**Pre-Purchasing Counseling Application**

*NOTE: If you have impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

**How did you hear about our housing counseling agency?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Member of our staff | [ ]  Print / Radio ad | [ ]  Religious or social organization | [ ]  Friend / Family |
| [ ]  HUD | [ ]  Bank or mortgage servicer | [ ]  Internet Search | [ ]  Other Specify \_\_\_\_\_\_\_\_\_\_\_\_ |

**Part One. Your Biographic and Demographic Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name 1 :**  |  |  |  |
|  |  *Last Name First Name Middle Name* |
| **Address :** |  |  |  |
|  |  *Address and Apartment No City & State Zip* |
| **Social Security :** |  |
| **Email :** |  |
| **Preferred Contact :** | [ ]  Home Phone [ ]  Cell Phone [ ]  Work Phone [ ] Email [ ] Text |
| **Race :** | [ ]  American Indian/Alaska Native [ ]  Asian [ ]  African American |
|  | [ ]  Native Hawaiian/Pacific Islander [ ]  White [ ]  Biracial or Multiracial |
|  | [ ]  Other (Specify): |  |  [ ]  Decline to Answer |
|  |  |
| **Marital Status :** | [ ]  Single [ ]  Married [ ]  Divorced [ ]  Separated [ ]  Widow |

|  |  |
| --- | --- |
| **Date:** |  |
| **Home Phone:** |  |
| **Cell Phone:** |  |
| **Work Phone:** |  |
| **Best Time:** |  |
| **Date of Birth:** |  |
| **Gender:** | [ ]  Male [ ]  Female |
| **Ethnicity:** | [ ]  Mexican [ ]  Puerto Rican  |
| **Veteran:** | [ ]  Yes [ ]  No |
| **Active Military:** | [ ]  Yes [ ]  No |
| **Disabled:** | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| **Home Phone:** |  |
| **Cell Phone:** |  |
| **Work Phone:** |  |
| **Best Time:** |  |
| **Date of Birth:** |  |
| **Gender:** | [ ]  Male [ ]  Female |
| **Ethnicity:** | [ ]  Mexican [ ]  Puerto Rican |
| **Veteran:** | [ ]  Yes [ ]  No |
| **Active Military:** | [ ]  Yes [ ]  No |
| **Disabled:** | [ ]  Yes [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name 2 :**  |  |  |  |
|  |  *Last Name First Name Middle Name* |
| **Address :** |   |  |  |
|  |  *Address and Apartment No City & State Zip* |
| **Social Security :** |  |
| **Email :** |  |
| **Preferred Contact :** | [ ]  Home Phone [ ]  Cell Phone [ ]  Work Phone [ ] Email [ ] Text |
| **Race :** | [ ]  American Indian/Alaska Native [ ]  Asian [ ]  African American |
| [ ]  Native Hawaiian/Pacific Islander [ ]  White [ ]  Biracial or Multiracial |
| [ ]  Other (Specify): |  | [ ]  Decline to Answer |
|  |  |
| **Marital Status :** | [ ]  Single [ ]  Married [ ]  Divorced [ ]  Separated [ ]  Widow |
| **Relationship to Applicant:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Highest Education Level for Name 1: |  | Highest Education Level for Name 2: |  |
| Address in Rural Area: | [ ]  Yes [ ]  No | Address in County of: |  |
| 1st Time Home Buyer: | [ ]  Yes [ ]  No | 1st Generation Home Buyer: | [ ]  Yes [ ]  No |
| English Proficiency: | [ ]  Yes [ ]  No |

**Part Two. Your Housing Status and Housing Goals**

|  |
| --- |
| **Household Type:** |
| [ ]  Single | [ ]  Cohabitating | [ ]  Single Male Headed | [ ]  Non-Spousal family members |
| [ ]  Married | [ ]  Roommates / Non Relative | [ ]  Single Female Headed | [ ]  Other: | Specify: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Household Size: |  | Adults: |  | Children: |  |
| [ ]  Male [ ] Female | Age: |  | [ ]  Male [ ] Female | Age: |  |
| [ ]  Male [ ] Female | Age: |  | [ ]  Male [ ] Female | Age: |  |
| [ ]  Male [ ] Female | Age: |  | [ ]  Male [ ] Female | Age: |  |
| [ ]  Male [ ] Female | Age: |  | [ ]  Male [ ] Female | Age: |  |

|  |  |
| --- | --- |
| **My current housing status is:** |  |
| [ ]  Renting/leasing | [ ]  Homeowner with mortgage(s) | [ ]  Homeowner (no mortgage debt) |
| [ ]  Homeless  | [ ]  Boarder (renting) | [ ]  Living with family (renting/not renting) |
| [ ]  Other | Receiving assistance subsidies? [ ]  No [ ]  Yes  | Specify: |  |

|  |  |
| --- | --- |
| **My housing goal is to...***check all that apply:* |  |
| [ ]  Buy a home (pre-purchase counseling)  | [ ]  Prevent foreclosure | [ ]  Obtaining rental housing |
| [ ]  Transition from homelessness | [ ]  Obtain a reverse mortgage | [ ]  Get credit counseling |
| [ ]  Discuss a fair housing rights violation |  |  |

