



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)*

Name:	Relationship	Sex	D.O.B.

Please List Average Monthly Household Expenses:

	Monthly Amount
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, 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: _____



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

AUTHORIZATION FORM

1. I/We understand that **ICHDE** provides housing stability counseling after which I/We will receive a written action plan consisting of recommendations for handling my/our situation, possibly including referrals to other housing agencies as appropriate.

___ I/We Choose to Opt Out

2. I/WE agree to allow **ICHDE** to pull my/our credit report at the time of intake. In lieu of a new credit pull, I/We agree to provide **ICHDE** with a copy of my/our credit report dated within 30 days of the intake date.

___ I/We Choose to Opt Out

3. I/We understand that **ICHDE** receives Congressional funds through the Housing Stability Counseling Program (**HSCP**) and as such, is required to submit client-level information to the online reporting system and share some of my/our information with **HSCP** administrators or their agents for purposes of program monitoring, compliance and evaluation.

___ I/We Choose to Opt Out

4. I/We give permission for **HSCP** administrators and/or their agents to follow up with me/us between now and June 30, 2026, for the purpose of program evaluation.

___ I/We Choose to Opt Out

5. I/We may be referred to other housing services of the organization or other agency or agencies as appropriate that may be able to assist with concerns that have been identified. I/We understand that I/we am not obligated to uses any of the services offered to me/us.
6. I/We acknowledge that I/We have received a copy of **ICHDE** privacy policy.

Please note: If client opts out of 2 or 3 above, they cannot be reported to the HSCP Program.

- **See Attached: ICHDE Authorization Form to view affiliated business.**
- **ICHDE leases/rents residential properties to the public. As a client of HSCP services, you are under no obligation to rent a property from ICHDE.**
- **ICHDE lists/sells properties to the public. As a client of HSCP services, you are under no obligation to purchase a property from ICHDE, or use the services of ICHDE**

Client Signature _____

Date _____

Co-Borrower 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 “op-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

PRIVACY POLICY

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 "non-public 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 Housing Stability Counseling Program Counseling Authorization 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; and
- 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 disclosure

1. You have the opportunity to "opt-out" of disclosures of your non-public 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," you may call us at (302) 652-3991 and do so.

I choose to opt-out _____

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 creditors, 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.

Client's signature: _____

Date: _____

Co-Borrower 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