



Counseling and Education Enrollment Form
 Community Resource Center
 1126 Berry Blvd
 Louisville, Kentucky 40215
 Phone: (502) 585-5451 Fax: (502) 585-5568

Applicant Information

Name: _____ Social Security #: _____ Birth Date: _____

Co-Applicant: _____ Social Security #: _____ Birth Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Household Size: _____ Years at Current Address: _____ Monthly Rent/Mortgage Payment: _____

Email Address: _____ Highest Level of Education Completed: _____

Marital Status: Single Married Divorced

Head of Household: Yes *Number of Dependents:* _____ No

Check all that apply:

Public Assistance: Food Stamps Section 8 Public Housing

Are you a participant of the FSS Program? Yes No

Have you filed for bankruptcy in the last 10 years? Yes No

Have you owned a home in the last 3 years? Yes No

Are you currently under contract on a home? Yes No

Do you require special accommodations due to a disability? _____

Income Information

Applicant's Present Employer: _____ Start Date: _____

Position/Title: _____ Gross Income: _____ Frequency of Pay: _____

Co-Applicant's Present Employer: _____ Start Date: _____

Position/Title: _____ Gross Income: _____ Frequency of Pay: _____

If you receive other income, such as Social Security, disability, or child support, please list below:

Amount: _____ Frequency: _____ Description: _____

Amount: _____ Frequency: _____ Description: _____

Asset Information		
Do you have a bank account? <i>Check all that apply</i>		
<input type="checkbox"/>	Checking	Balance: _____
<input type="checkbox"/>	Savings	Balance: _____
<input type="checkbox"/>	Other: _____	Balance: _____

Program Monitoring Information <small>The following information is for program monitoring purposes, you are not required to furnish this information</small>		
Gender: <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic	
<input type="checkbox"/> Female	<input type="checkbox"/> Not Hispanic	
Race: <input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> African American
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Chose not to respond	
Country of Origin: _____		Preferred Language: _____
How did you hear about our program? _____		

By Signing Below, I certify that the above is true and correct. I authorize the The Housing Partnership, Inc. to:

- Pull my credit report to review my credit file for housing counseling in connection with my pursuit of a loan to purchase property;
- Verify all information contained herein; and
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I understand that the information obtained is to be used in assessing homeownership readiness and that completion of this form in no way guarantees loan approval or down payment assistance. I understand this is an application for homeownership counseling and that this is not an application for a mortgage loan.

I also certify that I have read and signed all the disclosures in this enrollment application.

Applicant's Name (Printed)

Co-Applicant's Name (Printed)

Applicant's Signature

Date

Co-Applicant's Signature

Date

Office Use Only: Fee Paid: _____ Appointment Date: _____



The Housing Partnership, Inc. Privacy Policy

The Housing Partnership, Inc. 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,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. 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.
2. If you choose to “opt-out”, we will not be able to answer your questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (502) 585-5451 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.

Applicant

Date

Co-Applicant

Date



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www.WeAreHPI.org

**The Housing Partnership Inc. Disclosure to Clients
Fair Housing and Equal Opportunity Requirements and Statement of Non-
discrimination:**

It is the policy of The Housing Partnership Inc. (HPI) to comply fully with title VI of the civil rights act of 1964, title vii and section three of the civil rights act of 1968 (as amended by the community development act of 1974), executive order 11063, section 504 of 1973 rehabilitation act, the age discrimination act of 1975, and any legislation protecting the individual rights of Clients, residents, applicants or staff which may be subsequently enacted.

HPI's counseling programs collectively shall not discriminate on the basis of race, color, sex, religion, sexual orientation, age, handicap, disability, national origin, familial status or creed in the providing services to potential, current, or past Clients.

HPI's programs shall not automatically deny admission to a particular group of otherwise eligible applicants. Each applicant shall be treated on an individual basis in the normal processing routine.

HPI's programs will seek to identify and eliminate situations or procedures, which create a barrier to equal housing opportunity for all. In accordance with Section 504, the property will make reasonable accommodations for individuals with handicaps or disabilities (applicants and residents). Such accommodations may include changes in the administration of policies, procedures or services.

Acknowledgement:

By signing this disclosure, you acknowledge that you have received and read this disclosure notice.

Print Name

Print Name

Signature

Date

Signature

Date



An Equal Opportunity Employer M/F/D
Updated 3/12/15





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DEVELOPMENT AND PROPERTY SERVICE DISCLOSURE

In addition to offering housing counseling services, The Housing Partnership Inc. (HPI) also develops properties that are modestly priced and affordable to many renters and first-time homebuyers. You are under no obligation to rent a unit in one of our properties, to purchase a home from a private builder that constructs homes in our developments or to purchase a home that we sell directly to you.

We are sharing this disclosure with you so that you understand your rights and to reveal any potential conflict of interest.

DUAL AGENCY

The following disclosure and acknowledgment apply to those transactions in which the individual representing the seller and the home ownership readiness counselor consulting with you are employed by the same entity.

