



Housing Initiative Partnership, Inc.

- Financial and Credit Counseling
- Mortgage Default Counseling
- Pre-purchase Counseling
- Rental Counseling
- Post-purchase 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
- ❖ Proof of Income, if applicable. Examples include:
  - 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
- ❖ 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 HOA statement
- ❖ If a homebuyer: Pre-approval letter from your lender
- ❖ If a renter: Rental or lease agreement

### IMPORTANT: Transmitting your documents

- ❖ PLEASE DO NOT EMAIL DOCUMENTS. Contact HIP for a secure link to transmit your documents or bring the documents to your in-person appointment.

### Fees for Credit Report for Homebuyer Counseling

- ❖ Credit Report fee \$48.00/person. Pay by Money Order, Cashier’s Check or Credit Card using the “[Donate](#)” button on HIP’s website at [www.hiphomes.org](http://www.hiphomes.org) and put “Credit Report” in the notes section. 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) 916-5982

**HIP Germantown**  
 12900 Middlebrook Road, #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](http://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  White  
 Race:  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  White  
 Race:  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	

## 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.

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Participant’s Signature

Date

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Co-Participant’s Signature

Date

## HIP Counseling Agreement and Disclosures

### 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. Program Description:** Housing Initiative Partnership, Inc. (HIP) provides housing counseling, financial coaching, and housing-related services to renters, homebuyers, homeowners, and individuals experiencing homelessness.

#### Services include:

- Rental counseling and eviction prevention
- Rapid Rehousing and housing stability case management
- Homebuyer education and pre-purchase counseling
- Post-purchase and foreclosure prevention counseling
- Financial capability coaching and budgeting support
- Home Sharing services and Financial Empowerment Center (FEC) services

HIP also develops affordable housing, provides resident services, and administers home repair and neighborhood revitalization programs. Not all programs are available to all clients.

**HIP does not provide legal advice. Clients are encouraged to seek independent legal counsel for legal matters.**

**2. Fees:** Most services are provided free of charge. Any applicable fees will be disclosed in advance. Clients will not be denied services due to inability to pay.

**3. Confidentiality and Data Sharing:** HIP protects your privacy. Information will not be shared without your permission except as required by law or by funders for program administration. HIP may share client-level information with HUD, NeighborWorks America, and the Maryland Department of Housing and Community Development (DHCD) for reporting, monitoring, and evaluation. By receiving services, you authorize HIP to submit required data, allow file review by funders, and permit follow-up contact for program evaluation.

**4. Counselor Qualifications:** All services are provided by HUD-certified Housing Counselors.

**5. Conflicts of Interest and Client Choice:** HIP staff may not engage in activities that create a conflict of interest or personal gain. HIP does not receive compensation for referrals. You are not required to

use any products or services recommended and may choose any provider.

**6. Funding Disclosure:** HIP's counseling program is supported by HUD, NeighborWorks America, the State of Maryland, Prince George's County, Montgomery County, and other partners.

**7. Referrals:** HIP may provide referrals to community resources and other organizations offering similar services. You are not required to use HIP's services.

**8. Non-Discrimination:** HIP provides services without discrimination based on any protected class.

**9. Client Responsibilities:** You agree to provide accurate information, submit documentation as requested, and participate in counseling.

**10. Complaints:** You may file a complaint with HIP and request a copy of its Complaint Resolution Process. You may also file a complaint with HUD:

[https://www.hud.gov/program\\_offices/housing/sfh/hcc/housing\\_counseling](https://www.hud.gov/program_offices/housing/sfh/hcc/housing_counseling)

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.
- 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 goals and 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's Signature

\_\_\_\_\_  
Date