



1:1 HOMEBUYER SERVICES - INTAKE FORM

Individual #1

Name: _____
(Please print) First MI Last
Address: _____
City: _____ State _____
Zip: _____ County: _____
Home Phone: _____
Work Phone: _____
Email: _____
Preferred contact method: _____
Preferred language: _____

Individual #2

Name: _____
(Please print) First MI Last
Address: _____
City: _____ State _____
Zip: _____ County: _____
Home Phone: _____
Work Phone: _____
Email: _____
Relationship to Individual #1: _____

Individual #1 (only) please continue:

1. How did you hear about us?

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Mailer, Flyer, or Brochure | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Agency (which one: _____) |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Internet | <input type="checkbox"/> Lender / Mortgage Company |
| <input type="checkbox"/> I took a workshop | <input type="checkbox"/> Realtor | <input type="checkbox"/> Other: _____ |

2. Have you received financial services from another agency? (DMP, credit repair, financial lit, etc.) Yes No

If yes, please note the type and length of services:

3. Race: (select one)

Single Race

- American Indian / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Multiple Race

- American Indian / Alaskan Native & White
- American Indian / Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/Other Pacific Islander & Black
- Other race: _____

4. Your ethnicity: Hispanic or Latino Non-Hispanic

5. Number of people in household: _____

6. What do you identify as your gender: Male Female

Information about Individual #1 (continued):

7. Are you a veteran? Yes No

8. Are you a single parent household? Yes No

9. Were you born outside of the U.S.? Yes No

10. Do you need an interpreter? Yes No

11. Your age: _____ Date of birth _____

12. Are you disabled? Yes No

13. Please check the highest education level you completed:

Some high school

Some college or trade school

Bachelor's degree

High school diploma / GED

Associates degree

Graduate or professional degree

14. Marital Status: Single Married Divorced Widow

15. Active Military? Yes No

16. Are you a First Time Homebuyer? Yes No

17. Income. Please include income for all individuals in your household from all sources:

Name	Income Source and pay frequency Ex. \$1500 paid every 2 weeks	Length of time	Gross Monthly Income	Net Monthly Income
			\$	\$
			\$	\$
			\$	\$
			\$	\$

18. What was your household annual gross income (you can find this on last year's taxes)? \$ _____

19. Have you experienced a home foreclosure or bankruptcy within the past 3 years? Yes No
If yes, please provide details:

20. Do you currently have a checking/savings account? Yes No

21. Current housing: Rent Own Staying with family/friends **Current rent payment \$ _____**

22. How many children under 18 years of age in the household? _____

23. Did you complete a Home Stretch workshop or Framework course online? Yes No
If yes, location & date:

24. Have you applied for a mortgage loan or have you signed a purchase agreement? Yes No

If you answered yes to the previous question, please complete the purchase property information for your new home here:

Purchase property address:

City: _____ State: _____ Zip: _____ Purchase price: \$ _____

Loan amount: \$ _____ Loan interest rate: _____ % Closing date:

Lender (Bank/Mortgage Co.): _____ Loan program (FHA, RD, etc.): _____

-- For Office Use Only --

Advisor/Coach Name: _____

Appointment Type: In-person Telephone

1:1 Screening (Case Term): Financial Wellness (Long Term) Homebuyer Counseling (Short Term)

Financial snapshot at intake

Monthly Debt: Total of minimum payments: \$ _____

Debt: Total balance owed: \$ _____

Current Savings (total of cash, non-retirement savings) \$ _____

FICO Credit Score: _____ No score Client declined

ACCAP
Counseling Program
MONTHLY BUDGET

Homeowner Name _____ Date _____ Co-Owner Name _____

**Monthly Income: Net= take home pay Gross= salary paid before any deductions Every Other Week payroll= 26 paydays per year Twice a Month = 24 paydays per year*

**Calculating Monthly Income: * Net or Gross Income x Paydays = Yearly Pay ÷ 12 = Monthly Net or Gross Income*

*MONTHLY INCOME	NET	GROSS	Notes
INCOME			
INCOME			
FOOD ASSISTANCE			
MFIP			
CHILD SUPPORT			
HOUSE HOLD CONTRIBUTION / RENTER			
SSI / SSDI			
SOCIAL SECURITY			
PENSION			
OTHER			
TOTAL NET / GROSS INCOME			

