupied

**Current Value of Property:** \$ \_\_\_\_\_ per Realtor.com (approx.)

**Mortgage Owed:** \$ \_\_\_\_\_ (approx.) **Remaining Equity:** \$ \_\_\_\_\_ (approx.)

**Recommendations:** Based on your bank statements, budget and current income, it is recommended that you establish an emergency budget and reduce all unnecessary expenses. Based on your current monthly income establishing an accurate monthly budget is paramount to avoiding future issues with the mortgage. Ideally you would want your principal, interest, taxes, and insurance on the home to be about 31% of your gross monthly household income.

**Completed Actions:**

1. Contacted ACRHA for foreclosure prevention assistance.
2. Brief housing counseling session.
3. Verbal authorization to assist with foreclosure prevention.
4. Reviewed foreclosure prevention and options.
5. Completed initial foreclosure prevention intake.

**Proposed Actions:**

**1. HOMEOWNER:** Continue setting aside regular monthly mortgage payments while we wait for a response to the loan modification application. If you do not receive a modification you may need to decide if there is another source you could borrow the funds from to bring your mortgage current

**2. HOMEOWNER:** Increase the household income and/or reduce non-essential spending in your budget, pay necessary items such as utilities and insurances. Reduce miscellaneous/personal expenditures.

**3. HOMEOWNER: Please return the ACRHA Foreclosure Packet and supporting documentation by** \_\_\_\_\_

Sign and return copy of ACRHA Action Plan, Foreclosure Prevention Packet, and Modification Application

Copies of complete bank statements (2 most recent) – all pages must be included, all accounts

Copies of most recent months' worth of paystubs or proof of income: i.e. SSI award letter

Sign 4506-C, signature line at the bottom - attached.

**\*HOMEOWNER:** Continue to document all income and put aside paystubs and bank statements. If further documents are needed later, please send them in as soon as possible to Brendan Burke ACRHA PO Box 407 Voorheesville NY 12186. Or by fax to 765-9014 or email to [bburke@acrha.org](mailto:bburke@acrha.org)

**Homeowner:** Should follow up weekly with the servicer to determine status of application. Contact Housing counselor weekly to determine next steps.

**Counselor:** I will work with homeowner to satisfy/submit any additional lender/servicer requests throughout the application process.

**Other Referrals: If you receive a Summons and Complaint, IMMEDIATELY Contact**

**Legal Project (518)435-1770, or Legal Aid (518)462-6765, or The New York State Bar Association (518)463-3200 to File an Answer to the Summons and Complaint.**

Your signature acknowledges that you understand and agree with what short-term actions must be completed in order to progress through ACRHA's housing counseling program. A signed copy will be kept on file and you may keep the other for your records and reference.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Counselor Signature

