|  |  |
| --- | --- |
| q Financial and Credit Counseling  | q Home Purchase Counseling  |
| q Mortgage Counseling  | q Rental Counseling  |

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**Housing Counseling Program Intake Form**

Whether you are seeking to locate an affordable rental, resolve a mortgage delinquency, purchase a home, or build your credit, HIP’s counselors will provide critical education and support every step of the way. Your counselor will need to have a complete and accurate picture of your financial situation.

Please complete and sign the following intake forms, and be ready to provide copies of the following documents:

**Applicable to all types of counseling**

* Driver License and/or State ID
* Paystubs (most recent and consecutive for the last 30 days)
* Profit and Loss statement if self-employed (3 months min, with accompanying bank statements)
* Other income: Social Security /Disability benefits, Unemployment, Child Support (if applicable)
* Utility bills: Gas, Water, Electricity, Phone/Cable and other Credit Card bills
* Bank Statements (all pages, most recent and for the past 2 months)
* Tax returns for the past 2 years (including W2s and all schedules)

**Other Documents (if applicable)**

* If a homeowner: Mortgage statement and loan documents (Deed, Note, and Settlement documents), Hardship letter explaining reason you are late on payments
* If a homebuyer: Pre-approval letter from your lender (Only if you have been pre-approved)
* If a renter: Rental or lease agreement (if applicable)

**Fees for Tri-merge Credit Report**

* Pre-Purchase Counseling Only: Credit Report fee $31.00/person; $62.00/2 persons (Money Order payable to HIP)
* Acceptable form of payment: Money Order only /No personal checks or cash.

**Appointments and Questions?**

 Please call your nearest HIP’s office to schedule an appointment or if you have any other questions.

|  |  |  |
| --- | --- | --- |
| **HIP Hyattsville** 6525 Belcrest Road, Suite 555Hyattsville, MD 20782**(301) 699-3835**Fax (301) 699-8184 | **HIP Gaithersburg****(301) 916-5946**Fax (301) 9165982 | **HIP Germantown** 12900 Middlebrook Road, Ste.1500Germantown, MD 20874**(301) 916-5946**Fax (301) 916-5982 |

***Note:*** *HIP is a HUD-approved counseling agency and most of our counseling sessions are FREE, but participants need to be prepared to cover the fee for a tri-merge Credit Report if applicable to their type of counseling*

|  |  |  |  |
| --- | --- | --- | --- |
| Assigned counselor:  |  | Intake Date: |  |

|  |
| --- |
| **PARTICIPANT INFORMATION** |
| Name: |  | SOCIAL SEC.#: |  |  |
| Address: |  |  |
| Phone 1: |  | Phone 2: |  |  |
| Email Address: |  |  |
| Marital Status: | o Married | o Separated | o Unmarried | o Widowed | o Divorced |  |
| Race: | o American Indiano Amer. Indian **&** Black | o Asiano Asian **&** White | oBlack/ African Americano Black/African Amer. **&** White |  o Native Hawaiian/Pacific Islandero American Indian **&** White | o Whiteo Other: \_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |
| --- |
| **CO-PARTICIPANT INFORMATION** |
| Name: |  | SOCIAL SEC.#: |  |  |
| Address: |  |  |
| Phone 1: |  | Phone 2: |  |  |
| Email Address: |  |  |
| Marital Status: | o Married | o Separated | o Unmarried | o Widowed | o Divorced |  |
| Race: | o American Indiano Amer. Indian **&** Black | o Asiano Asian **&** White | oBlack/ African Americano Black/African Amer. **&** White |  o Native Hawaiian/Pacific Islandero American Indian **&** White | o Whiteo Other: \_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |
| --- |
| **DEMOGRAPHIC INFORMATION FOR PARTICIPANT AND CO-PARTICIPANT** |
|  | **DATE OF BIRTH** | **GENDER****(M,F Other)** | **COUNTRY OF ORIGIN** | **PREFERRED LANGUAGE** | **ETHNICITY****(Hispanic/ Non-Hispanic)** | **EDUCATION****(Last grade Completed, GED or Type Degree)** | **DISABLED** **(Y/N)** |
| Participant |  |  |  |  |  |  |  |
| Co-Participant |  |  |  |  |  |  |  |

**Household Size: Number of Dependents:**

|  |
| --- |
| **REFERRED BY**  |
| Internet | Bank/ Lender | Community Event | Agency website | Government | Realtor |
| Word of mouth/ Client | Walk-in | Radio/TV/News | Other | None provided |

