

## COUNSELING & EDUCATION APPLICATION CHECKLIST

Include COPIES of each of the following required documents with your application:

- Completed & Signed Application**
- Signed Disclosures**
- Signed Counseling & Education Client Contract**
- Driver's License or Photo ID**
- Completed Household Budget Sheet**
- Proof of Household Income**
  - One (1) month of current paystubs (Showing YTD income)
  - Statement from SSI and/or Social Security (Cannot be over 90 days old)
  - Child Support Print-out (Cannot be over 90 days old)
  - Welfare Agency; K-TAP Print-out (Cannot be over 90 days old)
  - Workers Compensation
  - Unemployment Compensation
  - 1099 tax form if you are self-employed
- Copy of Last (2) Bank Statements**
- Copy of Last (2) Income Tax Returns** (Include W2's)
- Copy of Assets/Savings Statements** (401K, IRA, etc. most recent statement)
- Copy of Bankruptcy Paperwork**
- Copy of Divorce Decree** (If applicable)

For questions contact:  
Martina Surma [msurma@WeAreHPI.org](mailto:msurma@WeAreHPI.org)

Telephone: (502) 814-2701

## APPLICANT INFORMATION

**Applicant:** \_\_\_\_\_ **Social Security #:** - - **Date of Birth:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_ **Social Security #:** - - **Date of Birth:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at Current Address: \_\_\_\_\_ Monthly Rent/Mortgage Payment: \$ \_\_\_\_\_ Section 8 Voucher: \$ \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_ Home : \_\_\_\_\_ Work : \_\_\_\_\_

Household Size: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Widowed

Do you require special accommodations due to a disability? \_\_\_\_\_

**Check all that apply:** **Additional Information:**

Yes  No Are you a participant of the Family Self Sufficiency Program? \_\_\_\_\_

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

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

Yes  No Are you currently under sales contract on a home? \_\_\_\_\_

Yes  No Do you receive a Section 8 Voucher? \_\_\_\_\_

**Are you a Resident of HPI?**  Yes  No **For Appointment & Event Reminders:**  Call  Email  Text

## INCOME INFORMATION

**Applicant's Employer:** \_\_\_\_\_ **Employer Phone:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_ **Frequency of Pay:** \_\_\_\_\_ **Gross Annual Income:** \$ \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Co-Applicant's Employer:** \_\_\_\_\_ **Employer Phone:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_ **Frequency of Pay:** \_\_\_\_\_ **Gross Annual Income:** \$ \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**If you receive other income, such as Unemployment, Social Security, SSI, Disability, Child Support, or Alimony, please list below:**

Monthly Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Description: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Description: \_\_\_\_\_

## ASSET INFORMATION

**Check all that apply:**

Checking Balance: \$ \_\_\_\_\_  Stocks/Bonds Balance: \$ \_\_\_\_\_  IRAs Balance: \$ \_\_\_\_\_

Savings Balance: \$ \_\_\_\_\_  Money Market Balance: \$ \_\_\_\_\_  CDs Balance: \$ \_\_\_\_\_

Pension Balance: \$ \_\_\_\_\_  401K Plan Balance: \$ \_\_\_\_\_

## PROGRAM MONITORING

The following information below is for program monitoring purposes, you are not required to furnish this information.

How did you hear about our program? \_\_\_\_\_

Gender:  Female  Male

Ethnicity:  Hispanic or Latino  Non-Hispanic or Latino

Race:  American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White  Other

Are you a U.S. Military Veteran?  Yes  No Are you Active Duty?  Yes  No

Highest Level of Education Completed?  High School/GED  Some College  Bachelor's Degree  Master's Degree

Country of Origin: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

## APPLICATION CERTIFICATION

By signing below, I certify I/We certify that the above information is true and correct.

I authorize The Housing Partnership, Inc. (HPI) to:

- Pull my credit reports to review my credit profile for homeownership counseling in connection with my pursuit of a loan to purchase property. I understand that a soft pull of my credit may be reported to the credit bureau as an inquiry; and
- Verify all household information contained herein; and
- Obtain a copy of the Loan Estimate, Closing Disclosure, and Promissory Note post-closing from the mortgage lender that I utilize for my mortgage loan; and
- I have reviewed and understand all fees that will or may be charged prior to the beginning of counseling services.

