



## HomeOwnership Center Universal Intake Form

Services interested in (check all that apply):

First Time Homebuyer \_\_\_\_\_ Down Payment Assistance \_\_\_\_\_ Credit/Budget Management \_\_\_\_\_

Foreclosure Prevention \_\_\_\_\_ Mortgage Rate Reduction \_\_\_\_\_ Mediation Services \_\_\_\_\_

### Participant's Personal Information:

Name: \_\_\_\_\_ Referred By: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Own: \_\_\_ Rent: \_\_\_ Live w/relatives: \_\_\_ Other: \_\_\_ How long: \_\_\_\_\_ Monthly Pmt: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Best Contact: Home \_\_\_ Cell \_\_\_

E-mail Address: \_\_\_\_\_

### Please Mark the Correct Answer:

Highest Level of Education: High School/GED: \_\_\_ AA/AS: \_\_\_ BA/BS: \_\_\_ MA/MS: \_\_\_

Gender: Male \_\_\_ Female \_\_\_ Ethnicity: Hispanic \_\_\_ Non-Hispanic \_\_\_

Race: African American \_\_\_ American Indian/Alaskan Native \_\_\_ Asian \_\_\_ Asian and White \_\_\_

Caucasian \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ Other Multiple Race \_\_\_\_\_

English Proficiency: Yes \_\_\_ No \_\_\_ Marital Status: Married \_\_\_ Single \_\_\_ Widowed \_\_\_ Divorced \_\_\_

Veteran: Yes \_\_\_ No \_\_\_ Active Military: Yes \_\_\_ No \_\_\_ Disabled: Yes \_\_\_ No \_\_\_

### Income Information:

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Gross Income (*before taxes*): \$ \_\_\_\_\_ per (circle one) **Week Bi-Weekly Month Bi-Monthly Year**

### Other Income:

Unemployment: \$ \_\_\_\_\_ Worker's Comp: \$ \_\_\_\_\_

Child Support/Alimony: \$ \_\_\_\_\_ TANF: \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_

Retirement/Pension: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ Type: \_\_\_\_\_

### Co-Participant's Personal Information (if applicable):

Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Own: \_\_\_ Rent: \_\_\_ Live w/relatives: \_\_\_ Other: \_\_\_ How long: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Best Contact: Home \_\_\_ Cell \_\_\_

E-mail Address: \_\_\_\_\_



**Please Mark the Correct Answer:**

Highest Level of Education: High School/GED: \_\_\_ AA/AS: \_\_\_ BA/BS: \_\_\_ MA/MS: \_\_\_

Gender: Male \_\_\_ Female \_\_\_ Ethnicity: Hispanic \_\_\_ Non-Hispanic \_\_\_

Veteran: Yes \_\_\_ No \_\_\_ Active Military: Yes \_\_\_ No \_\_\_ Disabled: Yes \_\_\_ No \_\_\_

**Income Information:**

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Gross Income (*before taxes*): \$ \_\_\_\_\_ per (circle one) **Week Bi-Weekly Month Bi-Monthly Year**

**Other Income:**

Unemployment: \$ \_\_\_\_\_ Worker's Comp: \$ \_\_\_\_\_

Child Support/Alimony: \$ \_\_\_\_\_ TANF: \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_

Retirement/Pension: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ Type: \_\_\_\_\_

**Total Number in Household:** \_\_\_\_\_ (*Please list members of your household, including yourself*)

<b>Name:</b>	<b>Relationship</b>	<b>Sex</b>	<b>D.O.B.</b>

**Please List Average Monthly Household Expenses:**

	<b>Monthly Amount</b>
Rent or Mortgage	\$ _____
Property Taxes (if not escrowed)	\$ _____
Homeowners Insurance (if not escrowed)	\$ _____
Homeowners Association Dues	\$ _____
Car Payment(s)	\$ _____
Car Insurance	\$ _____
Auto Expenses (gas, maintenance)	\$ _____
Credit Cards	\$ _____
Child Care, Alimony, Child Support	\$ _____
Food (Groceries, Eating Out, Snacks)	\$ _____
Utilities (Gas, Electric, Water/Sewer & Garbage)	\$ _____
Communications (Cell Phone, Telephone, Internet)	\$ _____
Miscellaneous Spending Money	\$ _____
Medical Expenses	\$ _____
Other Loans (Student/Home Equity, etc.)	\$ _____
<b>TOTAL MONTHLY EXPENSES:</b>	\$ _____



**DISCLOSURES:**

**Interfaith Community Housing Delaware (ICHDE)**, also a NeighborWorks® HomeOwnership Center, makes our clients aware of products and/or services that we believe offer good value to our clients. 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.) These products and/or services might be available directly from **ICHDE**, lenders, developers, or other agencies with which **ICHDE** has a working relationship, including but not limited to the **attached list**. You are under no obligation to use the products and/or services identified by **ICHDE** whether from us or from industry partners. **ICHDE** provides real estate development, and you are under no obligation to purchase any of **ICHDE** properties. Please understand that you are free to choose any lender, lending/financing product, rental unit or home, from any entity regardless of the recommendations made by the **ICHDE** representative and still participate in our counseling program.