**MONTHLY BUDGET/ HOUSEHOLD FINANCIAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s)**  |  | **Date:** |  |
|  |  |  |
| **A. Household Expenses:** |  | **B. Your Monthly Income:** |
| **FIXED EXPENSES:** | **AMOUT** |  | **GROSS INCOME:** | **Net Income** **(after taxes and deductions)** |
| Mortgage / Rent  |  |  | $ | $ |
| 2nd Mortgage  |   |  |    |
| Property Taxes and Insurance  |   |  | **Co-Participant/Spouse/ Partner’s Income** |
| Condo / Homeowner Assoc. Fees: |   |  | Gross Income: | Net Income |
| Gas & Electric |   |  | $ | $  |
| Heating Oil |   |  |  |  |  |
| Water & Sewer |   |  | **Other Household Income** |
| Car Payment 1 |   |  | Gross Income: | Net Income  |   |
| Car Payment 2 |   |  | $ | $ |
| Auto Insurance |   |  | Describe: |  |   |
| Life Insurance |   |  |   |   |   |
| Medical Insurance |   |  |  |  |  |
| Alimony / Child Support Paid |   |  | **C. Credit Cards and Other Debt:** |
| Alarm System |   |  | Creditor Name: | Payment: | Balance: |
| **Total FIXED Expenses:** | $ |  |   |   |   |
|  |  |  |   |   |   |
| **Variable Monthly Expenses** | Payment |  |   |   |   |
| Groceries |   |  |   |   |   |
| Bus/Taxi/Parking |   |  | Total |  |  |
| Car Repairs |   |  |  |  |  |
| Gasoline |   |
| Toiletries/Hair Care |   |  | **D. Surplus/Deficit:** |
| Medical  |   |  | TOTAL INCOME: | $  |
| Child Care |   |  | TOTAL EXPENSES (-) | $  |
| Cable TV/Internet |   |  | SURPLUS / DEFICIT | $  |
| Clothing/Laundry |   |  |  |  |  |
| Lottery |   |  |  |  |
| Church/Charity |   |  |  |  |
| Entertainment |   |  | Participant’s Signature: |  |
| Cell Phone |   |  |  |  |
| Other |   |  |  |  |
| **VARIABLE Expenses:** | $ |  | Co-Participant’s Signature |  |

**Privacy Policy**

Housing Initiative Partnership (“HIP”) 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, and others only with your authorization and signature on the enclosed 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,” you may call us and do so.

**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 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Participant’s Signature Date  |  | Co-Participant Signature Date |

**HIP Counseling Agreement and Disclosures**

|  |  |
| --- | --- |
| **Participant Name:** |  |
| Date of Birth: |  | Social Security No. |  |
| Address: |  |
| City: | State: | ZIP Code: |
| **Co-Participant Name** (if applicable): |  |
| Date of Birth: |  | Social Security No. |  |
| Address if different from above:  |  |

**Privacy Policy**

I acknowledge that I have received a copy of HIP’s Privacy Policy.

*Participant:* *Co- Participant:*

o I agree o I agree

o I do not agree o I do not agree

**Credit Report Authorization**

I authorize Housing Initiative Partnership (“HIP”) and its staff to obtain a copy of my/our credit report and any other information or material necessary for participation in the Counseling administered by HIP. I understand this authorization will remain valid for the time I participate in the program.

*Participant:* *Co- Participant:*

o I agree o I agree

o I do not agree o I do not agree

**Disclosures**

1. I understand that HIP develops multi-family rental housing and develops or rehabs single family homes for sale, and I further understand that I am under no obligation to rent or purchase any of these properties.
2. No HIP employee, officer, director, contractor, or volunteer shall undertake any action that might result in, or create the appearance of administering counseling operations for personal or private gain.
3. HIP is a HUD approved, non-profit housing counseling agency and may be required to share my information with HUD for audit purposes.
4. HIP has a financial affiliation with HUD, NeighborWorks America, the state of Maryland, Prince George’s and Montgomery Counties, and banks including Citibank and Capital One. As a housing counseling program participant, I am not obligated to choose any particular products and services mentioned by my counselor.
5. HIP has a first-time homebuyer program that utilizes volunteer instructors from the private real estate industry. I understand that the education I receive from HIP in no way obligates me to choose from any of the services or products provided by the guest instructors. I am entitled to use the real estate professionals, lenders and lending products that best meet my needs.
6. I might be provided with a community resources list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, food banks, and legal assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by HIP and its partners.
7. I understand that HIP’s counseling program receives government and private funding in order to provide free services. I give my permission to **a)** allow HIP to submit client-level information to funders, including but not limited to HUD, NeighborWorks and Maryland DHCD**; b)** allow funders including but not limited to HUD, MD DHCD and NeighborWorks to review my file for program monitoring and compliance purposes and to conduct follow-up with me for the purposes of program evaluation.
8. I understand that in the event I am dissatisfied, I can request a copy of the Complaint Resolution Process, a copy of which is available upon request.

