



<b>Section 1: Must be completed for all clients</b>			Date:	
Client Name (First, Middle Initial, Last):			Social Security Number:	
Street Address (DO NOT use PO Box)		City:	State:	Zip:
Phone Number (Home or Cell)	Email:		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
County Client Resides In	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living w/Family		Have you been a homeowner within the last three years: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duration:	Farm Work: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**FOR STATISTICAL PURPOSES CIRCLE OR CHECK THE APPROPRIATE ANSWER AS IT APPLIES TO THE CLIENT**

Ethnicity:(You must select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>SINGLE RACE:</b> <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Choose Not To Respond	<b>MULTI RACE:</b> <input type="checkbox"/> American Indian / Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black / African American and White <input type="checkbox"/> Native Hawaiian / Pacific Islander and Black African <input type="checkbox"/> American <input type="checkbox"/> Other Multi-Race	<b>HOUSEHOLD TYPE:</b> <input type="checkbox"/> Single Adult <input type="checkbox"/> Female - Single Parent <input type="checkbox"/> Male - Single Parent <input type="checkbox"/> Married with Children <input type="checkbox"/> Married without Children <input type="checkbox"/> Two or More Unrelated Adults <input type="checkbox"/> Other		

**FOR STATISTICAL PURPOSES PLEASE INDICATE CLIENTS HIGHEST LEVEL OF EDUCATION:**

<input type="checkbox"/> Doctoral or Professional Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Post Secondary Non-Degree Award	<input type="checkbox"/> High School Diploma or Equivalent
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Some College, No Degree	<input type="checkbox"/> Less Than High School

**TO BE FILLED OUT BY CO-CLIENT**

Co-Client Name (First, Middle Initial, Last):			Social Security Number:	
Street Address (DO NOT use PO Box)		City:	State:	Zip:
Phone Number (Home or Cell)	Email:		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
County Client Resides In	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living w/Family		Have you been a homeowner within the last three years: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duration:	Farm Work: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**FOR STATISTICAL PURPOSES CIRCLE OR CHECK THE APPROPRIATE ANSWER AS IT APPLIES TO THE CLIENT**

Ethnicity:(You must select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>SINGLE RACE:</b> <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Choose Not To Respond	<b>MULTI RACE:</b> <input type="checkbox"/> American Indian / Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black / African American and White <input type="checkbox"/> Native Hawaiian / Pacific Islander and Black African <input type="checkbox"/> American <input type="checkbox"/> Other Multi-Race	<b>HOUSEHOLD TYPE:</b> <input type="checkbox"/> Single Adult <input type="checkbox"/> Female - Single Parent <input type="checkbox"/> Male - Single Parent <input type="checkbox"/> Married with Children <input type="checkbox"/> Married without Children <input type="checkbox"/> Two or More Unrelated Adults <input type="checkbox"/> Other		

**FOR STATISTICAL PURPOSES PLEASE INDICATE CLIENTS HIGHEST LEVEL OF EDUCATION:**

<input type="checkbox"/> Doctoral or Professional Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Post Secondary Non-Degree Award	<input type="checkbox"/> High School Diploma or Equivalent
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Some College, No Degree	<input type="checkbox"/> Less Than High School

**Section 2:** Must be completed for all clients

List **ALL** Household Members including Client and **ALL** Sources of income for adult members of the household. Include unearned income of minor children **DO NOT** include *earned income of minor children*. **INCOME SOURCES:** *Wages, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony*, **OTHER:** Amounts must be broken down per category per recipient.

Name:	Date of Birth	√ If Highschool Student	Gross Annual Income	Primary Source of Income	Relationship to Client
					Client
					Co-Client
Total Household Income: (Excluding Minor Children)			\$		

**Section 3:** Must be completed for **ALL** Counseling Services

How did the client hear about Homeownership Counseling Programs?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Referral from Department of Human Services | <input type="checkbox"/> Referral from Community Organization | <input type="checkbox"/> Walk-in Self- Referral |
| <input type="checkbox"/> Referral from Lender                       | <input type="checkbox"/> Referral from Friend / Relative      | <input type="checkbox"/> Radio, TV, or PSA      |
| <input type="checkbox"/> Referral from a Real Estate Professional   | <input type="checkbox"/> Referral from a Habitat              | <input type="checkbox"/> Other                  |

If client is looking to purchase a home, list the country they intend to reside in:

I hereby certify that the information given above is accurate and complete. I understand that if information I provide is discovered to be false or misleading, my participation may be denied or terminated.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

**Section 4:** To be completed by National Faith Housing Education Certified Counselor

I certify that services are compliant and were provided in-line with MSHDA's Housing Education Program Guidelines.