Pg 1a. MONTHLY HOUSING EXPENSES			Notes
1ST MORTGAGE			
2ND MORTGAGE			
REALESTATE TAXES NOT ESCROWED			
PROPERTY INSURANCE NOT ESCROWED			
ASSOCIATION DUES			
Total Housing Expenses			

Pg 1b. OTHER MONTHLY EXPENSES			Notes
ELECTRICITY-12 MO AVERAGE			
HEAT / GAS-12 MO AVERAGE			
WATER / SEWER / TRASH			
TELEPHONE: LAND LINE (WITH INTERNET)			
CELL PHONE			
INTERNET			
CABLE/DISH			
FOOD / GROCERIES			
SCHOOL LUNCHES			
WORK RELATED FOOD EXPENSE			
AUTOMOBILE PAYMENT			
AUTOMOBILE PAYMENT			
GAS / OIL FOR AUTOMOBILE			
BUS FARE / PARKING (UNLESS DEDUCTED FROM PAYCHECK)			
CHILD CARE (UNLESS DEDUCTED FROM PAYCHECK)			
ALIMONY / CHILD SUPPORT (UNLESS DEDUCTED FROM PAYCHECK)			
STUDENT LOANS			
LOAN			
CHAPTER 13 TRUSTEE PAYMENTS / FED-STATE TAX PAYMENTS			
OTHER			
Total Other Expenses			

Pg 2a MONTHLY EXPENSES				Notes
CREDIT CARD				
CREDIT CARD				
CREDIT CARD				
CREDIT CARD				
CREDIT CARD				
CREDIT CARD				
2a. Total Card Debt				
Pg 2b PERIODIC EXPENSES				Notes
AUTO INSURANCE				
AUTO REPAIR / MAINTENANCE & REPLACEMENT-TIRES BRAKES ETC.				
LICENSE TABS-12 MO AVERAGED				
HEALTH INSURANCE (UNLESS DEDUCTED FROM PAYCHECK)				
DOCTOR / DENTIST/ RX / CO PAY				
LIFE INSURANCE (UNLESS DEDUCTED FROM PAYCHECK)				
HOUSE MAINTENANCE-GARDENING FLOWERS-GAS AND SML TOOLS				
HOUSEHOLD ITEM-REPAIR,REPLACEMENT,PURCHASES ETC.				
2b. Total Periodic Expenses				
Pg 2c FLEXIBLE EXPENSES				Notes
SAVINGS-DEPOSITS (UNLESS DEDUCTED FROM PAYCHECK)				
EDUCATIONAL EXPENSE-LESSONS-SPORTS				
CLOTHING-AVERAGE MONTHLY OVER 12 MO.				
DRY CLEANING / LAUNDRY				
HOUSEHOLD SUPPLIES				
TOILETRIES / HAIRCUTS				
ENTERTAINMENT / EATING OUT / HOBBIES				
CLUB MEMBERSHIPS COSTCO / SAMS / AAA / AARP / HEALTH ETC.				
PET FOOD / VET CARE				
GIFTS / PRESENTS/ HOLIDAYS				
SMOKING / ALCOHOL / SODA				
ALLOWANCES-\$ FOR MISC.				
DONATIONS / TITHING				
2c. Total Flexible Expenses				
TOTAL PAGE 2 a,b,c				
				Notes
EXPENSES PAGE 1a (HOUSE PAYMENT (S), PITI & ASSOC)				
EXPENSES PAGE 1b (OTHER HOUSING MONTHLY EXPENSES)				
EXPENSES PAGE 2 a,b,c (CREDIT CARD,PERIODIC & FLEXABLE EXPENSES)				
TOTAL EXPENSES				
TOTAL NET INCOME				
NET SURPLUS / (LOSS)				
OTHER FINANCIAL INFORMATION	DATE	CHAPTER	DISCHARGE DATE / COMMENTS	
BANKRUPTCY				
JUDGEMENTS,LIENS(TAX,MECHANICS,ETC.)				

SIGNATURE: _____

SIGNATURE: _____

Date: _____



ANOKA COUNTY COMMUNITY ACTION PROGRAM, INC.

