Direct Housing Loans

Purpose: Section 502 Direct Loans are used to help low-income individuals or households purchase homes in rural areas. Funds can be used to purchase an existing home or build and prepare sites, including providing water and sewage facilities.

Eligibility: Applicants for Direct Loans must have low to very low incomes. Low and very low income is defined by the area median income in which the applicants wish to purchase. Other factors are included. Families must be able to afford the mortgage payments, including taxes and insurance, which are typically 29 percent of the applicant’s income. However, payment subsidy may be available depending on total family income to help with repayment ability. Applicants must be unable to obtain credit elsewhere, yet have reasonable credit histories. Families must be without adequate housing at time of application. Currently owning a home does not automatically disqualify an applicant.

Terms: Loans are for up to 33 years (38 for some with very low income who cannot afford a 33 year term). The term is 30 years for manufactured homes. The promissory note interest rate is set by the United States government. Rates, terms and qualifications will be fully explained upon formal application.

Standards: Under the Section 502 program, housing must be modest in size, design, and cost. Modest housing is property that is considered modest for the area, does not have market value in excess of the applicable area limit, and doesn’t have certain prohibited features. Houses constructed, purchased or rehabilitated must meet the voluntary national model building codes. Manufactured housing must be permanently installed.

Please provide a current credit report with this pre qualification worksheet. You can use Credit Karma or order your Transunion report from Annualcreditreport.com. We must review your credit history to determine eligibility.

For more information about this program, or to file an application, contact:

North East Community Action Corporation
Marsha Signoracci
NECAC Homeownership Programs Director
P. O Box 470
Bowling Green, Mo 63334
Phone: 573-324-6622
Fax: 573-324-2361
Please answer the following questions and complete an Authorization to Release Information for each applicant.

**APPLICANT (Full Legal Name)**

<table>
<thead>
<tr>
<th>Name: ____________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security # ______________ Birthdate: __________</td>
</tr>
<tr>
<td>Street Address: __________________________________</td>
</tr>
<tr>
<td>City, State, and Zip: _______________________________</td>
</tr>
<tr>
<td>Home Phone: _______    Cell Phone: ____________</td>
</tr>
<tr>
<td>Email address: __________________________________</td>
</tr>
<tr>
<td>Status: □ Married □ Separated □ Unmarried</td>
</tr>
<tr>
<td>Gender: □ Male □ Female         Disabled? □ Yes □ No</td>
</tr>
<tr>
<td>Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino</td>
</tr>
<tr>
<td>Race: □ American Indian or Alaska Native □ Asian</td>
</tr>
<tr>
<td>□ Black or African American □ White    □ Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>Employer: ______________________________________</td>
</tr>
<tr>
<td>Employer Address: _______________________________</td>
</tr>
<tr>
<td>Years Employed Here: ______ Work Phone: __________</td>
</tr>
<tr>
<td>Monthly GROSS (before taxes) Income: ______________</td>
</tr>
<tr>
<td>Any other income received? (List gross monthly amount)</td>
</tr>
<tr>
<td>SS/SSI: _______   Child Support/Alimony: _______</td>
</tr>
<tr>
<td>AFDC/TANF: _______   Food Stamps: ______________</td>
</tr>
<tr>
<td>Foster Care: _______   Other: _______________</td>
</tr>
</tbody>
</table>

**MONTHLY DEBT**

Please list all monthly debt for applicant and co-applicant.

| House/Rent: _______ per month   Total due: ______________ |
| Car/Truck Payment: _____ per month    Total due: _______ |
| Car/Truck Payment: ____ per month    Total due: _______ |
| Personal Loan: _____ per month    Total due: ______________ |
| Student Loan: _____ per month    Total due: ______________ |
| Credit Card: _____ per month    Total due: ______________ |
| Credit Card: _____ per month    Total due: ______________ |
| Child Support/Alimony Paid: ______________ per month |
| Childcare Paid: ______________ per □ month or □ week |

