



**HOMEOWNERSHIP COUNSELING AND SUPPORTIVE SERVICES  
PARTICIPATION DISCLOSURE NOTICE**

**Please return Homeownership Readiness Assessment to:**

**HOME, Inc.**

**1618 6<sup>th</sup> Ave.**

**Des Moines, IA 50314**

**Phone: 515-243-1277 Fax: 515-280-1129**

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 [admin@homeincdsm.org](mailto:admin@homeincdsm.org) to request accommodation. For Telecommunications Relay Service (TRS) please dial 711.

I understand that there is a credit report fee of **\$20.00 (for individual applicants) and \$40.00 (for joint applicants)** for this service payable in advance to **HOME, Inc. (Accepted in the form of a money order or personal check).**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
PRINT Applicant’s Name

\_\_\_\_\_  
Applicant’s Signature

<p><b>For Office Use Only:</b></p> <p><input type="checkbox"/> Fee Received (Date and Initials: _____)</p> <p><input type="checkbox"/> Fee Waived (Date and Initials): _____ Waiver Reason: _____</p>
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\_\_\_\_\_  
PRINT Co-Applicant’s Name

\_\_\_\_\_  
Co-Applicant’s Signature

**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 &amp; 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: _____	<b>GROSS</b> \$ _____
_____	(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
_____	_____	_____	_____
_____	_____	_____	_____

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.

- American Indian or Alaska Native & Black or African American
- American Indian or Alaska Native
- Asian
- American Indian or Alaska Native & White
- Black or African American
- Black or African American & White
- Native Hawaiian
- Other Multiple Race
- Other Pacific Islander
- White

**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

