

ASSETS:

Checking Account	\$ _____	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____	\$ _____
401K Account	\$ _____	\$ _____	\$ _____
Gift Funds	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total Assets:	\$ _____	\$ _____	\$ _____

MONTHLY DEBT:

(Minimum payments required by creditor)

Charge Accounts	\$ _____	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____	\$ _____
Car Loans	\$ _____	\$ _____	\$ _____
Alimony/Support	\$ _____	\$ _____	\$ _____
Personal Loans	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total <u>Monthly Debt</u>:	\$ _____	\$ _____	\$ _____

I/We acknowledge that the information I/We have provided in this application is true and accurate to the best of my/our knowledge. I/We have given this information to Media Fellowship House for the purpose of purchasing a home in Delaware County. I/We understand that Media Fellowship House will verify the information I/We have provided in this application, and I/We give Media Fellowship House permission to obtain a credit report about me/us and that approval under the Program is subject to the verification of the information through the credit report and other means available to Media Fellowship House.

Signature of Applicant: _____

Signature of Co-Applicant: _____

FOR OFFICIAL USE ONLY:

Revitalization Homeownership Program Yes or No (circle)

Household Size: _____

Annual Income Determination: \$ _____

Monthly Income Determination: \$ _____

Asset Determination: \$ _____

Housing Counselor Name: _____

Housing Counselor Signature: _____

Date: _____

**DELAWARE COUNTY HOMEOWNERSHIP FIRST REVITALIZATION PROGRAM
MEDIA FELLOWSHIP HOUSE**

Counseling Agreement

In order to qualify for the Program, the applicant recognizes the need for counseling and pledges full cooperation with the counselor. The applicant authorizes the counselor to act on his/her behalf in order to improve her/his housing situation and obtain necessary services.

The applicant understands that any information that is required to obtain the help needed, must be supplied by the applicant. The applicant gives permission to Media Fellowship House to obtain a merged credit report. The applicant further authorizes the counselor to obtain other information from outside sources when necessary. The need to exchange information or pass on information with funders of the Program is also recognized by the client.

The counselor pledges to preserve strict confidentiality concerning the applicant, and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no actions without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interests of the applicant.

As a client of Media Fellowship House, I/We understand that the assistance provided will be free of charge (except for a one time \$30.00 fee per applicant for obtaining a merged credit report) and authorize Media Fellowship House to obtain a credit report on my/our behalf. I/We understand that the staff providing counseling services will not:

- 1 - break their pledge of confidentiality
- 2 - accept fees from the services they recommend
- 3 - recommend services in which they have a financial interest
- 4 - terminate their counseling relationship without giving the reasons for such termination

I/We understand that the staff providing counseling services are not attorneys and will not provide legal advice regarding agreements of sale or mortgage financing documents entered into by the client.

In consideration for receiving assistance from Media Fellowship House, I/We hold their staff to be free and harmless from any claims, damages, liabilities, or injuries arising from these services.

Applicant: _____ Social Security #: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Co-Applicant: _____ Social Security #: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Please note that the amount of funds available to assist first-time homebuyers is limited. Assistance will be provided on a first come first serve basis. There is **no guarantee** that households who complete the program will receive financial assistance.

**THE SIGNING OF THIS AGREEMENT DOES NOT
CONSTITUTE A COMMITMENT TO PROVIDE FINANCIAL ASSISTANCE.**

DELAWARE COUNTY HOMEOWNERSHIP FIRST PROGRAM

ACKNOWLEDGEMENT

I acknowledge that the amount of funds offered by the Delaware County Homeownership First Program to assist first-time homebuyers is limited. I understand that the down payment and closing cost assistance is offered on a first come first serve basis.

I further acknowledge and understand that there is **no guarantee** that households who comply with all Homeownership First Program requirements will receive financial assistance.

I understand that my completion of all Homeownership First Program requirements, including all counseling sessions, does not automatically assure the provision of down payment and/or closing cost financial assistance.

Applicant Signature

Date

Applicant Name (PLEASE PRINT)

Housing Counselor

Date

**DELAWARE COUNTY HOMEOWNERSHIP FIRST REVITALIZATION PROGRAM
MEDIA FELLOWSHIP HOUSE**

Certification of Household Income

I, the undersigned, do hereby certify the following:

My household income meets the eligibility requirements for low and moderate-income applicants as defined by the U.S. Department of Housing and Urban Development (HUD). (Please refer to page 3 of the application packet).

These parameters have been given to me by the counseling agency and as a result I understand the qualifying definitions of the low to moderate-income households.

Furthermore, I understand any changes to my household income must be reported to the counseling agency. Failure to do so may result in the cancellation or disqualification of my eligibility to receive counseling services provided by the agency.

Buyer Signature: _____

Printed Name: _____

Co-Buyer Signature: _____

Printed Name: _____

Authorization, Disclosure, Privacy Statement (3-in-1)

COUNSELING SERVICES AUTHORIZATION

My personal information and counseling services

By signing this form I agree to share my personal financial and other private information. Signing this form also allows lenders and the Counseling Agency to discuss my accounts, credit, and finances, and to share my nonpublic personal information, described in the Privacy Policy provided with this authorization.

I understand that funders provide grants to make the counseling services possible, and that the Counseling Agency shares my information with these funders. These funders review Counseling Agency files, including my file, and may contact me to evaluate the counseling services that I receive.

I authorize my Counselor and the Counseling Agency to negotiate for me. The counseling services are offered free of charge, and neither the Counselor, nor the Counseling Agency, guarantees any result or outcome. I may be referred to other housing agencies for their services. I am not obligated to accept services or products from the Counseling Agency, its partners, or any organization I am referred to.