**CO-APPLICANT (Full Legal Name)**

<table>
<thead>
<tr>
<th>Name: ____________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security # ______________ Birthdate: __________</td>
</tr>
<tr>
<td>Street Address: __________________________________</td>
</tr>
<tr>
<td>City, State, and Zip: _______________________________</td>
</tr>
<tr>
<td>Home Phone: _______    Cell Phone: ____________</td>
</tr>
<tr>
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<tr>
<td>Status: □ Married □ Separated □ Unmarried</td>
</tr>
<tr>
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<td>AFDC/TANF: _______   Food Stamps: ______________</td>
</tr>
<tr>
<td>Foster Care: _______   Other: _______________</td>
</tr>
</tbody>
</table>

**HOUSEHOLD SIZE**

Please list all household members not listed above:

<table>
<thead>
<tr>
<th>Name: ____________________________________ Birthdate: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________________ Birthdate: __________</td>
</tr>
<tr>
<td>Name: ____________________________________ Birthdate: __________</td>
</tr>
<tr>
<td>Name: ____________________________________ Birthdate: __________</td>
</tr>
</tbody>
</table>

Do any of the other household members receive any monthly income? If so, please list what type and the monthly amount:

______________________________________________

**What county are you interested in owning property in?**

_____________________________________________________

Do you presently own a home? □ Yes □ No

How did you hear of the program? _____________________________________________

____________________________________________

**Applicant Signature**    **Date**    **Co-Applicant Signature**    **Date**

This is for information only and is not a formal application.
United States Department of Agriculture
Rural Development
Rural Housing Service

AUTHORIZATION TO RELEASE INFORMATION

TO: ____________________________________________

RE: ____________________________________________

Account or Other Identifying Number

Name of Customer

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS for verification purposes the following applicable information:

• Past and present employment or income records.
• Bank account, stock holdings, and any other asset balances.
• Past and present landlord references
• Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

__________________________________________  ______________________________
Signature (Applicant or Adult Household Member)  Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data services, gathering and maintaining the data needed, and completing the collection of information.

RHS Is An Equal Opportunity Lender

SEE ATTACHED PRIVACY ACT
United States Department of Agriculture  
Rural Development  
Rural Housing Service  

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TO:  

RE:  
Account or Other Identifying Number  
Name of Customer  

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Your prompt reply is appreciated.

_________________________________________  
Signature (Applicant or Adult Household Member)  

_________________________________________  
Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data services, gathering and maintaining the data needed, and completing the collection of information.
NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business-Cooperative Services (RBS) Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq) or by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq), or by other laws administered by RHS, RBS, RUS or FSA.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L. 104-134, Section 31001.

4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).

5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.

6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or (d) the United States is a party to litigation, or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.

7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions packagers, agents and private or commercial credit sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.

8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 C.F.R. 301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C. 3720A.

9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.

10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.

11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be under the direct and guaranteed loan programs.

12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.

13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.

15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.

16. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.

17. Rural Development, in accordance with 31U.S.C.3711(e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.

18. Referral of names, home addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.

19. Disclosures pursuant to 5 U.S.C.552a(bX12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 168a(f) or the Federal Claims Collection Act (31U.S.C. 3701(aX3))).
North East Community Action Corporation (NECAC) provides Homebuyer Pre-Purchase Counseling, Group Education, One on One Counseling, Mortgage Delinquency and Default Counseling, Post Purchase Counseling, and Packaging of the USDA 502 Direct Loan. Any Services provided and fees charged will be disclosed at the initial contact with Client when discussion of those services occur.

As a Client, you are not obligated to receive any other services offered by NECAC or by the organization, corporation, or any exclusive partner of the agency. NECAC will provide to you, as the client, information on any alternative services, programs and products.

In addition, NECAC provides a variety of social services including, but not limited to, Section 8 Housing and Homeownership Vouchers, Emergency Assistance and Case Management, etc.

Client Signature ______________________________________ Date __________________

Client Signature ______________________________________ Date __________________
PROGRAM DISCLOSURE

North East Community Action Corporation (NECAC) is a nonprofit, HUD approved comprehensive housing counseling agency. We provide education workshops and a full spectrum of housing counseling including Homebuyer Pre-purchase counseling including group education and one on one counseling; Mortgage Delinquency and Default Counseling referrals; Post Purchase Counseling and Financial Management/Financial Fitness (one on one and group counseling). We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.)

