INTAKE SHEET

Date: _____ **E-Mail address:** _____

Applicant's Name: _____ **M [ ] F [ ]**

Address: _____**City**:_____ **State:** _____ **Zip:** _____

Household lives in a Rural area: _____**DOES NOT live in a Rural area:** ____ **Chose not to respond**: _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Would you like to schedule an appointment with our Counseling Agency? Yes ___ No ___

Best number to call to arrange an appointment during normal business hours Home: _____ Cell: _____

Applicant's S.S. No: XXX-XX-_____ **Date of Birth:** _____**Marital Status:** M_ S _ D _ W _
Number of household members: _____ **Number of household members below age 18:** _____

Co-Applicant's Name: _____ **M [ ] F [ ]**

Co-Applicant's S.S. No: XXX-XX-_____ **Date of Birth:** _____ **Marital Status:** M__ S __ D __ W _

Household is limited English Proficient: __ IS NOT limited English Proficient: ___Chose not to respond: ___

***The following information is required exclusively for statistical purposes*:**

Applicant	**Co-Applicant**
Race	**Race**
White [ ] Black [ ] America/Indian [ ]	White [ ] Black [ ] American/Indian [ ]
Asian [ ] Other [ ] Native Pacific Islander [ ]	Asian [ ] Other [ ] Native Pacific Islander [ ]
Ethnicity: Hispanic [ ] Non-Hispanic [ ]	**Ethnicity:** Hispanic [ ] Non-Hispanic [ ]

Education: No High School Diploma __ GED/Diploma __ Vocational Certificate __ Some Collage __
Associates Degree __ Bachelors __ Masters __ Doctoral __

Are you currently working? Yes___ No __ **Is Co-applicant currently working**? Yes __ No __

Applicant Income		**Co-Applicant Income**	
Hourly Rate:	_____	Hourly Rate:	_____
No. Hrs. per week:	_____	No. Hrs. per week:	_____
Gross Monthly:	_____	Gross Monthly:	_____

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How Did You Find Out About This Workshop? Agency ____Realtor ____Friend _____Other _____

Have you owned a home within the last 36 months (3 years) Yes____ No ____

Are you working with a Lender? Yes ___ No ____ Please **write their name and contact below**

Lender Name: _____ Phone: _____

Are you working with a Realtor? Yes___No ____ **Please write their name and contact below**

Realtor Name: _____ Phone: _____

If you have signed a purchase contract: Date Signed: _____ Closing Date: _____

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Note: All information requested is required by HUD or other agencies we report our activity. Please take the time to fully complete each item. If you have any questions please ask.

HEA CLASS RULES AND ACKNOWLEDGEMENT

Thank you for attending the Housing and Education Alliance, Inc. Home Ownership Education Class. In this workshop your will find all the up to date information you will need to understand the process of purchasing and retaining your new home. You must sign below that you understand the class rules.

Below are the class rules to insure that you and your fellow students derive the most benefit from the class and that everyone is aware of what is required as classroom etiquette.

1. You must be present and in your seat 15 minutes prior to the start of class. Arrival greater than 15 minutes after class begins and you may not be allowed to enter.
2. You must leave the premises no later than 15 minutes after class completion. If you have further questions for the instructor please write them down giving them to the instructor who will in turn respond with an answer and or submit them by email and you will receive your answer.
3. You are responsible signing the attendance sheet, please be aware your instructor is not responsible for verifying your attendance. **If you fail to sign and are not accounted for, a certificate will not be issued. Please complete the intake sheet in its entirety.**
4. Please make sure all cell phones are turned either off or are set to silent/vibrate prior to class beginning.
5. Food or drinks may or may not be allowed based on venue please ask before class as this may change due to location. In all cases you are encouraged to bring you lunch.
6. **Children are not allowed in class there are no child care services provided**.
7. You are responsible to bring paper pencil or other materials for class to take notes.
8. If you are unable attend class please call 813-932-4663 to either cancel or reschedule.
9. Reading books, magazines, playing games, cross word puzzles etc. will not be tolerated. **All students are expected to pay full attention to class material.**
10. Although Real Estate and Mortgage Professionals are permitted to attend class the passing out of business cards, literature or otherwise soliciting for business will not be tolerated and if observed YOU will be escorted from the class.
11. As talking between individuals and groups can be very disruptive to the class it is discouraged. If you have something important please express if for the benefit of the group.
12. Sleeping in class will not be allowed; if you are found to be sleeping you will be counted as absent.

Please sign below as an acknowledgement of your understanding and acceptance of our class rules.

Students Signature: _____Print Name:_____

Date:_____

9215 N. Florida Ave., Suite 101, Tampa, FL 33612 – PH: 813.932-4663-FAX: 813-932-4660 www.heausa.org

HOUSING AND EDUCATION ALLIANCE (HEA) values your trust and we are committed to the delivery of high quality services and to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information and our policies regarding conflict of interest. As a non-profit community development organization founded in 2002 with the mission of providing culturally sensitive (English and Spanish services) housing education, post purchase education, foreclosure prevention counseling, credit rebuilding, financial literacy education, back to work mortgage counseling, and other housing related programs offered by HEA in the future.

AUTHORIZATION, DISCLOSURES, POLICIES AND PRACTICES

CONFLICT OF INTEREST

HEA certifies that the staff and volunteers who will provide education or counseling services have no conflicts of interest due to relationships with servicers, real estate agencies, mortgage lenders and/or other entities who may stand to benefit from particular counseling outcomes.