\_\_\_\_\_  
Date

### BUDGET AND/OR FINANCIAL STATEMENT

1. Name of Applicant(s)/Borrower	2. Phone Number:	3. Ages of Persons in Household: Applicant/Borrower: _____ Co-Applicant/Borrower: _____ Others: _____ Children: _____	
4. Name of Co-Applicant/Co-Borrower	5. Phone number - Co Applicant		
6. Address:	7. Work Phone Number Applicant:	Co-Applicant:	
<b>Part 1 - Planned Expenses and Payments</b>			
<b>A. Cash Expenses (out of pocket):</b>	<b>Monthly</b>	<b>B. Debt Payments: (out of pocket)</b>	<b>Monthly</b>
Medical (co-pays, prescriptions,etc)		House Payment:	
Personal: (beauty, alcohol, cigarettes, laundry etc.)		Car/truck:	
(Household) Groceries		Car/truck:	
Fuel		Other vehicles and equipment:	
Electricity (and gas)		Others:	List:
Telephone or cell phone			
Cable TV/Internet			
Water and/or Sewer			
Other:			
Home Repairs and Maintenance including appliances, paint, yard, cleaning supplies		Debts: _____	Balance: _____
		Rate: _____	#Payments: _____
Education: (incl. tuition, books, fees, lunches)			
Gifts: (holidays, birthdays, charity, church)			
Recreation: (incl. dining, movies, sports, vacation, hobbies)			
Misc. pocket expenses: (sodas, lunches, allowances, tobacco)			
<b>Part 2 - Net Household Income</b>			
Car: (gas, tires, repairs, license, etc)		Applicant/Borrower: _____	
Transportation: (bus, train, taxis, uber etc.)		c/o applicant: _____	
Insurances:		(wages, tips, overtime, etc.)	
Real Estate/Renters:		Net Business Income:	
Auto(s):		Other Household Income:	
Health and Life:			
Taxes:		<b>Total Household Income:</b>	
Real Estate:		<b>Part 3 - Summary</b>	
Personal Property:		A. Total Income Part 2: _____	
If self employed: Income tax		B. Cash/Savings: _____	
If self employed: Social Security		C. Total Expenses and Debt Payments: _____	
Professional Fees:		D. Balance (A-C): _____	
Child Care:			
Child Support/Alimony:			
Other:			
Other:			
pet			
clothing			
trash removal			
<b>Total Cash Expenses:</b>			

**ALBANY COUNTY RURAL HOUSING ALLIANCE, INC. FORECLOSURE INTAKE FORM**

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

Client id: \_\_\_\_\_  
Person taking call: \_\_\_\_\_

Reason for call: \_\_\_\_\_ How did you hear about this Agency: \_\_\_\_\_

Preferred language: English Spanish Other: \_\_\_\_\_

Working with any other Housing Counseling agencies or Attorneys? \_\_\_\_\_

HOPP Statewide Call Center ID/Referral? \_\_\_\_\_

**Homeowner/Household Information**

Borrower Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Total in Household: \_\_\_\_\_

# Adults (18-61yrs): \_\_\_\_\_ # children (< 17 yrs): \_\_\_\_\_ # Seniors (>62yrs): \_\_\_\_\_

Race (please circle):  Choose not to respond

1. White	2. Black or African American	3. American Indian/Alaskan Native
4. Asian	5. Native Hawaiian/Other Pacific Islander	6. American Indian/Alaskan Native and White
7. Asian and White	8. Black/African American and White	9. American Indian/Alaskan Native and Black
10. Other		

(please circle) Are you Hispanic?: Yes No Veteran? Yes No Disabled? Yes No  Choose Not to respond

Education: Grade school Vocational High School or GED College

Own home as primary residence? Yes No Rental Property On the mortgage: Yes No Don't Know

In bankruptcy? No Yes Chapter 7 or 13 Date of Discharge \_\_\_\_\_ File # \_\_\_\_\_

Notices from attorney or court? \_\_\_\_\_ Type: \_\_\_\_\_

Response date: \_\_\_\_\_ Is a Settlement Conference scheduled? \_\_\_\_\_ Date: \_\_\_\_\_

Foreclosure sale scheduled? \_\_\_\_\_ Date: \_\_\_\_\_

Reason for default: \_\_\_\_\_ Reason for default resolved? Yes No

Want to stay in home? Yes No Do you have money set aside Yes No Amount \$ \_\_\_\_\_

## Property Information

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

Homeowner occupies home? Yes No

Rental income from property? Yes No b. If yes, amt. p/month \_\_\_\_\_

Is this property listed for sale? Yes No

Annual property tax amounts:

a. Town/City: \$ \_\_\_\_\_ b. School: \$ \_\_\_\_\_ c. County: \$ \_\_\_\_\_

Status of property taxes:

a. Escrowed? Yes \_\_\_\_\_ No \_\_\_\_\_ b. Current? Yes \_\_\_\_\_ No \_\_\_\_\_

Status of property insurance:

a. Escrowed? Yes \_\_\_\_\_ No \_\_\_\_\_ b. Current? Yes \_\_\_\_\_ No \_\_\_\_\_