**Part Three. Your Rental and Mortgage Information**

|  |
| --- |
| **Renting: [ ]  Yes [ ]  No** |
| *Renting for Years: \_\_\_\_ Months: \_\_\_\_* |
| [ ]  Pay market rent | [ ]  Section 8 recipient | [ ]  Receive rent subsidy/public housing |
| [ ]  I need assistance with delinquent rent | [ ]  I need assistance with delinquent utilities | [ ]  Facing eviction |
| [ ]  I am interested in filing a fair housing claim.  | Housing Choice Voucher: | [ ]  Yes [ ]  No |
| *List Reasons for Fair Housing Claim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

|  |
| --- |
| **Mortgage: [ ]  Yes [ ]  No** |
| **If you have said NO to Mortgage you can go to Credit History Questions.** |
|   | **First Mortgage** | **Second Mortgage** |
| Is this loan Current or Delinquent? |  [ ]  Current | [ ]  Delinquent |  [ ]  Current | [ ]  Delinquent |
| Mortgage servicer name: |   |  |
| Loan Number |  |  |
| Loan Balance |  |  |
| Interest Rate |  |  |
| Monthly principal and interest payment (excluding taxes/insurance) |  |  |
| Mortgage Insurance payment (PMI) |  |  |
| Fixed or Adjusting Interest Rate: |  [ ]  Fixed | [ ]  Adjusting |  [ ]  Fixed | [ ]  Adjusting |
| Date you last made payment: |  |  |
| Past Due Amount: |  |  |
| Have you applied for a loan modification or forbearance? |  [ ]  Yes | [ ]  No |  [ ]  Yes | [ ]  No |
| Details: |
| **Default Reason:** |
| [ ]  Divorce / Marital Separation [ ]  Disability [ ]  Decreased Income [ ]  Increased Expenses [ ]  Medical [ ]  Other |

Has your hardship ended? [ ]  Yes [ ]  No

Do you have the ability and willingness to resume mortgage payments? [ ]  Yes [ ]  No

If No: Are you seeking an alternative outcome, such as deed-in lieu of foreclosure or short sale?

Explanation of alternative outcome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit History Questions:**

1. Are there any outstanding judgments on you? [ ]  Yes [ ]  No [ ]  Don’t Know
2. Declared bankruptcy within the past seven years? [ ]  Yes [ ]  No
3. Property foreclosure or surrendered through deed-in-lieu within the past 7 years? [ ]  Yes [ ]  No

**Part Four. Your Employment Status**

|  |
| --- |
| **Name 1’s Employment Status:** |
|  [ ]  Employed Full-Time |  [ ]  Seasonal | [ ]  Employed Part-Time |
|  [ ]  Unemployed, receiving benefits |  [ ]  Self-Employed | [ ]  Unemployed, not receiving benefits |
|  [ ]  Disabled, receiving benefits |  [ ]  Retired | [ ]  Other: |
|  |  |  |  |  |  |  |  |  |  |
| **Current Employer:** |   |  | **Dates:** |  |
|  |  |  |  |  |  |  |  |
| **Address:** |  |  |  |  | **Phone:** |  |
|  | Street Address | City & State | Zip |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Previous Employer:** |  |  | **Dates:** |  |
|  |  |  |  |  |  |  |  |
| **Address:** |  |  |  |  | **Phone:** |  |
|  | Street Address | City & State | Zip |  |  |  |  |  |

|  |
| --- |
| **Name 2’s Employment Status:** |
|  [ ]  Employed Full-Time |  [ ]  Seasonal | [ ]  Employed Part-Time |
|  [ ]  Unemployed, receiving benefits |  [ ]  Self-Employed | [ ]  Unemployed, not receiving benefits |
|  [ ]  Disabled, receiving benefits |  [ ]  Retired | [ ]  Other: |
|  |  |  |  |  |  |  |  |  |  |
| **Current Employer:** |   |  | **Dates:** |   |
|  |  |  |  |  |  |  |   |
| **Address:** |   |   |   |  | **Phone:** |   |
|  | Street Address | City & State | Zip |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Previous Employer:** |  |  | **Dates:** |  |
|  |  |  |  |  |  |  |  |
| **Address:** |   |   |   |  | **Phone:** |   |
|  | Street Address | City & State | Zip |  |  |  |  |  |