Counselor:	Counselor: Verifying Information:	Date:
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If residing at present address for less than two (2) years, or you have a secondary residence, please complete the following;

PREVIOUS / SECOND ADDRESS	PREVIOUS / SECOND ADDRESS
<input type="checkbox"/> Own <input type="checkbox"/> Rent ( <input type="text"/> No. Years) <input type="checkbox"/> Co-Op	<input type="checkbox"/> Own <input type="checkbox"/> Rent ( <input type="text"/> No. Years) <input type="checkbox"/> Co-Op

**Employment Information**

APPLICANT		CO-APPLICANT	
Name & Address of Employer: _____ <input type="checkbox"/> Self-Employed		Name & Address of Employer: _____ <input type="checkbox"/> Self-Employed	
Employment Dates / Business Open Since:		Employment Dates / Business Open Since:	
Position, Title, Type of Business:		Position, Title, Type of Business:	
Supervisor or Contact Person :	Phone:	Supervisor or Contact Person :	Phone:

If employed in current position for less than 2 years, or if currently employed in more than one position please complete the following

APPLICANT		CO-APPLICANT	
Name & Address of Employer: _____ <input type="checkbox"/> Self-Employed		Name & Address of Employer: _____ <input type="checkbox"/> Self-Employed	
Employment Dates / Business Open Since:		Employment Dates / Business Open Since:	
Position, Title, Type of Business:		Position, Title, Type of Business:	
Supervisor or Contact Person :	Phone:	Supervisor or Contact Person :	Phone:

Are you a U.S. Citizen  Yes  No If not a U.S citizen, what is your country of origin? \_\_\_\_\_ Preferred Lanuage? \_\_\_\_\_

Photo/Audio/Video Release

I hereby irrevocably consent to and authorize the reproduction, publication and any other use by National Faith HomeBuyers, its likeness and assigns, of the photographs/audio/video identified below, in whole or part in conjunction with other photographs/audio/video, in any medium and for any lawful purpose, including illustration, promotion, advertising or web content, without any royalty or compensation to me. I assign to NFHB any and all rights of ownership of the photographs/audio/video, the transparencies or digital files thereof, and agree that NFHB has full rights to copyright, use and publish the same in print and/or electronically, will full right of lawful disposition in any manner. I waive any right to notice, inspection, or approval of any use of the photographs/audio/video which NFHB, may or authorize, and I release NFHB and its licenses and assigns from any claim or liability arising from or in connection with NFHB's use of the photograph/audio/video or any alteration, processing or use thereof in composite form, whether intentional or otherwise.

Member Signature \_\_\_\_\_ Co-Member / Spouse Signature \_\_\_\_\_



## Conflict of Interest Statement-Orientation & HomeBuyer Education Classes

National Faith HomeBuyers hereby provides notification to all clients attending HomeBuyers Education class that you are; free to obtain housing counseling from any agency of your choice, and you are not obligated to use the programs and services of our agency, our partners or affiliates.

NFHB does not have a direct interest in the client as; a landlord, a broker, or a creditor, and will not have a financial interest in, services or underwriting a mortgage, does not own and will not purchase your property, and if you want to purchase a home NFHB will not be a collection agent for your mortgage lender or creditor.

In addition, NFHB does not suggest or encourage that you use the services of the guest speakers presenting at NFHB's orientation and home buyer education class. These speakers are invited to speak solely for education purposes.

Applicant Signature: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_





In signing this agreement and release, I am agreeing to actively participate in the Homeownership Counseling Program offered by National Faith Homebuyers (Agency) in order to receive counseling services. Participation in this program is voluntary and requires me to establish the reason for my delinquency, as well as to develop an Action Plan in cooperation with an NFHB Counselor, and it is my understanding that I will receive a copy of that Action Plan.