Price paid: \$ \_\_\_\_\_

Current market value of property (approximate): \$ \_\_\_\_\_

## First Mortgage Information:

Loan #: \_\_\_\_\_

Date loan made: \_\_\_\_\_

Original loan amount: \$ \_\_\_\_\_

Current principle balance: \$ \_\_\_\_\_

Original lender: \_\_\_\_\_

Who do you currently make payments to?: \_\_\_\_\_

Type of loan: Purchase \_\_\_\_\_ or Refinance \_\_\_\_\_

If purchase, FHA, VA, USDA, GSE, RMBS, Portfolio, NA? (circle one)

What was the purpose of loan? (check all that apply):

a. <input type="checkbox"/> Purchase the home	g. <input type="checkbox"/> Pay medical bills
b. <input type="checkbox"/> Home improvement/repairs	h. <input type="checkbox"/> Appliances/furniture
c. <input type="checkbox"/> Payoff previous mortgage in default	i. <input type="checkbox"/> Education
d. <input type="checkbox"/> Get better mortgage	j. <input type="checkbox"/> Investments
e. <input type="checkbox"/> Debt consolidation	k. <input type="checkbox"/> Other: (describe) _____
f. <input type="checkbox"/> Pay taxes	

Term: \_\_\_\_\_ years

Original Interest rate: \_\_\_\_\_ %

Current Interest rate: \_\_\_\_\_ % Fixed or ARM (circle one) Interest only? \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Balloon payment? No  Yes  b. Amount of balloon: \$ \_\_\_\_\_

Months in arrears: \_\_\_\_\_ Anticipated Date of Delinquency? \_\_\_\_\_

Describe legal action taken by lender (i.e. letters, summons and complaint, sale?):

\_\_\_\_\_

**Second Mortgage (if applicable):**

Loan #: \_\_\_\_\_

Date loan made: \_\_\_\_\_

Original loan amount: \$ \_\_\_\_\_

Current principle balance: \$ \_\_\_\_\_

Original lender: \_\_\_\_\_

Who do you currently make payments to?: \_\_\_\_\_

Type of loan: Purchase \_\_\_\_\_ or Refinance \_\_\_\_\_

If purchase, FHA, VA, USDA, GSE, RMBS, Portfolio, NA? (circle one)

What was the purpose of loan? (check all that apply):

l. <input type="checkbox"/> Purchase the home	r. <input type="checkbox"/> Pay medical bills
m. <input type="checkbox"/> Home improvement/repairs	s. <input type="checkbox"/> Appliances/furniture
n. <input type="checkbox"/> Payoff previous mortgage in default	t. <input type="checkbox"/> Education
o. <input type="checkbox"/> Get better mortgage	u. <input type="checkbox"/> Investments
p. <input type="checkbox"/> Debt consolidation	v. <input type="checkbox"/> Other: (describe) _____
q. <input type="checkbox"/> Pay taxes	

Term: \_\_\_\_\_ years

Original Interest rate: \_\_\_\_\_ %

Current Interest rate: \_\_\_\_\_ % Fixed or ARM (circle one) Interest only? \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Balloon payment? No  Yes  b. Amount of balloon: \$ \_\_\_\_\_

Months in arrears: \_\_\_\_\_ Anticipated Date of Deliquency \_\_\_\_\_

Describe legal action taken by lender (i.e. letters, complaint, sale?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Employment/Income Information:**

Estimated total household GROSS annual income: \_\_\_\_\_

List all household sources of income and monthly amounts:

Name Of Household member	Employment Income	SSI Income	SSD Income	Pension Income	Rental	Other	Other
Totals							

Borrower: Employer \_\_\_\_\_ Hire Date \_\_\_\_\_

Co-Borrower: Employer \_\_\_\_\_ Hire Date \_\_\_\_\_

**Co-Applicant Information (if applicable)**

Co-Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Race (please circle):  Choose not to respond