**Part Five. Monthly Income and Monthly Debts**

|  |  |  |
| --- | --- | --- |
|  | **Name One**Monthly Income | **Name Two**Monthly Income |
| **Income Type** | **Gross** (Before Taxes & Deductions) | **Net**(After Taxes & Deductions) | **Gross** (Before Taxes & Deductions) | **Net**(After Taxes & Deductions) |
| 1. Salary/Wage Earnings: |   |  |  |  |
| 2. Child Support/Alimony: |  |  |  |  |
| 3. Social Security: |  |  |  |  |
| 4. Pension Income: |  |  |  |  |
| 5. Dependents SSI Income: |  |  |  |  |
| 6. Disability Income: |  |  |  |  |
| 7. Unemployment Income: |  |  |  |  |
| 8. SNAP (Food Stamps): |  |  |  |  |
| 9. TANF/FI: |  |  |  |  |
| 10. Other: |  |  |  |  |
| 11. Other: |  |  |  |  |
| **Total:** | **$** | **$** | **$** | **$** |
| **Total Combined Gross:** | **$** |  |  |  |
| **Total Combined Net:** | **$** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average Monthly Debts** | Name 1 | Name 2 |  | Refer to your combined net income on the previous page. Subtract your combined costs as added on the right. This represents your monthly cash flow. Complete the calculation below:Combined monthly net income:  $Subtract monthly costs of:  $Equals:  $ **I / We have a****[ ]  Positive [ ]  Negative****Cash Flow** |
| Car Insurance: |   |  |  |
| Car Payment(s): |  |  |  |
| Gas / Transportation: |  |  |  |
| Alimony/Child Support: |  |  |  |
| Credit Cards Min Payments: |  |  |  |
| School Tuition: |  |  |  |
| Rent: |  |  |  |
| Mortgage Payment: |  |  |  |
| Property Tax HOA Insurance: |  |  |  |
| Student Loan Debt: |  |  |  |
| Medical Debt: |  |  |  |
| Tithing: |  |  |  |
| Food Average: |  |  |  |
| Childcare/ Daycare: |  |  |  |
| Cell Phones: |  |  |  |
| Utilities All Combined: |  |  |  |
| Other: |  |  |  |
| Total Costs: |  $ | $ |  |
| **Total Combined Costs**: | **$** |  |

|  |  |
| --- | --- |
| **Total Value, Liquid Assets:** | **Total Value, Hard Assets** |
| Stocks Bonds CDs: |  $ | Owner Occupied Property Value: |  $ |
| Checking Accounts: |  $ | Investment Property Value: |  $ |
| Savings Account: |  $ | Automobiles:  |  $ |
| IDA Savings: |  $ | Life Insurance: |  $ |
| 401(k): |  $ | Other: |  $ |
| **Total Value:** | **$** | **Total Value:** | **$** |

 Client One Signature Date

 Client Two Signature Date

**Data Release Form and Third Party Authorization**

Note: If you have impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

You hereby authorize and instruct The Financial Resource Center (FRC)

 □ Obtain and review your credit report, and

 □ Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation (for example, verifying your annual property tax obligations and homeowner’s insurance fees)

Your credit report will be obtained from a credit reporting agency chosen by FRC. You understand and agree that FRC intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize FRC to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help FRC determine your viable financial options.

 € Lenders € Banks € Mortgage Servicers

 €Debt Collectors € Landlords € Public Housing Authorities

 €Property Management Companies € Social Service Agencies € Counseling Agencies

Entities such as mortgage lenders and/or counseling agencies may contact your FRC counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your FRC counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation.

You hereby authorize the release of your information to program monitoring organizations of FRC, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition you authorize FRC to have your credit report pulled two additional times to conduct program evaluations. You also agree to keep FRC informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for or a counseling service that you are seeking.

