

HOMEOWNERSHIP OC

HOOC CLIENT INTAKE

Intake Date: ___/___/___

Part I: CLIENT INFORMATION

Client First Name _____ Client Last Name _____

Client Spouse First Name _____ Client Spouse Last Name _____

Client Street Address _____

Client City _____ Client State ____ Client Zip Code _____ Client Rural Area Yes ___ No ___

Client Home Phone _____ Client Work Phone _____ Client Cell Phone _____

Client Limited English Proficiency: Yes ___ No ___ Client Email _____

Best Time To Contact _____ Preferred Contact Type Email Home Phone Work Phone Cell Phone

Part II: DEMOGRAPHICS

Client Race ID: Black/African American Native Hawaiian or Pacific Islander Black/African American & White Asian & White American Indian or Alaskan Native & White American Indian Asian White American Indian or Alaskan Native & Black or African American Other _____

Client Ethnicity: Not Hispanic Hispanic **Age:** _____ **Date of Birth:** ___/___/___ **Household Size:** _____

Client Income Level (Annual Household Income) \$ _____ **Dependent Relationship/Age** _____

Client Household Type: Single Adult Married with Dependents _____/____

Female Headed Single Parent Household Male Headed Single Parent Household _____/____

Married without Dependents 2 or more Unrelated Adults Other _____/____

Client Education Grade : Graduate School Junior College University _____/____

High School/GED Junior High School Elementary Other Vocational _____/____

Client Disabled: Yes No **Client Marital Status:** Single Married Separated Divorced _____/____

Widowed **% or Level of Disability:** _____ **Gender:** Male Female

First Time Homebuyer: **Total Co-Applicants:** _____ **County:** _____

Referral Source (How you heard about us) : _____

Military Service: No Active Veteran **Foreign Born:** Yes No

Part III: HOUSEHOLD INCOME

	Gross Income	Net Income/Month	Income Source (job,SSI,unemployment)	Company Source (employer, etc.)
Client Income				
Client Income				
Client Spouse Income				
Other Income				
Total			X 12=Total Gross Annual Income \$	

HOMEOWNERSHIP OC

CLIENT INTAKE

Part IV: HOUSEHOLD ASSETS

	Cash/Market Value	Institution(bank, credit union, etc)	Asset Type (checking, 401K, IRA, etc)
Client			
Client Spouse			
Joint			
Other			
Total			

Part V: A. Rental or Owned Property Information

Owner: Original Purchase Date: _____ Original Purchase Price: _____ Present Market Value: \$ _____

Rent \$ _____ No. Yrs: ____ Type of Property: _____ No. Units: ____ BR: ____ BA: ____

Rental issues: _____

Part VIII: HOME OWNERSHIP/MORTGAGE ISSUES

Check All that apply:	
<input type="checkbox"/> First Time Home Buyer Counseling Requested	<input type="checkbox"/> Mortgage Assistance/Foreclosure Counseling Requested
<input type="checkbox"/> VA Loan Information Requested	<input type="checkbox"/> HECM Counseling
<input type="checkbox"/> Attend Home Buyer Education Program	<input type="checkbox"/> Legal Assistance Counseling
<input type="checkbox"/> Credit Counseling	<input type="checkbox"/> Bankruptcy Counseling
<input type="checkbox"/> Financial Management Counseling	<input type="checkbox"/> Housing Resources
<input type="checkbox"/> Rental Counseling	<input type="checkbox"/> Real Estate Scam Counseling
<input type="checkbox"/> Affordable Housing Counseling Requested	<input type="checkbox"/> Military Financial Readiness Counseling
<input type="checkbox"/> Homeless Counseling Requested	<input type="checkbox"/> Other _____

Part IX: REASONS FOR HOUSING ISSUES

Check all that apply:		
<input type="checkbox"/> Need Housing Information	<input type="checkbox"/> Loss of Income or Reduction of Income	<input type="checkbox"/> Increase in Expenses
<input type="checkbox"/> Want to Buy a Home	<input type="checkbox"/> Increase in Loan Payment	<input type="checkbox"/> Poor Budget Management
<input type="checkbox"/> Medical Issues	<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Business Venture Failed
<input type="checkbox"/> Other _____	<input type="checkbox"/> Relocation	<input type="checkbox"/> Covid-19 issue

COMMENTS:

HOMEOWNERSHIP OC

COUNSELING AGREEMENT

Dear Client:

Upon completion of your counseling session with your counselor, you are given an Action Plan to aid you in the counseling experience and expectations from HOMEOWNERSHIP OC.

Please understand that there is a high volume of clients who are in similar situations and we are trying our best to meet their needs as our capacity will allow.