I/We understand that the information obtained is to be used in assessing homeownership readiness and that the completion of this form in no way guarantees loan approval or down payment assistance. I/We understand this is an application for homeownership counseling and that this is not an application for a mortgage loan. I/We also certify that I/We have read and signed all of the disclosures in this enrollment packet.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUBSCRIBE TO OUR MAILING LIST

By voluntarily entering your name and email address below, you opt-in to subscribe to the HPI mailing list. You will automatically receive email notification of important HPI announcements, HPI Newsletters, HPI events, and other HPI housing opportunities You are not required to join our mailing list.

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Office Use Only:**

Intake Date: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Appointment Date: \_\_\_\_\_

## Program Disclosure Form

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

**About Us and Program Purpose:**

The Housing Partnership, Inc. is a nonprofit, HUD-approved housing counseling agency. Our mission is to create, sustain and promote access to affordable housing opportunities.

HPI is a nonprofit, an affordable housing developer, and HUD-certified comprehensive housing counseling agency.

Our homeownership program provides education workshops and a full spectrum of housing counseling & education including:

- PPC - Pre-purchase Counseling
- FBC - Financial Management/Budget Counseling
- FBW - Financial, Budgeting, and Credit Workshops
- PPW - Pre-purchase Homebuyer Education Workshops

We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

**Client and Counselor Roles and Responsibilities:**

Counselor's Roles & Responsibilities	Client's Roles & Responsibilities
<ul style="list-style-type: none"> <li>• Reviewing your housing goal and your finances</li> <li>• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.</li> <li>• Preparing a household budget.</li> <li>• Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.</li> <li>• Neither your counselor nor agency employees, agents, or directors may provide legal advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Completing the steps assigned to you in your Client Action Plan.</li> <li>• Providing accurate information about your income, debts, expenses, credit, and employment.</li> <li>• Attending meetings, returning calls, providing requested paperwork in a timely manner.</li> <li>• Notifying your counselor when changing a housing goal.</li> <li>• Attending educational workshops as recommended.</li> <li>• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.</li> </ul>
<p><b>Termination of Services: Failure to work cooperatively with housing counselor and/or HPI will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</b></p> <p><b>INITIALS: _____ / _____</b></p>	

**Agency Conduct:** No HPI employee, 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 Relationship:** HPI has financial affiliations with HUD, NeighborWorks® America, Housing Partnership Network, various lenders including Chase Bank, PNC Bank, Citizens Union Bank, Fifth Third, Limestone Bank and many others.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** HPI has a Downpayment assistance product developed to be offered to its pre-purchase housing counseling customers. However, you are not obligated to participate in this or other HPI programs and services while you are receiving housing counseling from our agency. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

***Completion of the Homeownership program in no way automatically approves or guarantees assistance from HPI. First Mortgage and Second Mortgage Downpayment Assistance financing both have income, credit and other qualifying guidelines that must be met to be approved for these funds separately. If you are interested in our Downpayment Assistance product please consult with your Homeownership Advisor/Counselor.***



## Privacy Policy

*NOTE: If you have an 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.*

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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

### What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

### What personal information does The Housing Partnership, INC. collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

### What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

### How is your personal information secured?

We restrict access to your nonpublic personal information to The Housing Partnership, Inc. employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

### Opting Out of Certain Disclosures

You may direct The Housing Partnership, Inc. to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit our ability to provide services. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

**OPT-OUT: I request that Smith HCA make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that Smith HCA will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting Smith HCA.**

Name 1 (Printed)	Signature	Date	Name 2 (Printed)	Signature	Date
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**RELEASE: I hereby authorize Smith HCA to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.**

Name 1 (Printed)	Signature	Date	Name 2 (Printed)	Signature	Date
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# THE HOUSING PARTNERSHIP, INC. COUNSELING AND EDUCATION

## CLIENT CONTRACT

### HPI will:

- Work with me to help me work toward removing barriers preventing me from obtaining mortgage financing.
- Provide educational classes and materials for me to become a successful homeowner.
- Help me develop an action plan to save for down payment and obtain mortgage financing.
- Provide encouragement and motivation to help me reach my goals.

### HPI will NOT:

- Pay my bills for me, nor do any type of bill or debt consolidation or management.
- Require that I remain in the program.
- Make decisions for me.