*Participant:* *Co- Participant:*

o I agree o I agree

o I do not agree o I do not agree

**Roles and Responsibilities**

I hereby certify that the information provided in my intake form is true and correct as of today’s date. I understand that failure to work cooperatively with my housing counselor will result in discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

**Client’s Roles and Responsibilities:**

* Complete the steps assigned in my Client Action Plan.
* Provide accurate information about my income, debts, expenses, credit and employment.
* Attend meetings, return calls, and provide requested paperwork in a timely manner.
* Notify HIP or my counselor with any changes in my financial and housing status.
* Attend educational workshops as recommended.
* Retain an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

**Counselors Roles and Responsibilities:**

* Review my housing goal and my finances including income, debts, assets and credit history
* Prepare a Client Action Plan that lists the steps that I, and my counselor will take in order to achieve my housing goal.
* Prepare a household budget that will help me manage my debt, expenses and savings.
* My counselor is not responsible for achieving my housing or financial goals, but he/she will provide guidance and education in support of my goal.
* Identify outside resources and provide referrals where applicable. My counselor will not recommend services in which he/she has a financial interest.
* Neither my counselor nor any HIP employees, agents or directors may provide legal advice.

By signing this form, I declare that I have read and understand this form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Participant’s Signature Date  |  | Co-Participant Signature Date |

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**Authorization to Release Documents and Information**

**Mortgage Counseling**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TO:** |  |  | **Loan#** |  |

|  |  |
| --- | --- |
| **Participant Name:** |  |
| Date of Birth: |  | Social Security No. |  |
| Address: |  |
| City: | State: | ZIP Code: |
| **Co-Participant Name** (if applicable): |  |
| Date of Birth: |  | Social Security No. |  |
| Address if different from above:  |  |

I /We,                                                                 hereby give my written permission, and this is your authority, to permit my counselors at **Housing Initiative Partnership, Inc** to make or be provided with copies of all documents that relate to my mortgage. Including but not limited to my promissory note, deed of trust, mortgage payment history, escrow statements, forbearance agreements and any other workout plans, real estate contracts, loan applications, financing disclosures, settlement documents, loan file, legal records, and insurance and financial records. You are also hereby authorized to discuss all aspects of my mortgage loan with my counselors.

|  |  |
| --- | --- |
| Carmen Castro-Conroy(301) 916-5893ccastro@hiphomes.org | Mary Hunter (301) 669-0425Mhunter@hiphomes.org |
| Flavio Medina (301) 916-5967Fmedina@hiphomes.org | G. Lee Oliver (301) 699-8031Loliver@hiphomes.org |
| Zulma Miranda (240) 388-9522Zmiranda@hiphomes.org | Luis Perez (301) 985-3155Lperez@hiphomes.org |
| Sonia M. Posada (301) 916-8911Sposada@hiphomes.org | Claudia Medina(301) 985-2046cmedina@hiphomes.org |

A photo static copy or facsimile of this Authorization shall be considered as effective and valid as the original. This Authorization is valid for one year from the issue date or until withdrawn in writing.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Participant’s Signature Date  |  | Co-Participant Signature Date |

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**CONSENT FOR RELEASE OF INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DSS Case NO.\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize All SOURCES, to release the following information to Housing Initiative Partnership.

* Financial Records (Assets, Loans, Accounts, Investment, etc)

* Employment/ Payroll Records (Dates, Wages, Withholding, etc)

* Benefit/Grant Records (Dates, Amounts, Beneficiaries, etc

* Rental, Mortgage and/ Or Utilities

* Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that State and Federal privacy laws protect my records. My records can be released only if I give my written permission or if the law allows it. If I refuse to sign or cancel this release, I may not be eligible to receive the service I am requesting. I may cancel this consent with written notice at any time, but that this written notice will not affect information the agency has already requested or released. I understand that those who receive my records under this release may share it with others. I also understand that once the information is shared with others, it is no longer protected by this authorization.

This consent ends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or one year from the date I sign it, or other periods as protected by law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of individual authorizing release

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of HIP staff

*A photocopy/fax/electronic copy is valid as original signature)*