As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign and date the form on the following page.

CLIENT AND COUNSELOR ROLES AND RESPONSIBILITIES:

**Counselor’s Roles and Responsibilities**

*Reviewing your housing goal and your finances; which include your income, debt assets and credit history*

*Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal*

*Preparing a household budget that will help you manage your debt, expenses and savings*

*Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal*

*Neither your counselor or NECAC employees, agents or directors may provide legal advice*

**Client’s Roles and Responsibilities**

*Completing the steps assigned to you in your Client Action Plan*

*Providing accurate information about your income, debts, expenses, credit and employment*

*Attending meetings, returning calls, providing requested paperwork in a timely manner*

*Notifying NECAC or your co-counselor when changing housing goal*

*Attending educational workshop(s) as recommended*
TERMINATION OF SERVICES: FAILURE TO WORK COOPERATIVELY WITH YOUR HOUSING COUNSELOR AND/OR NECAC WILL RESULT IN THE DISCONTINUATION OF COUNSELING SERVICES.

AGENCY CONDUCT: No NECAC employee, officer, director, contractor, volunteer 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 agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

As a client in NECAC's Housing Counseling Program, you are not obligated to receive services offered by NECAC or its partners.

REFERRALS AND COMMUNITY RESOURCES: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utility assistance, emergency shelter, food banks and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products similar to those offered by NECAC.

QUALITY ASSURANCE: In order to assess client satisfaction and in compliance with grant funding requirements, NECAC may contact you during or after the completion of your housing counseling services. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be shared with NECAC grantors such as HUD and NeighborWorks.

I/we acknowledge that I/we received, reviewed and agree to NECAC's Program Disclosures

<table>
<thead>
<tr>
<th>Name 1</th>
<th>Signature</th>
<th>Date</th>
<th>Counselor Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name 2</td>
<td>Signature</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Home Ownership Program
Authorization to Release Information

Applicant Name: ______________________________________________________________

Co-Applicant Name:___________________________________________________________

Street Address:________________________________________________________________

City, State, Zip: _______________________________________________________________

In order to qualify for NECAC’s Homeownership Program I/We am/are submitting this Authorization
to Release Information form. As part of the process or in considering my household for Interest credit,
payment assistance, or other servicing assistance, NECAC may verify information contained in my
request for assistance and in other documentation required in connection with the request.

I/We give permission for NECAC to order a consumer credit report on all applicants.

The information NECAC obtains is only to be used to process my request for a loan or grant, interest
credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of
the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested
interest credit or payment assistance, this authorization to release information will cover any future
requests for such assistance and that I will not be re notified of the Privacy Act Information unless the
Privacy Act Information has changed concerning use of such information.

Borrower Date Co-Borrower Date

Email:_____________________________  Cell Phone______________________
Home Phone:_______________________  Work:________________________
Social Security #____________________  Social Security #__________________
Borrower Co-Borrower

NECAC Staff Signature
North East Community Action Corporation Privacy Act

North East Community Action Corporation is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that much of the information you give us is of a highly personal nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information”, such as your total debt information, income, and personal information concerning your financial circumstances, will be provided to loan officers, program monitors, and others only with your authorization and signature on the Authorization to release information agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information designing future programs.

Types of information that we gather about you:
- Information we receive from you orally, on application or other forms, 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 balances, payment history, parties to transactions and credit card usage.
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:
1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as a loan officer), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer their questions. If at any time you wish to change your decisions with regards to your “opt-out”, you may call us at (573) 324-6622 and do so.

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 loan office or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards 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).
3. Within the organization, we restrict access to nonpublic information about you to those employees 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 nonpublic personal information.

Initial ________           Initial   ________                                Date_______________
Home Ownership Action Plan

Client Name(s)  ______________________________________________________________________

Client Address  ______________________________________________________________________

It is the mission of this organization to guide and assist our clients in their home purchase by successfully completing the Home Buyer Educational Class, and if eligible, to participate in a Home Down Payment Assistance program.