**Finally, you understand that you may revoke consent to these disclosures by notifying The Financial Resource Center in writing.**

Name (Printed) Social Security Signature Date

Name (Printed) Social Security Signature Date

**ENROLLMENT OF SERVICES**

 Based upon a review of your current qualification and your desired goals, it is agreed upon that your next step is to enroll in:

* **Pre-Purchase Homebuyer Counseling:** This program allows for you to understand the process and develop your plan for homeownership. This program will provide you with the information necessary for you to fully understand the home purchase process. Enrollment in this program will require 4 to 5 sessions with a housing counselor. These sessions may be face to face or over the phone.
* **Credit Counseling:** This program allows for you to develop and individualized financial management plant to responsibly handle debt and to resolve adverse reports to your credit. The number of counseling sessions will be dependent on your individualized plan. This program is a subset of Pre-Purchase counseling.
* **Homebuyer’s Education Workshop:** These workshops will provide you with the information that you need to find, purchase and maintain a home. These workshops are typically completed in one session. It is recommended that once successfully completed that you enter into the Pre-Purchase Homebuyer Counseling.
* **Budgeting Seminars:** These seminars will allow you to obtain the tolls necessary in order to become financially independent and free form money worries. These seminars are one session. It is recommended that they be coupled with credit counseling. These seminars are also ideal for anyone who wants to be fiscally responsible.

 I have reviewed the requirements for the programs in which I am enrolled and agree to comply:

 Client’s Signature Date

 Counselor’s Signature Date

**HOUSING COUNSELING AGREEMENT**

1. I understand that The Financial Resource Center provides housing counseling after which I may receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing or social services agencies as appropriate. I understand that I am not obligated to access any of the services offered to me.
2. I understand that I will not be charged any fee for these services described in the Agreement. The Financial Resource Center may be required to share some of my personal information with representatives from funding sources for purposes of program monitoring, compliance and evaluation.
3. A counselor of The Financial Resource Center may answer questions and provide information relevant to my housing concerns, but the counselor will not give legal advice. If I want legal advice, I will be referred for appropriate assistance, or I will seek legal counsel through other means.
4. I understand that The Financial Resource Center is not a financial or real estate service program or provider, and that is provides information and education on numerous financial products and housing programs solely as part of its overall counseling services, and I further understand that the housing counseling I receive from The Financial Resource Center is no way obligates me to choose any of these particular financial products or housing programs, nor does The Financial Resource Center endorse or recommend any specific product or program or provider, regardless of whether it is described or mentioned during counseling activities.
5. I acknowledge that I will receive a copy of The Financial Resource Center Housing Counseling Privacy Policy, which is attached to this Agreement as Exhibit A.

 Client’s Signature Date

 Client’s Signature Date

**PROGRAM DISCLOSURE**

Purpose of Housing Counseling: I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers fix those problems that prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

Customer's Responsibility: I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes, but is not limited to, missing three consecutive appointments.

Our Services include:

|  |  |  |
| --- | --- | --- |
|  |  | **Pre-Purchase Counseling-** Assists with resolution to barriers of homeownership  |
|  |  | through one-on-one counseling. This includes a complete evaluation of your financial status and readiness for homeownership. |
|  |  |  |
|  |  | **Financial, Budgeting and Credit Workshops-** Financial, Budgeting and Credit  |
|  |  | Workshops provide general information about budgeting tools, credit reports, factors that impact credit scores and various financial resources. |
|  |  |  |
|  |  | **Pre-Purchase Homebuyer Education Workshops-** Pre purchase education  |
|  |  | provides general information about the home buying process to a group of potential homebuyers, in a classroom setting. This includes, but is not limited to, information on down-payment assistance programs, closing costs. home inspections, credit readiness, and various financing options. |
|  |  |  |
|  |  | **Financial Management/Budget Counseling-** This program allows for you to |
|  |  | develop an individualized financial management plan to responsibly handle debt and to resolve adverse reports to your credit. The number of counseling sessions will be dependent on your individualized plan.  |
|  |  |  |
|  |  | **Rental Housing Counseling-** Assists with determining what is best for your housing |
|  |  | needs and your financial status. If a determination that rental is the best housing option, rental counseling will assist in the understanding of lease provisions, housing quality standards, and various landlord and tenant rights and responsibilities. |
|  |  |  |
|  |  | **Rental Housing Workshops-** Rental Housing Workshops provides general |
|  |  | information about the pros and cons of rental housing versus homeownership in a classroom setting. |

**Please place an X beside the services that you are interested in**.

Clients are not obligated to receive any additional services offered by this agency or its exclusive partners to receive housing counseling. In addition to our housing counseling program, Southeastern Housing and Community Development also provide the following services:

1. Rental Housing
2. Lease Purchase Program
3. Individual Development Accounts (Matched Savings Program)
4. Home Sales
5. Owner Occupied Repairs

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |  | Date: |  |
| Co-Applicant Signature: |  | Date: |  |