YOUR RIGHTS UNDER DUAL AGENCY

We wish to explain what dual agency means to you. HPI owns and manages rental properties and sells residential real property. In this capacity, HPI's primary responsibility is to itself as the seller of real property.

As a counselor, HPI counsels you in preparing for rental responsibilities and for homeownership, including foreclosure intervention. In this capacity, HPI's primary responsibility is to you. You are not obligated to rent a unit in one of our properties, purchase a home from a private builder that constructs homes in our developments or to purchase a home that we sell directly to you as a condition of receiving counseling services.

By making this disclosure, HPI wishes to obtain your informed consent to operate in a dual agency capacity. By consenting to dual agency, you are giving up your right to undivided loyalty. You should carefully consider the possible consequences of a dual agency relationship before agreeing to such representation.

You may retain the services of a real estate agent/broker or a counselor who will represent only your interest in the transaction.

You have the right to consult independent legal counsel regarding this disclosure before signing it.

CONSENT TO DUAL AGENCY

By signing below, you acknowledge that you have received and read this disclosure notice. You also acknowledge that you understand that as a property owner, HPI may be acting in its own best interests relative to the sale or rental of residential real property owned by HPI. Finally, by signing below, you consent to the dual agency.

Print Name

Print Name

Signature

Date

Signature

Date



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HOC-FIP Updated 3/12/15



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HUD DISCLOSURE AND AUTHORIZATION

As a client of The Housing Partnership Inc., I have read this document and understand that my signature gives my counselor the authority to act as my representative for purposes of housing counseling. No information will be released without my knowledge and consent. I may, from time to time, authorize HPI representatives to disclose requested file documents (receipts, letters, etc.) to mortgage representatives, creditors or credit bureaus for the purpose of resolving any issue in obtaining a mortgage loan.

I understand that everything in my file is confidential and that it is only accessible to HPI personnel and to other organizations and funders such as US HUD, Kentucky Housing Corporation and NeighborWorks, for the purpose of audit and program review.

In consideration of receiving assistance from HPI, I/we hold HPI staff or representatives to be free and harmless from any claims, damages, liabilities or injuries arising from these services.

AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

I/We the undersigned, hereby authorize The Housing Partnership Inc., to act as my/our representative regarding my mortgage. I/We also authorize any representative of any of my/our creditors to release information to The Housing Partnership, Inc.

All counseling sessions and file documentation are considered confidential. The Housing Partnership Inc. has my permission to disclose **only that information** pertaining to my obtaining a mortgage loan to individuals, agencies or other corporate entities directly involved in this transaction. No information will be released without my knowledge and permission. This authorization is effective until rescinded by me.

Print Name

Print Name

Signature

Date

Signature

Date



An Equal Opportunity Employer M/F/D



HOC--Updated 3/12/15

BUDGET WORKSHEET

Date: _____

FIXED EXPENSES

Shelter (Rent/Mortgage) _____
 Gas & Electric _____
 Water _____
 Trash Pickup _____
 Home Telephone _____
 Cellular Telephone _____
 Alternate Heating _____
 Daycare/ Babysitter _____
 Child Support _____
 Medical/Prescriptions _____
 Internet/Home Telephone _____
 Internet **Only** _____

SUBTOTAL 1

FLEXIBLE EXPENSES

Groceries _____
 Lunch @ Work _____
 Lunch @ School _____
 Clothing _____
 Gas/ TARC _____
 Entertainment _____
 Laundry/Dry Cleaning _____
 Newspaper _____
 Cable TV _____
 Church/ Charity _____
 Allowances _____
 Barber/ Beauty Shop _____
 Misc. (Cigs. Postage) _____
 Savings _____
 Other _____

SUBTOTAL 2

Non-MONTHLY EXPENSES

Insurance _____
 Car Insurance _____
 Health (**paying out of pocket**) _____
 Life (**paying out of pocket**) _____
 Homeowners/Renters _____
 Tuition/Books _____
 Taxes/Tags Car _____
 Taxes Personal Property _____
 House Maintenance _____
 Car Maintenance _____

SUBTOTAL 3

Client Name: _____

Counselor: _____

MONTHLY DEBT

Creditors (credit cards, car payments, student loans, Medical bills, etc)

Creditor	Mo. Pmt.	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBTOTAL 4

NET INCOME

Applicant _____
 Co-Applicant _____
 Child Support _____
 Social Security _____
 SSI _____
 AFDC _____
 Welfare _____
 Pension _____
 Other _____
 Other _____
 Other _____

TOTAL INCOME

EXPENSES

Fixed (Subtotal 1) _____
 Flexible (Subtotal 2) _____
 Non- Monthly (Subtotal 3) _____
 Monthly Debt (Subtotal 4) _____

TOTAL EXPENSES

TOTAL INCOME

less TOTAL EXPENSES

DIFFERENCE (+ or -)

