



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: _____ - _____ - _____ 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: _____ - _____ - _____ 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:

<u>Applicant</u>	<u>Co-Applicant</u>
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

Hourly Rate: _____
 No. Hrs. per week: _____
 Gross Monthly: _____

Co-Applicant Income

Hourly Rate: _____
 No. Hrs. per week: _____
 Gross Monthly: _____

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: _____

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 Home Ownership Education Class. In this workshop you 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 acknowledging 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 come in 30 minutes before class begins. Must be present and in your seat no later than 15 minutes prior to the start of class. You may not be allowed to enter the building if your arrival is greater than 15 minutes after class begins.
2. You must leave the premises no later than 15 minutes after class completion. If you have further questions for the instructor, write them down, give them to the instructor who will in turn respond with an answer or submit them by e-mail and you will receive an answer.
3. You are responsible for signing the attendance sheet. Please be aware that your instructor may not remember whether or not you attended a class. **If you do not sign in, you will be counted as absent and a certificate will not be issued.**
4. Please make sure all cell phones are turned off or are set to silence/vibrate before the class begins.
5. Food or drinks will not be allowed in the classroom.
6. **Children are not allowed in the building and no child care is provided.**
7. You are responsible for bringing paper, pencil, pen or other materials for class to take notes.
8. If you are unable to attend class please call (813) 932-4663 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 a Real Estate and Mortgage Professionals are permitted to attend class, however, **we will not** allow the passing out of business cards, literature or otherwise soliciting for business. If observed you will be escorted out from our class room.
11. As talking between individuals and groups is disruptive to the class, it will not be allowed. If you have something important, please express it for the benefit of the class.
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.

Student Signature

Student Signature

Print Name/Date

Print Name/ Date



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 purposes 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 _____

PROGRAM FEE

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 Counseling is \$125.00 and Section 32/ High Cost Mortgage Counseling is \$150. Other fees may be charged for services provided by HEA.

Initial _____

CREDIT REPORT FEE

A Credit Report fee is assessed if your 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 and is not applicable for "foreclosure prevention" counseling services. FCP requires two credit reports, one at the beginning of counseling and one at the end.

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, 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.

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 _____

Monitoring for possible fraud

Monitoring for possible fraud requires the identification of processes, controls and other procedures to mitigate risk, including an effective secure information system and appropriate monitoring and quality assurance activities. FCP has a fraud/waste reporting system for client to use if they suspect inappropriate activities occurring. The system can be accessed at:

<https://apps.floridahousing.org/StandAlone/OIGFWAForm/>

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, National Council of La Raza (NCLR), Eric Salazar and/or Jorge Rivera 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 and NCLR 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 HEA Homeownership Program *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 estate 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 _____



HUD Approved Housing Counseling Agency

BUDGET

Applicant

Co-Applicant

MONTHLY INCOME

Gross Monthly \$ _____
 Net Monthly \$ _____
 Child Support \$ _____
 Alimony \$ _____
 Investment \$ _____
 Pension/Retirement \$ _____
 SSI/SSD \$ _____
 Other \$ _____

TOTAL INCOME \$ _____

Gross Monthly \$ _____
 Net Monthly \$ _____
 Child Support \$ _____
 Alimony \$ _____
 Investment \$ _____
 Pension/Retirement \$ _____
 SSI/SSD \$ _____
 Other \$ _____

TOTAL INCOME \$ _____

MONTHLY EXPENSES – complete below for all expenses

Rent \$ _____
 Renters Insurance \$ _____
 Mortgage (P & I) \$ _____
 Property Taxes \$ _____
 Homeowners Insurance \$ _____
 Flood Insurance \$ _____
 Second Mortgage/Loan \$ _____
 HOA/Condo Fees \$ _____
 Home Repair \$ _____
 Electricity \$ _____
 Water \$ _____
 Sewer \$ _____
 Garbage \$ _____
 Cable/Internet \$ _____
 Phone \$ _____
 Phone \$ _____
 Cell Phone \$ _____
 Student Loan \$ _____
 Tuition \$ _____
 School Lunch \$ _____
 Credit Cards \$ _____
 (Minimum Payments)

Credit Cards \$ _____
 (Minimum Payments) \$ _____
 Car Loan/Lease \$ _____
 Car Insurance \$ _____
 Car Maintenance \$ _____
 Gas/Oil \$ _____
 Child Support \$ _____
 Alimony \$ _____
 Food/Groceries \$ _____
 Eating Out \$ _____
 Recreation \$ _____
 Personal Care \$ _____
 Church/Contributions \$ _____
 Medical Bills \$ _____
 (not covered under insurance)
 Medicines (not covered) \$ _____
 Pet Expense \$ _____
 Other Insurance \$ _____
 Other Expense \$ _____

TOTAL EXPENSES \$ _____

TOTAL INCOME Less TOTAL EXPENSES \$ _____



"A HUD certified housing counseling agency"

Action Plan

Client Name: _____

Address: _____

Objective: Homeownership

Date: _____

Recommended Action:

1. Attend our HBE Class
2. Complete Budget
3. Provide Homework
4. Provide ALL required signed documentation

Homeowner Signature

Co-Homeowner Signature

Counselor