1. I may be referred to other housing services of the organization or another agency as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. I understand that this Agency receives funds through various local, state and federal agencies and as such is required to share some of my personal information with the program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. If the services received from this agency are funded by the above referenced agencies, I give my permission for program administrators and/or evaluators to follow-up with me for up to three (3) years from the date of this signed form for the purposes of program evaluation.
4. I understand that a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
5. I understand that this Agency provides both pre-purchase and post-purchase counseling services and I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies or organization as appropriate.
6. I understand that this Agency provides information and education on numerous housing programs and loan products, and I further understand that the housing counseling I receive from the Agency in no way obligates me to choose any of these particular housing programs or loan products.

**Failure to sign the consent form may result in denial of program assistance or termination of counseling benefits.**

**CONSENT:** I/We hereby allow this Agency, its agents, employees or its affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to National Faith Homebuyers Counseling Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

**For Pre-Purchase Counseling Services only:**

I acknowledge the agency provided me with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

**Note:** If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related services, please contact 313-255-9500.

Printed Name	Signature	Date
Printed Name	Signature	Date
Counselor's Printed Name	Signature	Date



National Faith HomeBuyers, (hereafter referred as “NFH”) has requested and authorized by the undersigned grantor to review his/her, financial affairs, budgets, outstanding accounts, obligations and debt. The grantor authorizes NFH to obtain and disclose information, pertaining to the amount, nature and particulars relating to his/her obligation, income, financial status and other pertinent data. The grantor directs and authorizes NFH to examine the Credit Profile and to obtain a consumer credit report through a credit reporting agency chosen by NFH, and to make that information available to the grantor. I understand, and agree that NFH intends to use the consumer credit report for the purpose of evaluating my financial readiness to purchase a home.

The grantor agrees and understands that the information he/she is requesting is governed by the Fair Credit Reporting Act (15 USC 181 ET Seq.) as it may be amended from time to time. The information requested would be for Consumer Disclosure Purposes only; not for “credit granting purposes” and/or “credit repair”. Requesting or receiving credit profiles for other than legitimate purposes may, as a violation of the Fair Credit Reporting Act, create a civil cause of action in addition to the penalties under the Fair Credit Reporting Act which are currently a fine of not more than \$5,000 or imprisonment for not more than (1)year or both.

The grantor agrees to hold harmless NFH and any recipient of this directive from any and all suit, action, claim demand or litigation arising out of or because of any application presented herewith and any or all services, which may be provided.

My signature below authorizes the release to the credit reporting agency of financial information which I have supplied to NFH in connection with such evaluation. Authorization is further granted to the credit reporting agency to use as a Photostat reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

\_\_\_\_\_  
Client’s Name (PRINT)

\_\_\_\_\_  
Client’s Name (PRINT)

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





NATIONAL FAITH

# HOME BUYERS PROGRAM DISCLOSURE

**Purpose of Housing Counseling:** I understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers fix those problems that prevent affordable mortgage financing. The counselor will analyze my financial and credit situation, identify those barriers preventing me from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in management with the preparation of a monthly and manageable budget plan. I understand that it will not be the responsibility of the counselor to fix the problems for me, but rather provide guidance and education to empower me in fixing these issues preventing affordable mortgage financing.

**Eligibility Criteria:** I understand that National Faith Homebuyers provides housing counseling assistance to customers whose problem can be resolved in 24 months or less. I understand that if it is determined my issues will take longer than 23 months to fix, I will be referred to a long-term housing counseling program.

**Homeownership Education Classes:** I understand that as part of the housing counseling program, I will be required to participate in homeownership education.

