



- Financial and Credit Counseling
- Mortgage Counseling

- Home Purchase Counseling
- Rental Counseling

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 \$34.00/person
- ❖ Pay by Money Order, Cashier's Check or Credit Card using the "[Donate](#)" button on HIP's website at www.hiphomes.org. Provide copy of receipt of payment at time of appointment.

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 555
Hyattsville, MD 20782
(301) 699-3835
Fax (301) 699-8184

HIP Gaithersburg
(301) 916-5946
Fax (301) 9165982

HIP Germantown
12900 Middlebrook Road,
Ste.1500
Germantown, MD 20874
(301) 916-5946
Fax (301) 916-5982

Note: HIP is a HUD-approved counseling agency and all of our counseling sessions are FREE, but participants need to be prepared to cover the fee for a tri-merge Credit Report if applicable. HIP provides **reasonable accommodations** for individuals with disabilities or other barriers. If a particular accommodation is needed, please make the request when scheduling an appointment.



www.hiphomes.org



PARTICIPANT INFORMATION

Name: _____ SOCIAL SEC.#: _____

Address: _____

Phone 1: _____ Phone 2: _____

Email Address: _____

Marital Status: Married Separated Unmarried Widowed Divorced American Indian Asian Black/ African American Native Hawaiian/Pacific Islander WhiteRace: Amer. Indian & Black Asian & White Black/African Amer. & White American Indian & White Other: _____**CO-PARTICIPANT INFORMATION**

Name: _____ SOCIAL SEC.#: _____

Address: _____

Phone 1: _____ Phone 2: _____

Email Address: _____

Marital Status: Married Separated Unmarried Widowed Divorced American Indian Asian Black/ African American Native Hawaiian/Pacific Islander WhiteRace: Amer. Indian & Black Asian & White Black/African Amer. & White American Indian & White 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:

FIXED EXPENSES:	AMOUNT
Mortgage / Rent	
2 nd Mortgage	
Property Taxes and Insurance	
Condo / Homeowner Assoc. Fees:	
Gas & Electric	
Heating Oil	
Water & Sewer	
Car Payment 1	
Car Payment 2	
Auto Insurance	
Life Insurance	
Medical Insurance	
Alimony / Child Support Paid	
Alarm System	
Total FIXED Expenses:	\$

<u>Variable Monthly Expenses</u>	<u>Payment</u>
Groceries	
Bus/Taxi/Parking	
Car Repairs	
Gasoline	
Toiletries/Hair Care	
Medical	
Child Care	
Cable TV/Internet	
Clothing/Laundry	
Lottery	
Church/Charity	
Entertainment	
Cell Phone	
Other	
VARIABLE Expenses:	\$

B. Your Monthly Income:

GROSS INCOME:	Net Income (after taxes and deductions)
\$	\$

Co-Participant/Spouse/ Partner's Income

Gross Income:	Net Income
\$	\$

Other Household Income

Gross Income:	Net Income
\$	\$
Describe:	

C. Credit Cards and Other Debt:

Creditor Name:	Payment:	Balance:
Total		

D. Surplus/Deficit:

TOTAL INCOME:	\$
TOTAL EXPENSES (-)	\$
SURPLUS / DEFICIT	\$

Participant's
Signature: _____

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:

- I agree
 I do not agree

Co- Participant:

- I agree
 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. If payment for credit report creates a hardship for me, I understand I can request a waiver of the fee.

Participant:

- I agree
 I do not agree

Co- Participant:

- I agree
 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:

- I agree
 I do not agree

Co- Participant:

- I agree
 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