Initial _____ _____

HOUSING COUNSELING AGREEMENT

By participating in our homebuyer education, post purchase education, foreclosure prevention counseling, credit rebuilding, financial literacy or back to work mortgage counseling program, you are agreeing to receive counseling, education, information and application assistance, including computations, assessments and procurement of services, in connection with your pursuit of **(a)** a home purchase, **(b)** qualifying for a mortgage loan or other homebuyer assistance program **(c)** obtaining better loan terms with your current mortgage loan or **(d)** preventing a home foreclosure. While you are welcomed and encouraged to do so, you are in no way obligated to participate in any of our home partner services, grant programs, or other services. HEA is also not obligated to enroll you in any other program as a result of your participation in any homeownership education program. Each HEA program is administered separately and you should seek application information pertaining to your program of interest. I give permission for FCP program administrators and or their agents to follow up with me for the next 3 years for the purpose of program evaluation.

Initial _____ _____

REAL ESTATE DEVELOPMENTS PROJECTS AND OTHER GRANT PROGRAMS

HEA may own and develop real estate property for the purpose of renting or selling to low-income families in relation to its mission of community development. Participating in HEA's Homeownership Education or counseling programs does not obligate you to purchase or rent any property owned by HEA and, HEA is in no way obligated to sell or rent you any of our development properties, provide you with any monetary assistance, or provide you with any additional services. Each service and program outside of Homeownership Education and Counseling is offered independently and has its own application, procurement process and participation guidelines.

Initial _____ _____

CREDIT REPORT FEE

A Credit Report fee is assessed if your tri-merged credit report is ordered by HEA. This fee will be the sole responsibility of the client. This fee may be waived if you meet very low income criteria. **For Foreclosure Counseling see separate attachment**

Initial _____ _____

PROGRAM FEES

A fee is assessed for enrollment in the homebuyer education seminar: $50 per attendee. A fee for Housing Counseling is assessed at $50 per hour. Back to Work and High Cost Mortgage Counseling is $100. Other fees may be charged for services provided by HEA. **Does not apply to Foreclosure Counseling**

Initial _____ _____

FUNDING SOURCES

HEA receives its funding from a number of sources including but not limited to Banks and their Charitable Foundations. Some of whom would be National Council of La Raza (NCLR), Citi, Wells Fargo, Regions Bank, TD Bank, 3rd Federal Savings and Loan, JPMorgan Chase, Bank of America, PNC Bank, BB&T, Mutual of Omaha, Waterstone Mortgage and Florida Housing Finance Corporation. You are under no obligation to obtain a loan or any other product or service from any of the afore mentioned lending institutions and are in fact, encouraged by HEA to shop around for loan product options which best suit your needs.

Initial _____ _____

PRIVACY POLICY AND AUTHORIZATION

Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Initial _____ _____

CONFIDENTIALITY AND SECURITY

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information. I understand that HEA receives funds through the Florida Foreclosure Counseling Program (FCP) and, as such, is required to share some of my personal information with FCP program administrators or their agents for the purpose of monitoring, compliance and evaluation. Our safeguards comply with federal regulations to guard your personal information.

Initial _____ _____

INFORMATION WE COLLECT

We collect personal information to

- Support our financial fitness counseling,
- Assist in qualification for our affordable home development projects
- Perform a mortgage affordability assessment
- Assist you in shopping for and obtaining a home mortgage from a lender.

We collect personal information about you from the following sources:

- Information we receive from you on applications or other forms,
- Information we receive from a consumer reporting agency,
- Information we receive from independent third parties authorized by you to provide us with your information.

Initial _____ _____

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts, and income;
- Information we receive from consumer reporting agency, such as your credit bureau reports, your credit history, and your creditworthiness.

Initial _____ _____

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit and/or governmental organizations involved in community development, but only for program review auditing, research and oversight purposes.
- We may also disclose personal information about you to third parties as permitted by law.

Initial _____ _____

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you want to opt out, direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice.

Please indicate in the box below your privacy choice:

In connection with determining my ability to obtain a mortgage loan, I (we)

☐ **Authorize** ☐ **Do not authorize**

HEA to share with potential mortgage lenders, governmental agencies, Florida Housing, National Council of La Raza and/or other non-profit agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. I acknowledge that the information obtained will be used solely by HEA for the purpose of creating a housing counseling plan. If authorized, these lenders may contact me to discuss loans for which I may be eligible for, and these non-profit and governmental agencies may contact me for program evaluation purposes or offer other services. I understand I may revoke my consent to these disclosures by notifying Housing and Education Alliance (HEA) *in writing*.

_____ _____

Applicant's Signature Co-applicant's Signature

_____ _____

Print Applicant Name Date Print Co-Applicant Name Date

CREDIT REPORTING AUTHORIZATION

In connection with my request to receive housing counseling and my pursuit to (a) purchase real obtain a mortgage loan, and/or (b) receive mortgage delinquency counseling and/or post-purchase and refinance counseling, and (c) for review purposes lasting up to 3 years from the date of the initial counseling session.

I (we) _____ ☐ **Authorize** ☐ **Do not authorize**

HEA to obtain a copy of my/our credit report.

_____ _____

Applicant's Signature Co-applicant's Signature

_____ _____

Print Applicant Name Date Print Co-Applicant Name Date

MORTGAGE LOAN COMPARISON

The US Department of HUD, NCLR and HEA encourages each participant in our housing education or counseling programs to be fully informed regarding the terms and conditions of any mortgage loan you may apply. The US Department of HUD, NCLR and HEA suggests that you do your own independent research on the various types of mortgage loans, interest rates and terms associated with the specific loan you are applying and any other loan types you may be interested.

I certify that I have received 3 loan comparisons from HEA and copies of all disclosures.

Initial _____ _____