After careful evaluation and consultation during your pre-qualification session, the counselor has determined the best course of action is:

You, the client are to do the following:

Please note that time is of the essence. This means that any actions or documentation that is required of you will be done at the earliest possible time. If, during this process, your contact information changes, please notify your counselor immediately.

______________________________________________________________________________  _____________
Client Signature                                           Date

______________________________________________________________________________  _____________
Client Signature                                           Date

______________________________________________________________________________  _____________
Counselor Signature                                      Date
Clients Name  _____________________________________________________________________
Current Address  _____________________________________________________________________
Phone  __________________________________  Date ____________________________________
Email  ____________________________________________________________________________
Ethnicity of Client:  ☐ Hispanic  Race:  ☐ Asian
☐ Non-Hispanic  ☐ African American
☐ Choose not to respond  ☐ White
☐ Other __________________________
☐ Male  ☐ Female  Age _____
Education (# of years) ________________
Number of persons to live in home: ___________  Gross Yearly Income ________________
Credit Score: ________________
☐ Needs Help To Become Credit Worthy
☐ Previously Owned A Home  ☐ Mortgage Ready
☐ Completed Homebuyers Education  Completion Date: ________________
Additional Classes and Workshops: ______________________________________________________
Goal: _____________________________________________________________________________
Where do you wish to live? ___________________________________________________________________
Counselor’s Suggested Plans: ______________________________________________

__________________________________________________________________________

__________________________________________________________________________

Which Programs Are you Going Through? ☐Down Payment Assistance ☐NECAC ☐USDA ☐Other

Income: _________________________________________________________________

New Address: _____________________________________________________________

Home Loan Amount: _______________________________________________________  

Lender: _________________________________________________________________

Loan Officer: _____________________________________________________________

PITI: _________________________________________________________________

Interest Rate: ___________________________________________________________

Closing Date: ____________________________________________________________

Page 2
# Monthly Expenses Worksheet

## Housing
- Rent or mortgage $_______
- Heating (*gas or oil*) $_______
- Electricity $_______
- Water or sewage $_______
- Telephones (*landlines and cell phones*) $_______
- Renters or homeowners insurance *(if not included in mortgage)* $_______
- Trash service $_______
- Home maintenance and furnishings $_______
- Cleaning Supplies $_______
- Lawn service $_______

## Transportation
- Gas $_______
- Car payment $_______
- Car insurance $_______
- Car inspection $_______
- Car repairs and maintenance $_______
- License plates and registration fees $_______
- Public Transportation or taxi $_______
- Parking and tolls $_______

## Food
- Groceries $_______
- School lunches $_______
- Work-related (lunches and snacks) $_______

## Insurance
- Health *(medical & dental if not payroll deducted)* $_______
- Life $_______
- Disability $_______

## Medical
- Doctor $_______
- Dentist $_______
- Prescriptions $_______

## Childcare
- Childcare or babysitters $_______
- Child support or alimony $_______

## Clothing
- Clothing $_______
- Laundry and dry cleaning $_______

## Donations
- Religious or charity $_______

## Education
- Tuition $_______
- Books, papers and supplies $_______
- Newspapers and magazines $_______
- Lessons (*sports, dance, music*) $_______

## Gifts
- Birthdays $_______
- Major holidays $_______

## Personal
- Barber or beauty shop $_______
- Toiletries $_______
- Children’s allowances $_______
- Tobacco products $_______
- Beer, wine or liquor $_______

## Entertainment
- Movies, sporting events, concerts, etc. $_______
- Video rentals $_______
- Internet service $_______
- Cable/Satellite TV $_______
- Restaurants and take-out meals $_______
- Gambling and lottery tickets $_______
- Fitness or social clubs $_______
- Vacations/trips $_______
- Hobbies or crafts $_______

## Miscellaneous
- Checking account and money order fees $_______
- Pet care and supplies $_______
- Postage $_______
- Pictures and photo processing $_______
- “Mad” money $_______

## Debts
- Student loan $_______
- Credit card (monthly minimum) $_______
- Medical bills $_______
- Personal loan $_______

## Other
- Other $_______
- Other $_______
- Other $_______

## Total Regular Monthly Expenses $_______