



Please return Homeownership Readiness Assessment to:
HOME, Inc. | 1618 6th Ave. | Des Moines, IA 50314
Phone: 515-243-1277 Fax: 515-280-1129

Disclosure to Client for HUD Housing Counseling Services

This notice outlines the types of services available through HOME, Inc.'s Homeownership Readiness Assessment which is designed to assist Clients in purchasing their own homes. This disclosure notice must be read and signed prior to participation in the Homeownership Readiness Assessment.

- I understand that the Homeownership Readiness Assessment and counseling conducted by HOME, Inc. provides confidential pre-purchase counseling after which I will receive a written Action Plan. I understand that my participation is voluntary and I may withdraw from counseling at any time.
I understand that the information that I provide through the Homeownership Readiness Questionnaire is confidential and will only be shared upon my consent through a written release of information.
I understand that HOME, Inc. is a HUD approved, non-profit housing counseling agency which receives funding from HUD, charitable organizations (United Way of Central Iowa) and private business groups such as lending institutions.
I understand that HOME, Inc. is required to report to HUD and other funders. The information provided may be released to HUD and other funders for monitoring and payment purposes.
I understand that I may be referred to other HOME, Inc. services or other agencies that may be able to assist with particular concerns that have been identified in my Action Plan. I understand that I am not obligated to use any of the services offered to me.
I understand that HOME, Inc. provides information and education on numerous loan products and housing programs. I further understand that the counseling I receive from HOME, Inc. in no way obligates me to choose any of these particular loan products or housing programs.
I understand that a counselor may answer questions and provide information about homeownership, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
I understand that in the event I am dissatisfied, I can request a copy of HOME, Inc.'s grievance procedures, a copy of which is available upon request.
I understand that if reasonable accommodation is needed to participate in Housing Counseling I can contact HOME, Inc. at 515.243.1277 or via email at info@homeincdsm.org to request accommodation. For Telecommunications Relay Service (TRS) please dial 711
I understand that as a condition of our services, in alignment with your goals, and in compliance with HUD's Housing Counseling Program requirements, we must provide information on alternative services, programs, and products, if applicable and known.
I understand that there is a credit report fee of \$17 (for individual applicants) and \$35 (for joint applicants) for this service payable in advance to HOME, Inc. (Accepted in the form of a money order or personal check).

I have read and received a copy of this disclosure.

Dated this ___ day of _____, _____

For Office Use Only:
Fee Received (Date and Initials):
Fee Waived (Date and Initials):
Waiver Reason:

PRINT Applicant's Name

PRINT Co-Applicant's Name

Applicant's Signature

Co-Applicant's Signature

FOR OFFICE USE ONLY:

INCOME % _____

DATE MAILED _____

DATE RECEIVED _____

HOMEOWNERSHIP READINESS ASSESSMENT

APPLICANT'S NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

FAMILY INFORMATION:

Please provide information for **ALL** persons who will reside in the home.

NAME OF ADULTS (providing financial support) BIRTH DATE SOCIAL SECURITY #

Applicant

Co-Applicant

MARITAL STATUS: Please check one of the following.

Single Married Divorced, when? _____ Legally separated, when? _____

Other, please explain _____

DEPENDANTS:

Please list **ALL** people (not listed above) that will reside in the property.

NAME (last, first, middle)	BIRTH DATE	SOCIAL SECURITY #	RELATIONSHIP

Do you anticipate any changes in your household size or composition? No Yes, please explain _____

HOUSING REFERENCES:

Please list current landlord references. If less than one year at current residence, include previous landlord reference also.

CURRENT LANDLORD NAME _____ LANDLORD NAME _____

LANDLORD ADDRESS _____ LANDLORD ADDRESS _____

PHONE _____ PHONE _____

UNIT ADDRESS _____ UNIT ADDRESS _____

TENANCY BEGIN DATE _____ TENANCY BEGIN & END DATE _____

REASON FOR MOVING _____ REASON FOR MOVING _____

HAVE YOU BEEN EVICTED IN THE PAST? No Yes IF YES, WHEN? _____

Have you or anyone in your household ever been arrested or charged for a crime other than a traffic violation?

No Yes If yes: When _____ Where _____ Please Explain _____

Are you, or any other household member, required by court order, to register on a local or national sex offender registry?

No Yes If yes, please list the state and the year that the offense occurred: State _____ Year: _____

EDUCATIONAL BACKGROUND:

Please complete the following for **ALL** adults in household.