I understand that my Counselor cannot offer me legal or other professional advice or representation. If I need legal or other professional services I can ask my Counselor for information about referral services.

Counseling Services Checklist

Client must **initial** all items that are applicable

- I have been verbally advised of the fee schedule, if any, prior to services being provided
 - I understand that the counselor will discuss my budget with me and I will receive a copy of my Budget
 - I understand that the counselor will discuss my Action Plan with me and I will receive a copy of my Action Plan
 - I understand the counselor will explain the next steps needed to reach my financial goal to my satisfaction
 - Homebuyer Counseling
 - Homeowner Counseling
 - Delinquency and Default Counseling
 - Reverse Mortgage Counseling
 - Tenant Counseling
 - I want to buy a home in the next six (6) months
 - I want to buy a home, but not in the next (6) months
 - Other programs, services, or products:
- | |
|---|
| <input type="checkbox"/> Homebuyer Education |
| <input type="checkbox"/> Homeowner Education |
| <input type="checkbox"/> Delinquency and Default Education |
| <input type="checkbox"/> Fair Housing Education |
| <input type="checkbox"/> Homelessness and Displacement Counseling |

For Pre-Purchase Clients only:

I have received the HUD forms:

- “Ten Important Questions to Ask Your Home Inspector” & “For Your Protection: Get a Home Inspection”

Authorization, Disclosure, Privacy Statement (3-in-1)

PRIVACY POLICY

This Counseling Agency respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with our legal and ethical obligations to you taken into consideration. We will not sell your personal information and we only share it to provide you with counseling services.

Your “nonpublic personal information” (including total debt information, income, living expenses, and personal information concerning your financial circumstances) will be shared with creditors, funders, and others only after you sign the Counseling Services Authorization. We may also collect, use, and share anonymous aggregated case file information to evaluate our services, to gather valuable research information, and to design future programs.

Types of Information That We Gather About You:

- Spoken or written information on applications and other documents, 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 If You Do Not Want Us to Share Your Information:

- You may "opt-out" to prevent the disclosure of your nonpublic personal information to third parties (such as your creditors).
- If you opt-out we cannot share your nonpublic information and we cannot answer questions from your creditors. We need to share your information to provide you with most services.
- You may opt-out at any time by calling the Counseling Agency at the phone number listed on the Counseling Services Authorization provided with this Privacy Policy.

How We Use Your Information:

- If you do not opt-out we may share information that we collect about you with your creditors or others if we think it would be helpful to you, would help us counsel you, or when required by funders that make our services possible.
- We may share information about you to anyone as permitted or as required by law (*e.g.*, if a Court requires us to provide it with documents).
- Within our organization, we restrict access to your information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your information as required by federal and state law.

Client Authorization

By signing below I authorize my employers, lenders, creditors, servicers, and others to share personal and financial information with my Counselor and the Counseling Agency. I authorize my Counselor and the Counseling Agency to collect information about my accounts and to share this information with others, including funders, as needed to provide counseling services, to seek assistance from programs, or for related products and services. I authorize funders to contact me to evaluate programs that I participate in.

CLIENT NAME(S):

CLIENT SIGNATURE(S):

DATE:

1. _____

2. _____

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U. S. Department of Housing and Urban Development

Delaware County Homeownership First Program



EQUAL HOUSING OPPORTUNITY

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is Illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex, Handicap, Familial Status,
or National Origin**

**Anyone who believes they may be a victim of housing discrimination may
contact:**

**Housing Equality Center of PA
455 Maryland Drive, Suite 190
Fort Washington, PA 19034
267-419-8918
www.equalhousing.org**

**U.S. Department of Housing and
Urban Development
Assist Secretary for Fair Housing
and Equal Opportunity
Washington, DC 20410
1-800-669-9777 (Toll Free)
www.hud.gov/fairhousing**

Signature

Date

Monthly Expense Sheet

HOMEOWNER'S NAME: _____ SOCIAL SECURITY NUMBER: _____

Indicate the normal **monthly amount** of cost for each applicable expense.

(Note: Annual or quarterly expenses will need to be divided accordingly for average monthly figures)

Housing Expenses		Living Expenses			
Rent	\$	Groceries	\$	Magazine Subscription(s)	\$
	\$	Lunches	\$	Newspaper	\$
	\$	Paper Goods	\$	Day Care	\$
	\$	Toiletries	\$	Gifts & Entertainment	\$
Condo Fees	\$	Personal needs	\$	Pet Care	\$
Assoc. Fees	\$	Tobacco Products	\$	Child Support/ Alimony	\$
Electric	\$	Alcoholic Beverages	\$	Union Dues	\$
Gas	\$	Clothing	\$	Pension Contr.	\$
Oil	\$	Laundry Detergent	\$	IRA Contr.	\$
Water	\$	Laundromat & Dry Cleaning	\$	401K Contr.	\$
Sewer	\$	TV Cable	\$	Personal Tax	\$
Trash	\$	Telephone	\$	Education	\$
Other	\$	Internet Fees	\$	Church	\$
Notes & Comments:		Gasoline	\$	Tuition	\$
		Car Repairs	\$	Savings	\$
		Bus	\$	Auto Ins.	\$
		Dental & Doctor Bills	\$	Life Ins.	\$
		Prescriptions	\$	Medical Ins.	\$
		Cell Phone	\$	Dental Ins.	\$

TOTAL OF ABOVE COLUMN:\$ _____

TOTAL OF ABOVE TWO COLUMNS:\$ _____