It is your right and responsibility to decide whether to engage in any course of counseling with **ICHDE** and to determine whether the counseling is suitable for you. The individualized action plan and direction of our counseling sessions will be based on the case management plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling sessions. Additionally, you are under no obligation to obtain a mortgage, purchase a home or rent an apartment or house and have the option to terminate the counseling program at any time and for any reason.

No **ICHDE** employee, officer, director, contractor, 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.

I/We understand that **ICHDE** provides information and education on numerous loan products and housing programs and I further understand that the Housing Counseling I receive from **ICHDE** in no way obligates me to choose any of these particular loan products or housing programs.

**By signing below, you certify that all information is true and correct to the best of your knowledge. You also acknowledge that you have read and understand the above disclosures.**

**Participant:**

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

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

**Co-Participant:**

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

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



**PROPERTY INFORMATION:**

Housing Type: Single Family House \_\_\_\_\_ Duplex/Tri-Plex \_\_\_\_\_ Townhouse/Condo \_\_\_\_\_ Mobile Home \_\_\_\_\_

Year Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Value Now: \_\_\_\_\_

Homeowner Insurance.: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Does anyone else own the home with you? Yes \_\_\_\_\_ No \_\_\_\_\_

Do You Want to Keep Your Home? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you currently living in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Original Mortgage Company: \_\_\_\_\_

Name of Current Mortgage Company: \_\_\_\_\_

**Have You Contacted Your Lender/Service? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If Yes, Last Contact Date:** \_\_\_\_\_

Loan Number: \_\_\_\_\_ Current Value of Your Home: \_\_\_\_\_

Type of Mortgage: \_\_\_\_\_ FHA \_\_\_\_\_ VA \_\_\_\_\_ Conv. \_\_\_\_\_ ARM \_\_\_\_\_ 80/20 \_\_\_\_\_ 30 -Yr Fixed \_\_\_\_\_

Other Identify: \_\_\_\_\_

Monthly Mortgage Payment: \_\_\_\_\_ Term: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Date Last Mortgage Payment Made: \_\_\_\_\_ How Many Months Past Due Are You? \_\_\_\_\_

Money on hand to put towards bringing your mortgage current \$ \_\_\_\_\_

Reason for Delinquency: \_\_\_\_\_

Have You Been Served Legal Papers? \_\_\_\_\_ Do You Have a Second Mortgage? \_\_\_\_\_

If Yes, With Whom?: \_\_\_\_\_

Ever Had a Loan Modification / Forbearance Agreement? \_\_\_\_\_ When? \_\_\_\_\_

Have You Filed Bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, When? \_\_\_\_\_

**Have You Ever Worked with Another Agency to Remedy Your Mortgage Default? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If Yes, Agency's Name:** \_\_\_\_\_

**Counselor:** \_\_\_\_\_ Payments to Agency (if any): \$ \_\_\_\_\_

**Overall Condition of the Home:** Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

**Any Major Repairs Needed?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co- Client Name (Print)

\_\_\_\_\_  
Co-Client Signature

\_\_\_\_\_  
Date



## **CREDIT REPORT AUTHORIZATION AND FORECLOSURE MITIGATION COUNSELING AGREEMENT**

I understand that ICHDE provides information and education on numerous loan products and housing programs and I further understand that the Housing Counseling I receive from ICHDE in no way obligates me to choose any of these particular loan products or housing programs.

I hereby authorize and instruct ICHDE to obtain and review my credit report. I understand that my credit report will be obtained from a Credit Reporting Agency chosen by ICHDE. I understand and agree that ICHDE intends to use the credit report for the purpose of evaluating my financial situation to assist me with resolving, when possible, any mortgage delinquency.

I understand that ICHDE's Homeownership Counselor may need to discuss pertinent information about my credit report, financial background, employment status, or related family issues that may be necessary to help resolve any mortgage delinquency. I also understand that information regarding my present circumstances will remain confidential and that information will be divulged unless necessary.

My signature below authorizes the release to Credit Reporting Agencies of financial or other information that I have supplied to ICHDE in connection with such evaluation. Authorization is further granted to the Credit Reporting Agency to use a copy of this form to obtain any information that it deems necessary to complete my credit report.

In addition, I/We (check one) \_\_\_\_\_ authorize \_\_\_\_\_ do not authorize ICHDE to disclose with mortgage lenders, creditors, servicers, and others including Counseling Agencies my credit report and any "nonpublic personal information" that I have provided, including any computations and assessments that have been produced based upon such information.

I agree to participate in foreclosure mitigation counseling offered by Interfaith Community Housing of Delaware (ICHDE). I understand that foreclosure mitigation counseling will include a written Action Plan consisting of recommendations for handling my situation. I may be referred to another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. Such agencies may include Delaware State Housing Authority (DSHA). Should I be a candidate for the Delaware Emergency Mortgage Assistance Program (DEMAP), I authorize them to be able to contact my lender(s) to discuss pertinent information relating to me being able to access DEMAP. A Homeownership Counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance. I understand that I am not obligated to use any of the services offered to me.

