**Homeownership Protection Center**

**Homeowner Assistance Fund Program**

**Re-evaluation Checklist and Invoice**

**Name of**

**Client(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HPC #** \_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

**Date of Re-Employment (start date):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Documents Needed for Re-Evaluation:** |

|  |
| --- |
| Letter from Employer detailing start date, pay rate, and hours worked.  ***-OR-***  Date of hire and new employer’s full name, address and phone number.  ***-AND-***  First paycheck stub from new employer |

|  |  |
| --- | --- |
| **Counselor’s Calculations** | **Underwriter’s Calculations** |
| Pre-Event Income:  $\_\_\_\_\_\_\_\_\_\_ | Pre-Event Income:  $\_\_\_\_\_\_\_\_\_\_ |
| Current Income:  $\_\_\_\_\_\_\_\_\_\_ | Current Income:  $\_\_\_\_\_\_\_\_\_\_ |

**Reduction of Employment Income (15% or more)** Yes No

\*\*Remember, to qualify based on “Under-employment, borrowers must demonstrate at least a 15% reduction in employment income.

**Counselor’s Recommendation**:

\_\_\_\_\_\_ Borrower does qualify to continue HoAF.

\_\_\_\_\_\_ Borrower does NOT qualify for HoAF.

**Underwriter’s Decision:**

\_\_\_\_\_\_ Borrower does qualify to continue HoAF.

\_\_\_\_\_\_ Borrower does NOT qualify for HoAF.

**Comments:**

Counselor has reviewed the additional information and determines the recommendation above.

Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counseling Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Fax to 502-564-7664 or email to** [**hpc@kyhousing.org**](mailto:hpc@kyhousing.org)**, attn: HoAF Re-Evaluations.**
* **Reimbursement Claimed: $100.00**
* **Be sure to keep a copy for your records.**

Underwriter Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_