1. White	2. Black or African American	3. American Indian/Alaskan Native
4. Asian	5. Native Hawaiian/Other Pacific Islander	6. American Indian/Alaskan Native and White
7. Asian and White	8. Black/African American and White	9. American Indian/Alaskan Native and Black
10. Other		

(please circle) Are you Hispanic?: Yes No Veteran? Yes No Disabled? Yes No  Choose not to respond

Education (please circle one): Grade school Vocational High School or GED College

<input checked="" type="checkbox"/>	Household Assets	Value/Amount
	Savings accounts	\$
	Checking accounts	
	Certificates of Deposits (CDs)	
	Stocks	
	Bonds	
	Money Market Funds	
	IRA	
	Retirement Savings Account	
	Cash value of Life Insurance	
	Contributions to pension/retirement funds that can be withdrawn without retiring or terminating employment	
	TOTAL	\$

**DECLARATION of TRUTHFULNESS**

All of the information that I/We provided in this document 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 timely provide the counselor with the necessary information or documents to assist me/us will result in a closing of my/our file.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

 I have received a copy of the fee schedule for Albany County Rural Housing Alliance, Inc.

## Albany County Rural Housing Alliance, Inc. Service Fees as of 1/5/2026

<b>Service Provided</b>	<b>Information Covered</b>	<b>Fee</b>
<u>In-Person Homebuyer Education Workshop</u> *Certificate course *Meets lender requirements *Homebuyer Dream program requirement  <i>One 8 Hour Session</i>	Renting vs. Buying-Are you Ready? Money Management (Budgeting and Credit), Understanding Mortgage Loans & Grants, FHA, SONYMA, Shopping for a Home (working with realtors, home inspectors, attorneys, lenders, insurance agents), Making a Purchase Offer, Closing, Avoiding Foreclosure, Home Maintenance, Energy Efficiency, Working with a Contractor.	\$50 Class Fee \$20 Workbook (optional)  Includes speakers, light breakfast, lunch, beverages, and raffled gifts.  Fee waiver available for extremely low-income participants
<u>Online Homebuyer Education</u> *eHome America *Certificate course (after meeting with a homeownership advisor) *Online class at own pace from your home *Homebuyer Dream accepted	Are You Ready To Buy a Home, Managing Your Money, Understanding Credit, Getting a Mortgage Loan, Shopping for a Home, Keeping Your Home and Managing Your Finances	\$99  Coupon/Fee waiver available for extremely low-income participants
<u>Credit Report</u> Single Source Credit Report <b>OR</b> Tri-merge credit report *Credit Report from ACRHA are soft pulls and will not affect credit negatively	Score and full credit history from the credit reporting agency or agencies. If ordering a tri-merge report, scores and history will be combined into one report for all 3 agencies	Single Source Credit Report: Equifax- \$26.55 Transunion- \$10.20 Experian- \$10.30 Tri-merge Credit Report: (all 3)- \$47.05 Fee waiver available for extremely low-income participants
<u>Foreclosure Prevention Counseling</u>	Assess homeowners' financial situations, providing budgeting guidance, negotiating loan modifications with lenders, etc.	No Fee
<u>Pre-Purchase Counseling</u>	Provide guidance on credit, budgeting and financial readiness, explaining mortgage options, assistance programs, etc.	Please see Credit Report Fee
<u>Post Purchase Homeownership Education Class</u> <i>One 2.5 Hour Session</i> Also available as a 1:1 session	Home Maintenance and Repairs, Energy efficiency, Financing, Hiring and Working with Contractors, Homeownership Budgeting and Credit, Being a member of community	No Fee
<u>Revolving Loan Fund Application Fee</u> *Processing and underwriting loan application.	Income eligibility, budget, expenses, credit report, loan forms.	\$150 Refundable if application denied. May also be wrapped into the loan if granted. **Credit report fee additional
<u>Grant Subordination</u> *Reviewing, processing and requesting lien subordination through grant source	Income, expenses, use of refinance or new loan, forms.	\$150  Non-refundable once process initiated.
<u>HOME Down Payment Assistance Grant</u> *Home ownership education *Processing and underwriting application	Home purchase process and pre-qualification Income eligibility, budget, expenses, credit report, loan forms.	\$150  Non-refundable once process initiated.
<u>Financial Coaching</u> Regular one-on-one sessions with a Coach/mentor leading to performance improvements to meet goals mutually set by the coach and client.	Learn & adhere to positive financial behaviors & financial self-control Budget & Credit review for personal goals Manage Assets & Income Creating personal future plan Credit repair	No Fee