### As an HPI client, I/we agree to: *(client must initial each line)*

\_\_\_\_\_ Arrive on time for my appointments and attend all individual and group sessions. If I am 15 minutes late for an appointment, I may be asked to reschedule.

\_\_\_\_\_ Communicate at least 24 hours in advance if I need to reschedule or cancel my appointment or class.

\_\_\_\_\_ Make every attempt to minimize the number of rescheduled appointments and classes.

\_\_\_\_\_ Attend all required education classes as prescribed by my/our Housing Counselor.

\_\_\_\_\_ Bring the proper paperwork to appointments when requested.

\_\_\_\_\_ Pay all monthly bills on or before the due date

\_\_\_\_\_ Incur no new debts without prior consultation with my/our Housing Counselor.

\_\_\_\_\_ Report all sources of income and any changes in income or expenses that may affect my/our mortgage eligibility (i.e. employment status, credit, bank accounts, debts, etc.)

\_\_\_\_\_ Be accurate about my budget, my purchases, or anything that may hinder my progress.

\_\_\_\_\_ Abide by the family budget.

\_\_\_\_\_ Ask questions when needed, and speak up if I become overwhelmed or if a big life change takes place.

\_\_\_\_\_ Have either a face-to-face or phone appointment with my Housing Counselor approximately every month as needed, but at least every 90 days.

### Client's Responsibility:

In consideration for receiving homeownership counseling from HPI, I/We hold them harmless and free from any claims, damages, or liabilities arising from their services. By signing this contract, I/We agree to abide by these terms and recognize that failure to follow these guidelines may result in termination. I understand that if no contact is made within every 90 days, or if I/We do not follow the agreed upon action plan, my participation status will be reviewed by the HPI Housing Counseling Manager for possible termination. If I need to re-enter the program, I am required to write a letter of explanation and request readmission. If permitted to be readmitted, I will be required to pay all applicable fees. I understand that I can withdraw from the program at any time. However, to be readmitted, credit report and any applicable program fees will be due as prescribed in the fee schedule.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Housing Partnership, Inc. Affiliated Business Disclosure

To:

From:

Date:

RE: Affiliated Business Disclosure

This is to give you notice that The Housing Partnership, Inc. (HPI), has a business relationship with Underhill Real Estate Brokers. HPI employ's persons who are licensed real estate agents who also work with Underhill Real Estate Brokers. HPI employees who are licensed real estate agents and working through Underhill Real Estate Brokers will only represent HPI on sales of single family homes owned by HPI.

All participants in HPI's homebuyer education and credit counseling programs are able to purchase any home and are not limited to purchasing HPI owned homes. Participants are encouraged to consider all possible housing options that meet the individuals needs based on price, location, condition and availability of purchasing incentives. Additionally, HPI encourages all participants to seek the services of an independent licensed real estate agent to assist them identifying a home to purchase.

**Participant**

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**Signature**

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**Name**

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**Date**

**MOTHLY BUDGET**

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

**FIXED EXPENSES**

Shelter (Rent/Mortgage)	\$ _____
Gas & Electric	\$ _____
Water	\$ _____
Telephone	\$ _____
AT&T/Long Distance	\$ _____
Trash Pickup	\$ _____
Alternate Heating	\$ _____
Daycare/ Babysitter	\$ _____
Child Support	\$ _____
Medical/Prescriptions	\$ _____

SUBTOTAL 1      \$

**MONTHLY DEBT**

Creditor	Mo. Pmt.	Balance
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

SUBTOTAL 4      \$

**FLEXIBLE EXPENSES**

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

SUBTOTAL 2      \$

**NET INCOME**

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

**TOTAL INCOME**      \$

**Non-MONTHLY EXPENSES**

Insurance	\$ _____
Car Premium	\$ _____
Health	\$ _____
Life	\$ _____
Homeowners/Renters	\$ _____
Tuition/Books	\$ _____
Taxes/Tags Car	\$ _____
Taxes Personal Property	\$ _____
House Maintenance	\$ _____
Car Maintenance	\$ _____

SUBTOTAL 3      \$

**EXPENSES**

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

**TOTAL EXPENSES**      \$

**TOTAL INCOME**      \$

**less TOTAL EXPENSES**      \$

DIFFERENCE (+ or -)      \$

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

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