

# Certificate of Housing Counseling: Home Retention

U.S. Department of Housing and Urban Development  
Office of Housing

Certificate Number: \_\_\_\_\_  
OMB No. 2502-xxxx (expires xx/xx/xxxx)

Public reporting burden for this collection of information is estimated to average **XXX** hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for **XXXX** and will be used for **XXXXXX**. Provision of this information may be required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless the form has a currently valid OMB control number.

**Privacy Act Notice:** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in the form by virtue of Title 12, United States Code, Section 1701 et seq., and regulations promulgated at Title 12, Code of Federal Regulations. While no assurances of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

Counseling Recipient **LEGAL** Name(s) as verified by Driver's License or other acceptable documentation

Address (City/State/Zip Code):

HUD or other parties may require that as a condition for eligibility to receive certain benefits that recipients receive housing counseling services from a HUD-approved housing counseling agency. The requirements of the specific program will determine whether counseling services may occur face-to-face, via telephone, by attending and completing an educational workshop, completion of an approved web-based educational course, a combination of these methods or any alternate setting or format approved by HUD.

In accordance with Section 106 of the Housing and Urban Development Act of 1968 and 24 CFR 214, I have discussed, in detail, the following topics and activities with the above referenced counseling recipient

- Decision to Refinance Home: Assessing current financial situation, including budgeting, credit,** restructuring debt, **Mortgage Refinance Application Process, including a discussion of alternative types of mortgage loans/features and special refinancing products,** mortgage insurance, **common lending documents, and steps in the loan refinancing application, approval, and closing processes;** and
- Issues Arising During or Affecting the Period of Ownership of the Home: Other Financial Decisions, home** maintenance (**including preventive maintenance, taxes, insurance,** HOA or condo fees); **Default, Loss Mitigation, Foreclosure prevention strategies,** referrals to other assistance, and
- Sale or Other Disposition of a Home:** real estate professionals, short sales, and alternatives to refinancing.

### Counselor Certification:

I certify that the counseling recipient(s) listed above received counseling services related to home retention in accordance with the requirements of this certificate and the standards of HUD, as described in mortgagee letters, handbooks, regulations and statute.

Counseling Service conducted:  Face-to-Face  Telephone  Other \_\_\_\_\_  
Counseling Education was conducted:  Attended Workshop  Completed Web-based workshop  Other \_\_\_\_\_

This certificate was not prepared before the counseling session occurred.

Counselor's Name (Printed):	Counseling Agency Name:	
Counselor's Signature & Date:	Address (City/State/Zip)	
	Telephone No:	Agency HCS ID Number

X

### Counseling Recipient Certification:

I/we hereby certify that I/we have received the specified pre-purchase housing counseling services from the above counselor. I/we certify that I/we have discussed the above topics and activities pertaining to home retention. This information will enable me/us to make more informed decisions about the alternatives available to me/us relative to retaining my/our home.

Counseling Recipient Signature & Date: \_\_\_\_\_ Counseling Recipient Signature & Date: \_\_\_\_\_  
X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Counseling Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Certificate Expiration Date (1 year from date counseling completed): \_\_\_\_ / \_\_\_\_ / \_\_\_\_