All 1:1 Counseling Sessions: Prepurchase Counseling, Foreclosure Counseling, Financial Coaching/Budgeting Counseling sessions are free of charge. If a single or tri-merge credit report is pulled by our agency, the cost(s) above applies. This is separate from the counseling session. A credit report may be provided by the client if it is less than 30 days old



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### **PROGRAM DISCLOSURE**

*Note: If you have an impairment, disability, language barrier, or otherwise require an alternate means of completing this form or accessing information about counseling, please reach out to our staff to arrange alternate accommodations.*

**About Us and Program Purpose:** Albany County Rural Housing Alliance, Inc (ACRHA) is a not-for-profit HUD approved Housing Counseling Agency. We provide homeownership education including Pre-Purchase, Post-Purchase and Foreclosure Prevention in group, online and 1:1 setting based on client requests/needs. ACRHA provides advisement in the following areas: pre-purchase (assistance with credit review, budget and affordability of a home purchase, renting vs owning), foreclosure intervention (assistance with modification applications, budget and expense review, affordability and assisting with applying for funding to "catch up" when available for late tax/mortgage payments), non-delinquency post-purchase (budget and financial review regarding repairs with home Repair Programs for low- moderate income homeowners) Financial Management/Budget Counseling (Review of monthly budget and credit with a tri-merge soft pull credit report- does not affect credit score-, or a report may be provided by the client if it is no more than 30 days old). ACRHA does not discriminate based on: income, race, color, religion, gender identity, sexual orientation, national origin, familial status, age, disability or status as a protected veteran.

<b>Homeownership Advisor's Roles and Responsibilities</b>	<b>Client's Roles and Responsibilities</b>
<ul style="list-style-type: none"><li>• Review your housing goal and your finances, which include your income, debts, assets, and credit history.</li><li>• Prepare a Client Action Plan that lists the steps that you and your advisor will take in order to achieve your housing goal.</li><li>• Prepare a household budget that will help you manage your debt, expenses, and savings.</li><li>• Assistance with grant options, if available</li><li>• Timely completion of actions and confidentiality, honesty, respect, and professionalism.</li><li>• Your advisor is not responsible for achieving your housing goal but will provide guidance and education in support of your goal.</li><li>• Neither your advisor nor ACRHA employees, agents, or directors may provide legal advice.</li></ul>	<ul style="list-style-type: none"><li>• Complete the steps in your Client Action Plan.</li><li>• Provide accurate and truthful information about your income, debts, expenses, credit, and employment.</li><li>• Attend meetings on time, return calls, provide requested paperwork in a timely manner.</li><li>• Notify your advisor of any changes or when changing housing goal.</li><li>• Attend educational workshop(s) (i.e. pre-purchase workshop) as recommended.</li><li>• Retain an attorney if seeking legal advice and/or representation in matters such as legal issues regarding foreclosure or bankruptcy protection, home buying/closings etc.</li></ul>

**Termination of Services:** *Failure to work cooperatively with your homeownership advisor and/or ACRHA will result in the discontinuation of counseling services. This includes, but is not limited to, missing two consecutive appointments.*

**Agency Conduct:** No ACRHA 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:** ACRHA has financial affiliation with US Dept. of Housing & Urban Development (HUD), NYS Housing Finance Agency (HFA), USDA Rural Development, the State of New York, The NYS Attorney General, and various lenders such as but not limited to Key Bank, BSNB, M&T, Pioneer, Wells Fargo, Bank of America, Broadview, Saratoga National etc. As a housing counseling program participant, you are not obligated to use the products and services of ACRHA or our industry partners.