**Customer’s Responsibility:** I understand that it is my responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

**Our Services Are:**

- Pre-Purchase One-on-One Counseling
- Fair Housing Pre-Purchase
- Predatory Lending Education
- Pre-Purchase Home Education
- Mortgage Delinquency and Default Resolution
- Resolving or Preventing Mortgage Delinquency
- Financial Management/Budgeting for Homeowners

\*No customer is obligated to receive any additional other services offered by National Faith Homebuyers or our partners.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Detroit: 615 Griswold St., Suite 506| Detroit, MI 48226  
Westland: 32150 Dorsey St., Suite 16, | Westland MI 48186  
Phone: 313.255.9500 | Fax: 313.255.9555



[www.nationalfaith.org](http://www.nationalfaith.org)



National Faith Homebuyers, a HOMEFREE sub-grantee for the Project Reinvest: Financial Capability Program, is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in 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, 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 National Faith 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 that we gather about you:**

- Information we receive from you orally, on applications 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 balance, payment history, parties to transactions and credit card usage; and
- 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 your creditors) that is, direct us not to make those disclosures
2. If you choose to “opt-out”, we will not be able to answer your questions from your creditors. If at any time you wish to change your decision with regard to your “opt-out”, you may call us 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 information that we collect, as described above, to your creditors 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 our organization, we restrict access to nonpublic personal 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 your nonpublic personal information.

I Agree

Signature \_\_\_\_\_

I Choose to Opt Out

Date \_\_\_\_\_

Detroit: 615 Griswold St., Suite 506 | Detroit, MI 48226  
Westland: 32150 Dorsey St., Suite 16, | Westland MI 48186  
Phone: 313.255.9500 | Fax: 313.255.9555







**Dear Prospective Homebuyer;**

Thank you for your interest in National Faith Homebuyers. National Faith is a nonprofit housing counseling agency dedicated to helping you achieve sustainable homeownership.

**National Faith Homebuyers offers the following services:**

**Homebuyer Education** – Pre-purchase education provides general information about the home buying process either in a group setting or within your home through the Internet. The information provided includes down-payment assistance, closing costs, home inspections, credit readiness and but not limited to financing options.

**Pre-Purchase Counseling** – assists with resolution of barriers of homeownership through one-on-one counseling. This includes and evaluation of financial status and readiness for homeownership.

**Fair Housing** – prohibits discrimination and the intimidation.

**Predatory Lending** – is any lending practice that imposes unfair or abusive loan terms on a borrower. It is also any practice that convinces a borrower to accept unfair terms through deceptive, coercive, exploitative or unscrupulous actions for a loan that a borrower doesn't need, doesn't want or can't afford.

**Post-Purchase Education & Counseling** – provides knowledge, names and contacts of experts in homeownership specialty fields that enable the customer to gain insight and understanding.

**Mortgage Delinquency and Default Resolution** – provides assistance for people who are unable to make their mortgage payments and at risk of losing their homes through foreclosure or who are already in the foreclosure process.

**Budgeting and Financial Management** – provides budgeting and financial management techniques.

If you are currently working with a Real Estate Professional, please provide us with their contact information, to enable us to maintain contact during your journey to homeownership.

If you do not have a relationship with a Realtor you can contact a Real Estate Professional you can contact one with the credentials and qualifications required to assist you in first time home buying programs and services available to you.

We look forward to working with you and supporting you in realizing your homeownership reality.

Respectfully,

*Keisha Sanders Hajdu*

CEO

Detroit: 615 Griswold St., Suite 506 | Detroit, MI 48226  
Westland: 32150 Dorsey St., Suite 16, | Westland MI 48186  
Phone: 313.255.9500 | Fax: 313.255.9555



[www.nationalfaith.org](http://www.nationalfaith.org)



Below is a list of items needed in evaluating your present financial and credit situation. Please bring in as many of these items as possible. If you cannot locate a specific item, let us know and we will try another way to locate the material. Please remember that when we evaluate your situation, we only have the information that is provided by you.

## ITEMS NEEDED

(Please bring only the items that relate to your situation)

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- The most recent two years of tax returns and your W2's
- Current pay stubs – they must show year to date earnings
- If currently receiving child support – a current Friend of the Court letter or pay stub showing amount of support currently receiving
- Disability Verification(s)
- List of debts – including name, address, account number(s), balances, and payment amounts
- Employers name, address, and phone number(s) for the last two years
- Most recent three months of bank statements, and copy of any passbook savings
- Letter explaining derogatory and/or negative credit
- Explanation of any gaps in employment
- Bankruptcy Discharge paperwork, and written explanation
- Credit report – if not more than 90 days old
- Other – information that you feel is relevant to your financial/credit situation

If you cannot locate the above needed items, please don't let that stop you from submitting your application. If you have any questions about the above items give us a call.