1201 89th Avenue NE • Suite 345 • Blaine, MN 55434 • Phone 783-783-4747 • FAX 783-783-4700 • TTY 783-783-4724
E-mail: accap@accap.org

CREDIT REPORT AUTHORIZATION

NAME _____
FIRST MI LAST

SPOUSE _____
FIRST MI LAST

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Social Security ____/____/____

Spouse Social Security ____/____/____

Date of Birth ____/____/____

Spouse Date of Birth ____/____/____

I (We) hereby give permission to pull my (our) credit report for the purposes(s) of financial counseling and education. Through the Homeownership Program at Anoka County Community Action Program. All information will be kept confidential between the Homeownership Program counseling staff and me (us). I further understand that ACCAP will be held harmless for information received in this credit report.

Both signatures are required if joint report is requested.

Signature Date

Spouse Signature Date



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CREDIT REPORT FEE DISCLOSURE

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Anoka County Community Action Programs, Inc. has collected \$ _____
for your credit report(s). The amount collected covers the cost of the report and printing.

Please sign below certifying you have received a copy of this form.

Thank You,

ACCAP Counselor: _____ Date: _____

Client: _____ Date: _____

Client: _____ Date: _____

FEE SCALE

Tri-merge report \$20.00 (single)
Tri-merge report \$23.00 (joint)
Single report \$7.00
Joint report \$10.00

ACCAP will disclose any associated fees prior to your commitment. You further understand that the above described fee may be paid by you and you are not obligated to receive any services offered by our organization.



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Combined Privacy Act Notice and Tennessee Warning

We at ACCAP value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding collection and disclosure of personal information. The following programs are funded in part by state, federal government agencies and local agencies:

- Financial Wellness Counseling
- Financial Fitness Education
- Homeownership Capacity
- Homebuyer Education (Home Stretch);
- Homebuyer Counseling;
- Post Purchase and/or Refinance Counseling;
- Foreclosure Counseling.

These agencies receive the information described below.

Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in the above referenced programs if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

Other Private Data

Under Minnesota Statutes, your name and address may be public data. All other data we may ask about you is private data on individuals. Agreeing to share your public data is mandatory for participation in the above referenced programs. Sharing your private data is not mandatory for participation in the program. However, if you do not provide private information (such as income, debts, and assets) services to you may be more limited.

We collect private data for the purposes of service delivery, program management, compliance, monitoring, research, and program evaluation.

We collect your private information from the following sources:

- Information we receive from you on applications or other forms,
- Information about your transactions with us, and
- Information we receive from a consumer credit reporting agency...

We may disclose private information about you which may include your name, address, social security number, employer, assets, debts, income, credit bureau reports, your credit history and your creditworthiness.

We may disclose your private information to the following entities or their representatives identified below or to other entities properly authorized under law to review it.

- Staff at this organization and its partners operating in this program who need it to work on your case;

- Staff of the HECAT funders: Minnesota Housing Finance Agency, Family Housing Fund, Greater Minnesota Housing Fund, and the Minnesota Homeownership Center;
- Staff of the United States Department of Housing and Urban Development (HUD);
- Staff of the Homeownership Capacity funder: Minnesota Housing Finance Agency.

By signing below you agree to allow us to collect and share information as described above; please indicate your approval with your signature, below.

 Client Signature Date

 Client Signature Date

Verbal acknowledgement is acceptable if information was provided to client in non-face-to-face session.
 The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained in this document and understood its nature and intended use of the released information.

 Client Name Homeownership Advisor/Coach's Signature Date

NOTE: A copy of this notice with Homeownership Advisor/Coach's signature has been mailed to the client.



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Housing Counseling Program Disclosure

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please communicate with your Homeownership Advisor about arranging alternative accommodations.

About Us and Program Purpose: ACCAP is a nonprofit, HUD-approved housing counseling organization. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, familial status, marital status, disability, status with regard to public assistance, sexual orientation or gender identity. We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.), title VIII of the Civil Rights Act, as well as the Human Rights Act.

BUDGET COUNSELING: Managing debt, money management, saving and financial planning.

FAIM: Enables persons with low wage jobs to build assets through savings. You save earned income which is matched by funds that work toward homeownership, continuing education, or micro business.

Financial Wellness: In depth, comprehensive program designed to increase successful homeownership and household stability through intensive financial empowerment and homeowner training.

Home Buyer Education: A course designed to prepare you for the process of purchasing a home.