I UNDERSTAND THAT:

1. HOMEOWNERSHIP OC's workshop provides counseling advice through its counselors, educators, and its Partners/Supporters. It is your sole responsibility to seek any future services that may be needed. This file and supporting documents will be retained by HOMEOWNERSHIP OC and information provided might be shared with HOMEOWNERSHIP OC, partners, supporters or 3rd parties to provide service to you.
2. HOMEOWNERSHIP OC may receive funding from the US Dept. of HUD and/or HUD Intermediaries and other grantors and as such, is required to: a) share some of my personal information with HUD program administrators or their agents; b) to open my file to be reviewed for purposes of program monitoring, compliance; c) to conduct follow up with me related to program evaluation.
3. HOMEOWNERSHIP OC and its nonprofit partners provide housing counseling after which I will receive a written action plan consisting of recommendation for handling my finances, credit, and possibly including referrals to housing agencies as appropriate.
4. A counselor may answer and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
5. HOMEOWNERSHIP OC and its nonprofit partners provide information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from HOMEOWNERSHIP OC in no way obligates me to choose any of these particular products or housing programs.
6. I may be referred to other housing services of the organization, another agency or agencies as appropriate that may be able to assist with my particular concerns that have been identified. I also understand that I am not obligated to use any of the services offered to me.
7. HOMEOWNERSHIP OC hosts Workshops and events to help me/participating individuals ("Participants") among other services distinguish legal problems from non-legal problems, and to refer them to service providers, agencies, organizations, or other lawyer sources to provide them with any necessary substantive legal advice or representation. I further understand that by signing and dating this form, HOMEOWNERSHIP OC and its counselors do not and cannot provide legal advice or guidance in the course of the meetings with Participants, and do not establish or create any type of attorney-client relationships with Participants. I also understand that after consultation with counselor, Participants are urged to promptly consult with the service providers, agencies, organizations, or other lawyer referral sources to which the Participants have been referred for follow up on their potential legal issues.

I affix my signature below in agreement of what is stated in this Counseling Agreement.

Client Signature

Date

Client Disclosure Form

HomeOwnership OC is pleased that you have come to us for housing counseling services and we look forward to working with you. We are here to provide you with housing solutions and counseling. However, you may use services other than those provided by this agency. Generally, your services may include the following:

- The gathering of essential demographic and financial information to help us resolve your housing need
- An assessment of your housing situation
- A case management plan that provides instructions and identifies resources for resolving your housing need
- Individual face to face, telephone, internet, email and/or group counseling designed to guide you through the process of resolving housing needs.
- Follow-up calls, emails, and/or letters to track the outcome of our services:
 - 1) Pre-purchase Counseling = Preparing for Home Purchase
 - 2) Pre-Purchase Homebuyer Education Workshops = Online Workshop
 - 3) Fair Housing Pre-Purchase Education Workshops = Group
 - 4) Mortgage Delinquency and Default Resolution Counseling = Mortgage Assistance
 - 5) Non-Delinquency Post Purchase Workshops = After purchase counseling
 - 6) Financial Management/Budget Counseling = Budgeting
 - 7) Financial, Budgeting and Credit Workshops = Credit Improvement

HOOC upholds the highest standards of customer service. As such, HOOC staff members providing these services will adhere to the following guidelines:

- HOOC does not offer legal counsel or services. HOOC staff members will provide counseling, group education and/or instructional information only regarding your housing, personal financial management or credit situation under this program.
- HOOC does not provide debt consolidation services nor will any member of HOOC's staff takeover or assume responsibility for the finances of any participating client.
- HOOC does not pay or receive fees or other considerations for referrals to or from any program administered by us.
- HOOC staff members will not recommend that clients participate or engage in any services whereby the staff members themselves or any member of their immediate family have a financial interest.
- No staff member of HOOC will disclose any personal information without proper authorization of the participant.
- HOOC strongly believes in and promotes housing choice. To that end, HOOC does not endorse any realtor or lender and you are free to choose any realtor or lender of your choice.
- Participants in HOOC's Pre-Purchase Counseling/Home Buyer Education/Down Payment Assistance Programs may shop for and select the lender and realtor that best suits their needs.
- HOOC in many instances, will need to pull your credit report in order to assess the condition of your credit either to determine your readiness for ownership or to assist in the resolution of mortgage delinquency. HOOC will pull your credit with little to no effect on your credit score.

