



## 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.)	\$ _____
<b>TOTAL MONTHLY EXPENSES:</b>	<b>\$ _____</b>



## DISCLOSURES:

**Interfaith Community Housing Delaware (ICHDE)**, also a NeighborWorks® HomeOwnership Center, is a nonprofit, HUD-approved comprehensive housing counseling agency. The housing counseling and group education services offered include:

- HUD-approved comprehensive pre-purchase homebuyer education classes to prepare prospective homebuyers to make informed decisions. Topics discussed include homebuyer readiness, money management, understanding credit, mortgage loans, shopping for a home, and home maintenance.
- HUD-approved homebuyer pre-purchase one-on-one counseling to cover the entire homebuying process. Counselors assist with developing custom action plans for potential homebuyers and creating sustainable budgets, as well as provide information regarding home inspections, issues that arise during homeownership, and other topics relevant to being a successful homeowner.
- HUD-approved one-on-one financial management/ budget counseling to help clients to manage their finances in order to maintain or improve their housing situation.
- HUD-approved one-on-one mortgage delinquency and default resolution counseling to assist homeowners in danger of or facing foreclosure.

**ICHDE** is providing Home Ownership Counseling for your benefit, and in this capacity its primary responsibility is to you. **ICHDE** also develops or rehabs single-family homes for sale and owns units available for rent. In such cases, its primary responsibility is to itself. This creates a dual agency relationship between you and **ICHDE**, should you be interested in purchasing an **ICHDE** home or renting an **ICHDE** unit. By signing this form, you consent to **ICHDE**'s operating in a dual-agency capacity (if applicable) and acknowledge that as a seller or property owner, **ICHDE** may be acting in its own best interests. If you wish, you may retain the services of a real estate agent or a counselor who will represent only your interest in the transaction.

**ICHDE** 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 following program funding partners:

- Alliance Data a/k/a World Financial (Comenity)
- Delaware State Housing Authority
- HSBC
- JPMorgan Chase
- M&T Bank
- Mon Valley Initiative
- NeighborWorks America
- New Castle County of Delaware
- PNC Bank
- TD Charitable Foundation
- United Way of Delaware
- U.S. Department of Housing and Urban Development

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: \_\_\_\_\_



## Interfaith Community Housing of Delaware, Inc. HomeOwnership Center Services Agreement

I/We agree to participate in the homeownership counseling/education program offered by Interfaith Community Housing of Delaware, Inc. I/we understand that this program will be tailored to my/our individual needs, and is a suggested plan of action in order to become a successful homeowner.

I/We understand that ICHDE housing counselors may discuss pertinent information about my/our credit report, financial background, employment status, or related family issues that may be necessary to help obtain a home mortgage. All information will remain confidential and will not be divulged unless necessary. I/We have applied for homeownership/credit counseling from ICHDE. As part of the process, ICHDE may verify information contained in my/our credit file and other documents required in connection with the counseling process. I/We authorize others to provide to ICHDE any and all information and documentation that they request. Such information includes, but not limited to, employment history and income, bank, money market, and similar account balances, credit history, and copies of income tax returns. Interfaith Community Housing of Delaware, Inc. may address this authorization to any art named on my credit file or application. A copy of this authorization may be accepted as an original.

I/We also understand that ICHDE is not a lending institution and therefore cannot guarantee that I/we will be approved for a mortgage. This agreement in no way binds ICHDE to take any action on my/our behalf nor does it relieve me/us from my/our obligation to act on my/our own behalf. I/We understand that ICHDE is not representing any creditor, lender or credit bureau and is in no way responsible or liable for clearing any dispute information that may be contained with a credit report. Interfaith Community Housing of Delaware, Inc. does not solely recommend or endorse housing counseling/education program and you are under no obligation to purchase a property from Interfaith Community Housing of Delaware, Inc.

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

I/We have received a copy of the US Department of Housing and Urban Development (HUD) Federal Housing Administration "***Get A Home Inspection***" sheet and "***Ten Important Questions to Ask Your Home Inspector***" sheet. I/We have received the lead hazard information pamphlet titled "***Protect Your Family from Lead in Your Home***" which complies with the Notification requirement, Section 35.1010 of 24 CFR 35 of the current HUD Lead Based Paint regulations.

\_\_\_\_\_  
Signature                                  Date

\_\_\_\_\_  
Signature                                  Date

**Authorization is hereby granted to Interfaith Community Housing of Delaware, Inc. to:**

1. Obtain credit report through a credit reporting agency
2. Assist me in understanding credit and revolving credit issues
3. Act as my agent in assisting me in obtaining mortgage credit from a mortgage lender

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature                                  Date

\_\_\_\_\_  
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 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 or rent 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 \_\_\_\_\_ (please print name) certify that I have read and understand the above statement. Any questions I 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.

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

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

Co-Participant  
Signature: \_\_\_\_\_

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





## 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