Homebuyer Counseling: Homeownership Advisors work one-on-one with you to look at what you can afford, explain mortgage terms, and how to prepare and what to expect at closing. They'll help analyze your current financial situation, review your credit report and assist in overcoming barriers to help you become mortgage-ready.

Refinance Counseling with or without a Special Mortgage: Individual financial counseling and confidential review required when there is a special mortgage or anyone needing help with analyzing cost/benefit to refinancing.

Foreclosure Counseling: Assists homeowners who have fallen behind or are in danger of falling behind on their mortgage. Homeownership Advisors guide homeowners through workout options relevant to their particular situation. In cases where foreclosure is unavoidable, Homeownership Advisors help organize an effective exit strategy.

Organization Conduct: No ACCAP employee, director, volunteer, contractor or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our organization's compliance with federal or state regulations and our commitment to serving the best interests of our clients.

Organization Relationships: ACCAP has financial affiliation or professional affiliation with the US Department of Housing and Urban Development (HUD), Minnesota Housing Finance Agency, Minnesota Homeownership Center, Greater Minnesota Housing Fund, United Way, Fannie Mae and Wells Fargo Home Mortgage.

It is our duty to inform you that ACCAP can and may receive payment from you for the following services: Homebuyer education, refinance counseling, back to work counseling and soft pull credit reports You are NOT obligated to receive, purchase or utilize any of these services in order to receive Housing Counseling Services. If you choose to utilize any of these services, ACCAP will disclose any associated fees prior to your commitment. You further understand that the above described fee may be paid by you and may be included in your loan amount or real estate purchase agreement. You are not obligated to receive any services offered by our organization or exclusive partner(s).

Alternative Services, Programs, and Products & Client Freedom of Choice: You are not obligated to participate in any mortgage and/or home buying program to receive housing counseling services from our organization. You are encouraged to seek alternatives for any products or services discussed. Our organization is required to provide you with information on other affordable mortgage products and/or real estate services available in our area. It is your responsibility to ensure that you are receiving the best mortgage product and/or real estate services for your individual or family needs.

Referrals and Community Resources: You may be provided information regarding local and regional services available to meet a variety of needs, including but not limited to, utility assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. ACCAP will also provide information identifying alternative organizations that provide services, programs, or products identical to those offered by ACCAP and its exclusive partners and affiliates. ACCAP will also provide referrals to various lenders and realtors upon request.

Quality Assurance: In order to assess client satisfaction and ensure compliance with grant funding requirements, ACCAP, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with ACCAP funders such as HUD, the Minnesota Homeownership Center, Minnesota Housing Finance Agency.

Errors and Omissions and Disclaimer of Liability: I/we agree ACCAP, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in ACCAP counseling; and I hereby release and waive all claims of action against ACCAP and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

I/we acknowledge that I/we received, reviewed, and agree to ACCAP Program Disclosure.

Client Signature/Date

Signature/Date

Please print Client Name(s)

If Program Disclosure was given verbally:

Homeownership Advisor Signature _____

Date Program Disclosure Given _____



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Homeownership Advisor – Client Agreement

Homeownership Advisor Roles & Responsibilities

- Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.
- Preparing a client action plan that lists the steps that you and your Homeownership Advisor will take in order to achieve your housing goal.
- Preparing a household budget that will help you manage your debt, expenses, and savings.
- Presentation of reasonable options available based on your current situation.
- Your Homeownership Advisor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.
- Neither your Homeownership Advisor nor ACCAP, employees, agents, contractors, or directors may provide legal advice.
- Offer referrals to needed resources.
- Provide services confidentially, honestly and respectfully.

Client Roles & Responsibilities

- Providing accurate information about your income, debts, expenses, credit and employment.
- Attending meetings, returning calls, and promptly providing requested paperwork.
- Completing the steps assigned to you in your Action Plan.
- Notifying ACCAP or your Homeownership Advisor when changing your housing situation or goal.
- Attending educational workshops (i.e. Homebuyer Education, Financial Fitness) as recommended.
- Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Termination of Services: Failure to work cooperatively with your Homeownership Advisor and/or ACCAP will result in discontinuation of counseling services. This includes but is not limited to, missing three consecutive appointments.

Signatures

Client

Date

Client

Date

Homeownership Advisor/Coach

Date