



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*)

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

Please List Average Monthly Household Expenses:

	<u>Monthly Amount</u>
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.)	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____



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: _____



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



Authorization Release Form

I/We the undersigned do hereby authorize my/our real estate attorney's office to release a copy of our final Closing Disclosure statement to Interfaith Community Housing of Delaware immediately following the settlement of my/our new home for record keeping purposes.

Attorney Name: _____

Attorney: Address: _____

Attorney Phone Number: _____

Attorney Fax Number: _____

Client Name (Printed)

Client Name (Printed)

Client Signature and Date

Client Signature and Date

Counselor Signature