NAME _____

NAME _____

HIGH SCHOOL DIPLOMA _____ GED _____

HIGH SCHOOL DIPLOMA _____ GED _____

COLLEGE _____

COLLEGE _____

DID YOU GRADUATE No Yes

DID YOU GRADUATE No Yes

TYPE OF DEGREE _____

TYPE OF DEGREE _____

VOCATIONAL/TRADE SCHOOL NAME _____

VOCATIONAL/TRADE SCHOOL NAME _____

DID YOU COMPLETE THE TRAINING No Yes

DID YOU COMPLETE THE TRAINING No Yes

DEGREE/CERTIFICATE No Yes

DEGREE/CERTIFICATE No Yes

Do any adults in the household have future educational plans or goals? No Yes If yes, please explain _____

Please list names and addresses of schools or educational institutions that the children in the household attend.

SCHOOL NAME _____ ADDRESS _____

SCHOOL NAME _____ ADDRESS _____

Are the children open enrolled? No Yes If yes, where? _____

EMPLOYMENT HISTORY:

List employment information for **ALL** adults providing financial support for the family. If employment is less than one year, provide information for past employer.

NAME _____

NAME _____

CURRENT EMPLOYER _____

EMPLOYER _____

ADDRESS _____

ADDRESS _____

CONTACT PERSON _____

CONTACT PERSON _____

PHONE _____ EMPLOYMENT DATE _____

PHONE _____ EMPLOYMENT DATE _____

JOB TITLE/DUTIES _____

JOB TITLE/DUTIES _____

GROSS ANNUAL INCOME \$ _____

GROSS ANNUAL INCOME \$ _____

FINANCIAL INFORMATION:

INCOME:

Please list **ALL** sources of income.

SOURCE	MONTHLY TOTAL
Employment: _____	GROSS \$ _____
_____	(Before Taxes) _____
Child Support: _____	_____
Social Security: _____	_____
*Other: _____	_____

GROSS MONTHLY INCOME:

\$ _____

(*Other income: Pension, Alimony, Adoption Subsidy, Etc.)

EXPENSES:

Please list **ALL** recurring monthly expenses.

MONTHLY PAYMENT
Rent/Housing: _____
Utilities (gas/electric): _____
Utilities (water): _____
Phone: _____
Auto Insurance: _____
Renter's Insurance: _____
Loans: _____

Charge Cards: _____

Child Care: _____
Child Support: _____
Medical Expenses: _____
Savings: _____
Other: _____

TOTAL MONTHLY EXPENSES: **\$** _____

Are all Household members covered by health insurance? No Yes If no, please explain _____

Does the family maintain a checking, savings, or share draft account? No Yes If yes, complete the following:

NAME ON ACCOUNT	TYPE OF ACCOUNT	NAME OF FINANCIAL INSTITUTION	BALANCE
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How much do you expect to pay for a monthly house payment including taxes & insurance? _____

How soon do you hope to be mortgage ready? _____

PERSONAL INFORMATION:

What are your family's future goals? _____

Have you ever tried to purchase your own home in the past? No Yes If yes, please explain

Why is your family interested in owning their own home? _____

Describe the type of home you need. (Number of bedrooms, location, special features, etc.)

The following is a list of common obstacles for first time homebuyers. Please indicate all that apply to you.

____ I have no money for a down payment _____ I have past or current credit problems

____ I don't know how to buy a home _____ I can't find a home that I can afford

____ Other, please explain: _____

Please indicate the areas of supportive services that would be of benefit to you and your household.

____ Basic maintenance and repair training _____ Counseling and training on how to select and buy a home

____ Budget and debt management counseling _____ Information on job training and educational services

____ Other, please explain: _____

Do you have any other information you wish to have considered in your application?

HOW DID YOU HEAR ABOUT OUR PROGRAM? (PLEASE CHECK ONE)

- AGENCY AGENCY OUTREACH HUD WEBSITE LENDER
- REAL ESTATE AGENT OTHER _____

RACE:

The following information is requested by the U.S. Department of Housing & Urban Development for monitoring purposes. Please check the appropriate box below.

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian or Alaska Native & Black or African American | <input type="checkbox"/> American Indian or Alaska Native & White | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Black or African American & White | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Multiple Race | <input type="checkbox"/> Other Pacific Islander | |

ETHNICITY:

- Hispanic Non-Hispanic

PRIMARY LANGUAGE SPOKEN: _____

CREDIT AUTHORIZATION

Authorization is hereby granted to **Home Opportunities Made Easy, Inc.** (hereinafter "**HOME, Inc.**") to obtain a consumer credit report through a credit reporting agency chosen by **HOME, Inc.** I understand and agree that HOME, Inc. intends to use the consumer credit report for the purpose of evaluating my financial readiness to buy a home.

My signature below authorizes the release to the credit reporting agencies, HUD or any mortgage lender of financial information which I have supplied HOME, Inc. in connection with its assistance in my obtaining mortgage counseling.

Applicant's Full Name (please print)

Co-Applicant's Full Name (please print)

Applicant's Signature

Co-Applicant's Signature

Social Security Number

Social Security Number

Date

Date

United Way
of Central Iowa