HOOC employs persons who are qualified to provide the services rendered. To that end, all HOOC Housing Counselors are required to be HUD Certified. New counselors employed by HOOC have one year to acquire such certification, which can be obtained through the Association of Housing Counselors, the National Federation of Housing Counselors or Neighbor Works. Central to HOOC's mission is the elimination of housing discrimination and education regarding Fair Housing laws. All of HOOC programs and services are required to educate participants about their rights and responsibilities under local, state and Federal Fair Housing laws. Please be advised that you, the client, are not obligated to receive, purchase or utilize any other services offered by HOOC, or its exclusive partners, in order to receive housing counseling services. This certifies that I have read and understood the above statement of disclosure.

Participant Signature

Date

Participant Signature

Date

Counselor Signature_____
DatePhone/Online Counseling: ___ or ___
Yes No

HOMEOWNERSHIP OC

HOMEOWNERSHIP OC PRIVACY POLICY

Homeownership OC is a nonprofit housing counseling agency that promotes housing opportunities and homeownership. Our mission is to promote and preserve the dream of home ownership through outreach, education, counseling, and financing. Homeownership OC works to educate the public, especially the low income and under-served populations, on all aspects of owning or renting a home. We are a one stop shop and a free resource here to assist the community with any and all housing related issues. We realize that the concerns you bring to us are highly personal in nature and we are committed to the responsible management, use and protection of personal information. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. You “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 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 Gathered

We collect personal information to support our housing counseling program and to aid your housing needs counseling. We collect personal information about you and we may disclose the following kinds of personal information about you:

1. Information we receive from you orally, on applications or forms, such as name, address, social security number, employer, occupation, assts, debts and income;
2. Information about your transactions with us, our affiliates, your creditors. Or others, such as your account balance, payment history, parties to transactions and credit usage; and
3. Information we receive from a consumer credit reporting agency, such as your credit bureau reports, your credit history and your credit worthiness.

You May Opt-Out of Certain Disclosures

1. You have the opportunity to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision and “opt-out”, you may call us at (800) 954-0441.

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 3rd parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grants 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)

Confidentiality and Security

We restrict access to personal information about you to those of our employees, volunteers and affiliated organizations 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. Our safeguards strive to comply with federal regulations to guard your personal information.

HOMEOWNERSHIP OC

PRIVACY POLICY

Directing Us Not To Make Disclosures to Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

1. If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check the box of the Privacy Choice Form below.

PRIVACY CHOICE FORM

If you want to opt out, that is direct us not to make disclosure about your personal information (other than disclosures permitted by law) as described in this notice, check the box below to indicate your privacy choice:

Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development, or as bylaw and other reporting requirements.

PRINT NAME: _____

SIGNATURE: _____

If your current address is the same as the property address please check box, otherwise, please write your current address below.

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number : (_____) ____ - _____

CLIENT ACTION PLAN- Counselor completes this form

Counselor:	Client(s):

PURPOSE OF CALL/ASSISTANCE REQUEST:

<input type="radio"/> Rental Counseling	<input type="radio"/> Credit Counseling	<input type="radio"/> Tenant-Landlords Rights/Responsibilities
<input type="radio"/> Debt Management	<input type="radio"/> Homeless/Shelter	<input type="radio"/> Fair Housing <input type="radio"/> Resources
<input type="radio"/> Financial Management/Budgeting	<input type="radio"/> Mortgage Delinquency & Default	
<input type="radio"/> Home-Buying	<input type="radio"/> Post-purchase	<input type="radio"/> Other
Needs/Housing Assessment/Analysis:		

GOALS/OBJECTIVES:

ACTION STEPS TO REACH GOALS:

#	CLIENT AGREES TO:	TARGET DATE/COMPLETION DATE	
#	COUNSELOR AGREES TO:	TARGET DATE/COMPLETION DATE	

COUNSELOR: Signature _____
Title _____ **Date** _____ **Start:** _____ **End:** _____

Client:	Telephone #:
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<input type="radio"/> Via Telephone <input type="radio"/> Disclosure read to Client _____ <input type="radio"/> Disclosure mailed to Client _____	
Counselor's Initials/Date	

HOUSEHOLD EXPENSES:			
Rent/Mortgage	\$	Medical Insurance	\$
Food	\$	Car Insurance	\$
Gas & Electric	\$	Car Payments	\$
Water	\$	Credit Cards	\$
Cable	\$	Personal Loans	\$
Internet	\$	Student Loans	\$
Telephone	\$	Child Support	\$
Cell Phone	\$	Spousal Support	\$
Gasoline	\$	Other	\$
Rx	\$	Other	\$
Daycare	\$	Other	\$

TOTAL HOUSEHOLD INCOME: \$ _____

FINANCIAL ASSESSMENT/ANALYSIS:

ALTERNATIVES, IF ANY:

OUTCOME/RESOLUTION:

No Follow up required/File closed _____
Counselor's Initials/Date