In consideration for receiving the services that ICHDE offers, I agree to hold ICHDE and the Homeownership Counselor free and harmless from any claims, damages, liabilities and legal action. ICHDE's services are considered "Best Efforts" and in no way imply or guarantee that any loss mitigation will be forthcoming.

I understand that it is the policy of ICHDE to administer and offer its housing services to all individuals regardless of race, color, religion, sex, marital status, national origin, handicap, or familial status; and that ICHDE encourages and supports affirmative advertising and marketing.

If I have a legal issue directly related to my foreclosure, delinquency, or short sale, I understand that my housing counselor may refer me for legal assistance with NFMC program funds. If I choose to accept that referral, I give



permission for my housing counselor and attorney to share my file as permitted by the state law and the Bar's applicable Rules of Professional Conduct.

(I) submit client-level information relating to this grant to the NFMC data collection system (the "Data Collection System"), (II) Open files to be reviewed for program monitoring and compliance purposes, and (III) conduct follow-up with client related to the program evaluation. We will also provide an option to opt out of item (III) and retain the option in client files.

Furthermore, I understand that ICHDE receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) Program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation. I give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times within the next three years. I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purpose of program evaluation.

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Co-Client's Name (Print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Co-Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## **Privacy Policy**

Interfaith Community Housing of Delaware (ICHDE) 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, Housing and Urban Development (HUD) and others only with your authorization and signature on the Foreclosure Mitigation and/or Home Ownership 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 questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, please notify ICHDE in writing.

### **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, HUD 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.



**HUD C.A.R.S. (*Client Activity Reporting System*)**

HUD will follow strict rules to protect your confidentiality. The personal data collected; such as name and address, are protected by the Privacy Act. You will never be named in any reports; although your responses may be looked at individually by HUD, or contractors hired by HUD to collect and analyze the data, your name will not be associated with any analysis of the data. Only results from groups of people will be reported. Contractors to HUD are covered by the same requirements to protect privacy as HUD staff and must demonstrate that they have systems in place to protect against data disclosure.

I also acknowledge that I have received a copy of ICHDE's Privacy Policy and I understand that I may revoke my consent to these disclosures by notifying ICHDE in writing.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client signature

\_\_\_\_\_  
Date





## CLIENT CONFLICT OF INTEREST/FEE DISCLOSURE STATEMENT

From time to time **Interfaith Community Housing Delaware (ICHDE)**, also a NeighborWorks® HomeOwnership Center, makes our clients aware of products and/or services that we believe offer good value to our clients. 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.) These products and/or services might be available directly from **ICHDE**, lenders, developers, or other agencies with which **ICHDE** has a working relationship, including but not limited to the attached list. You are under no obligation to use the products and/or services identified by **ICHDE** whether from us or from industry partners. **ICHDE** provides real estate development, and you are under no obligation to purchase any of ICHDE properties. Please understand that you are free to choose any lender, lending/financing product, rental unit or home, from any entity regardless of the recommendations made by the **ICHDE** representative and still participate in our counseling program. It is your right and responsibility to decide whether to engage in any course of counseling with **ICHDE** and to determine whether the counseling is suitable for you. The individualized action plan and direction of our counseling sessions will be based on the case management plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling sessions. Additionally, you are under no obligation to obtain a mortgage, purchase a home or rent an apartment or house and have the option to terminate the counseling program at any time and for any reason.

No **ICHDE** employee, officer, director, contractor, 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.

I/We \_\_\_\_\_ (please print name) have received and reviewed the ICHDE Fee Schedule.



## Counselor and Client Roles and Responsibilities:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<p>Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.</p> <p>Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.</p> <p>Preparing a household budget that will help you manage your debt, expenses, and savings.</p> <p>Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.</p> <p>Neither your counselor nor ICHDE HOC employees, agents, or directors may provide legal advice.</p>	<p>Completing the steps assigned to you in your Client Action Plan.</p> <p>Providing accurate information about your income, debts, expenses, credit, and employment.</p> <p>Attending meetings, returning calls, providing requested paperwork in a timely manner.</p> <p>Notifying ICHDE HOC or your counselor when changing housing goal.</p> <p>Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.</p> <p>Retaining an attorney if seeking legal advice and/or representation in matters</p>

**Termination of Services: Failure to work cooperatively with your housing counselor and/or ICHDE HOC with result in the discontinuation of counseling services. This includes, but is not limited to, missing three (3) consecutive appointments.**

\_\_\_\_\_/\_\_\_\_ Client(s) Initials

I/We have reviewed the above and accept and agree to the above stated conflict of interest and disclosure policy. Every client is required to sign this statement, indicating they have read and understand its contents.

I/We \_\_\_\_\_ (please print name) certify that I/We have read and understand the above statement. Any questions I/We may have had were previously discussed with my counselor and answered to my satisfaction. I have been provided with a copy of this disclosure statement.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date