**Exchange of Information:** I/We authorize the exchange of information between all ACRHA staff, and any agency, person, or entity related to my home repair and/or housing counseling plan as well as to US Department of Housing and Urban

Development (HUD), NYS Attorney General's Office (OAG), NYS Housing Finance Agency (NYS HFA) and NeighborWorks America Data Collection System (DCS) for purposes of grant oversight and compliance. I have voluntarily agreed to participate in programs offered by ACRHA and understand that this exchange of information is necessary to assist me with my housing situation. I further understand that this information will be kept confidential between the ACRHA staff and related agencies. No information regarding my personal circumstances will be divulged to any party who is not directly involved. Information is not sold, shared, or made public by HUD. In the event I purchase a home, I authorize ACRHA to obtain a copy of the Closing Documents, Appraisal, and/or Real Estate Notes from the lender that made the loan or the company that closed the loan. I understand that ACRHA submits client-level information to the entities listed above, opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation. I give permission for the entities listed above including program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** You are not obligated to participate in this program or other ACRHA programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including but not limited to the Federal Housing Authority (FHA) for first-time homebuyer loan programs, the Affordable Housing Partnership, Troy Rehabilitation Improvement Program or Better Community Neighborhoods Inc. for other homebuyer/owner programs in the Capital District. Additionally, [www.HUD.gov](http://www.HUD.gov) will show programs, counseling agencies available locally and nationwide under the "resources" tab. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

**Referrals and Community Resources:** Upon request, you will be provided a community resource list which outlines the county and regional services available such as food banks and legal services, energy programs etc.

**Privacy Policy:** I/we acknowledge that I/we received a copy of ACRHA's Privacy Policy that I/we have received information on Fair Housing/Save Your Home Tips to Avoid Foreclosure (if applicable).

**Errors and Omissions and Disclaimer of Liability:** I/we agree ACRHA 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 ACRHA services; and I hereby release and waive all claims of action against ACRHA 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.

**Fee For Services:** If there are any fees associated with a service, you will be given a fee schedule/amount due for service requested prior to paying. If you are unable to pay any fees requested, please request a fee waiver form from any staff member. Fee schedules are also listed on our website at [www.acrha.org](http://www.acrha.org), Requests are reviewed on a case-by-case basis.

**Quality Assurance:** To assess client satisfaction and in compliance with grant funding requirements, ACRHA, or one of its partners, may contact you during or after the completion of your service. You may be requested to complete a survey asking you to evaluate your experience. Your survey data may be confidentially shared with ACRHA grantors such as HUD.

\*\*You can "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. You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.  Check here to opt out.

I/we acknowledge that I/we received, reviewed, and agree to ACRHA's Program Disclosures. Staff Initials \_\_\_\_\_

Name 1 Signature & Print

Date

Name 2 Signature & Print

Date





## Albany County Rural Housing Alliance (ACRHA)

(Physical Address) 24 Martin Road, Voorheesville, NY 12186

(Mailing Address) P.O. Box 407, Voorheesville, NY 12186

Phone: 518-765-2425 Fax: 518-765-9014 [www.acrha.org](http://www.acrha.org) NYS TTY/TDD RELAY: 7-1-1

### Third Party Authorization Form

Foreclosure Prevention Counselor:	Brendan Burke	518-765-2425 x2589	<a href="mailto:bburke@acrha.org">bburke@acrha.org</a>
Intake Coordinator:	Jack Burke	518-765-2425 x2587	<a href="mailto:intake@acrha.org">intake@acrha.org</a>

Homeowner ("Borrower") Name: \_\_\_\_\_ Co-Borrower Name: \_\_\_\_\_

Borrower Address: \_\_\_\_\_

Borrower Phone: \_\_\_\_\_ Last 4 Digits of Social Security: \_\_\_\_\_

Mortgage Lender/Servicer Name ("Servicer"): \_\_\_\_\_

Account/Loan Number: \_\_\_\_\_

Counseling Agency: ALBANY COUNTY RURAL HOUSING ALLIANCE

Other Third Party: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship of Other Third Party to Homeowner/Borrower: \_\_\_\_\_

I/We authorize the Non-Profit Agency named above (hereinafter "ACRHA") and its representatives to speak with my/our lender and with whomever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan. 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 Borrower. I/We authorize the lender and/or servicer handling my/our loan to discuss said loan with ACRHA staff, including notification of loan modification status or future default or delinquency.

ACRHA agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize ACRHA and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding the program or their agents for the exclusive purposes of program evaluation and monitoring.

#### BEFORE SIGNING

##### this Third-Party Authorization, beware of foreclosure rescue scams!

- It is expected that a HUD-approved counselor, HFA Representative or other authorized third party will work directly with your lender/mortgage servicer
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.

This Third-Party Authorization is valid when signed by all borrowers and co-borrowers named on the mortgage and until the Servicer receives a written revocation signed by any borrower or co-borrower.

I/We understand and agree with the terms of this Third-Party Authorization.

Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foreclosure Counselor: \_\_\_\_\_ Date: \_\_\_\_\_



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

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit [www.irs.gov](http://www.irs.gov) and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
I. First name	ii. Middle initial	iii. Last name/BMF company name	I. Spouse's first name	ii. Middle initial	III. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
I. First name	II. Middle initial	III. Last name	I. First name	II. Middle initial	III. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
I. IVES participant name			II. IVES participant ID number	III. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.)			v. City	vi. State	vii. ZIP code
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name				ii. Telephone number	
iii. Street address (including apt., room, or suite no.)			iv. City	v. State	vi. ZIP code

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts

a. Return Transcript  b. Account Transcript  c. Record of Account 7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) 

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a  Line 2a 

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

/ / / / / / / /

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

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See Instructions.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)		Date	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

# Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-C and its instructions, go to [www.irs.gov](http://www.irs.gov) and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

**What's New.** Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

## General Instructions

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

**Designated Recipient Notification.** Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

**Taxpayer Notification.** Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

**Purpose of form.** Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

**Note:** If you are unsure of which type of transcript you need, check with the party requesting your tax information.

**Where to file.** The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

## Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

## Specific Instructions

**Line 1a/2a (if spouse is also requested).** For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

**Line 1b/2b (if spouse is also requested).** Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

**Line 1c/2c (if spouse is also requested).** Enter your previous name as shown on your last filed tax return if different than line 1a.

**Line 3.** Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Line 5c.** Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Note.** If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

**Line 5d.** Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

**Line 6.** Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

**Line 6a.** Return Transcript includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

**Line 6b.** Account Transcript contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns.

**Line 6c.** Record of Account provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years.

**Line 7.** The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

**Line 8.** Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

**Signature and date.** Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

**Authorized Representative:** A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

**Electronic Signature:** Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

**Individuals.** Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

**Corporations.** Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form . . . . . 10 min.  
Preparing the form . . . . . 12 min.  
Copying, assembling, and sending the form to the IRS . . . . . 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.

## Hardship Letter

Signature \_\_\_\_\_

Date:

## Keep For Your Records



### ACRHA -Albany County Rural Housing Alliance, Inc.

(Mailing Address) P. O. Box 407, Voorheesville, New York 12186

(Physical Address) 24 Martin Road, Voorheesville, New York 12186

518.765.2425 (phone)

518.765.9014 (fax)

[www.ACRHA.org](http://www.ACRHA.org)

NYS TTY/TDD Relay: 7-1-1

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#### Albany County Rural Housing Alliance, Inc. Privacy Policy

ACRHA 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," will be provided to creditors, program monitors, and others only with your authorization and signature. 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. Please note that this may prohibit us from completing your case and assisting you with our programs.
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 regarding your "opt-out", you may call us at 518-765-2425 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 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 personal information.

\*Acknowledgement of receiving this document is included when signing ACRHA's Program Disclosure

