



NATIONAL FAITH
HOME BUYERS

HOUSING EDUCATION PROGRAM
Household Profile

Section 1: Must be completed for all clients			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	
SINGLE RACE: <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	MULTI RACE: <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		HOUSEHOLD TYPE: <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"/> Master's Degree	<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Post Secondary Non-Degree Award <input type="checkbox"/> Some College, No Degree	<input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Less Than High School
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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	
SINGLE RACE: <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	MULTI RACE: <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		HOUSEHOLD TYPE: <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"/> Master's Degree	<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Post Secondary Non-Degree Award <input type="checkbox"/> Some College, No Degree	<input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Less Than High School
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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="checkbox"/> No. Years) <input type="checkbox"/> Co-Op	<input type="checkbox"/> Own <input type="checkbox"/> Rent (<input type="checkbox"/> 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 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



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)

- 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.





Make a Budget

Use this worksheet to see how much money you spend this month. Then, use this month's information to help you plan next month's budget.

Some bills are monthly and some come less often. If you have an expense that does not occur every month, put it in the "Other expenses this month" category.

MONTH _____ YEAR _____

My income this month

Income	Monthly total
Paychecks (salary after taxes, benefits, and check cashing fees)	\$
Other income (after taxes) for example: child support	\$
Total monthly income	\$

Income

My expenses this month

	Expenses	Monthly total
HOUSING	Rent or mortgage	\$
	Renter's insurance or homeowner's insurance	\$
	Utilities (like electricity and gas)	\$
	Internet, cable, and phones	\$
	Other housing expenses (like property taxes)	\$
FOOD	Groceries and household supplies	\$
	Meals out	\$
	Other food expenses	\$
TRANSPORTATION	Public transportation and taxis	\$
	Gas for car	\$
	Parking and tolls	\$
	Car maintenance (like oil changes)	\$
	Car insurance	\$
	Car loan	\$
	Other transportation expenses	\$



Make a Budget

	Expenses	Monthly total
HEALTH	Medicine	\$
	Health insurance	\$
	Other health expenses (like doctors' appointments and eyeglasses)	\$
PERSONAL AND FAMILY	Child care	\$
	Child support	\$
	Money given or sent to family	\$
	Clothing and shoes	\$
	Laundry	\$
	Donations	\$
	Entertainment (like movies and amusement parks)	\$
	Other personal or family expenses (like beauty care)	\$
FINANCE	Fees for cashier's checks and money transfers	\$
	Prepaid cards and phone cards	\$
	Bank or credit card fees	\$
	Other fees	\$
OTHER	School costs (like supplies, tuition, student loans)	\$
	Other payments (like credit cards and savings)	\$
	Other expenses this month	\$
Total monthly expenses		\$

Expenses

$$\begin{array}{c}
 \$ \quad \boxed{} \\
 \text{Income}
 \end{array}
 -
 \begin{array}{c}
 \$ \quad \boxed{} \\
 \text{Expenses}
 \end{array}
 =
 \begin{array}{c}
 \$ \quad \boxed{}
 \end{array}$$

Maybe your income is more than your expenses. You have money left to save or spend.

Maybe your expenses are more than your income. Look at your budget to find expenses to cut.



U.S. Department of Housing and Urban Development • Office of Healthy Homes and Lead Hazard Control

Lead



“Despite progress, lead poisoning remains one of the top childhood environmental health problems today.”

President’s Task Force on Environmental Health Risks and Safety Risks to Children

Did you know...

- Many homes built before 1978 have lead-based paint?
- 24 million homes in the United States have peeling or chipping lead-based paint or high levels of lead in dust?
- Infants, children under six, and pregnant women should have their blood tested for lead?
- In the United States, children from low-income families are eight times more likely to get lead poisoned?

What is it?

Lead is a toxic metal used in a variety of products and materials. When lead is absorbed into the body, it can cause damage to the brain and other vital organs, like the kidneys, nerves, and blood. Some symptoms of lead poisoning may include headaches, stomachaches, nausea, tiredness, and irritability. Lead can also harm children without causing any obvious symptoms.

Both inside and outside the home, deteriorated lead-paint releases its lead, which then mixes with household dust and soil. Children can become lead poisoned by putting their hands or other lead-contaminated objects into their mouths, by eating paint chips found in homes with peeling or flaking lead-based paint, and from playing in lead-contaminated soil.

continued on back



Lead

In homes built before 1978, treat peeling paint as a lead hazard unless proven otherwise.



What can you do?

1. If your home was built before 1978:

- Mop smooth floors (using a damp mop) weekly to control dust.
- Vacuum carpets and upholstery to remove dust, preferably using a vacuum with a HEPA filter or a “higher efficiency” collection bag.
- Take off shoes when entering the house.
- Pick up loose paint chips carefully with a paper towel; wipe the surface clean with a *wet* paper towel.
- Take precautions to avoid creating lead dust when remodeling, renovating, or maintaining your home.
- Have it checked for lead hazards by a lead professional (including the soil).

2. For your child:

- Frequently wash your child’s hands and toys to reduce exposure.
- Use cold tap water for drinking and cooking.
- Avoid using home remedies (such as *arzacón*, *greta*, *pay-loo-ah*, or *litargirio*) and cosmetics (such as *kohl* or *alkohl*) that contain lead.
- Have your child’s blood lead level tested at age 1 and 2. Children from 3 to 6 years of age should have their blood tested, if they have not been tested before and:
 - They live in or regularly visit a house built before 1950;
 - They live in or regularly visit a house built before 1978 with on-going or recent renovations or remodeling; or
 - They have a sibling or playmate who has or did have lead poisoning.

For more information...

Visit HUD’s website at www.hud.gov/offices/lead for more information about addressing health hazards in homes or to learn if HUD has a Healthy Homes program in your community. From HUD’s website, you can download a copy of “Help Yourself to A Healthy Home” for more practical steps you can take to make your home a lead-safe home.

Other Federal Resources

U.S. Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control
www.hud.gov/offices/lead or call (202) 755-1785

The National Lead Information Center
(800) 424-LEAD (5323)
www.epa.gov/lead/pubs/nlic.htm

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/nceh/lead

Environmental Protection Agency (EPA)
www.epa.gov/lead

U.S. Department of Labor, Occupational Safety & Health Administration
www.osha.gov/SLTC/lead

U.S. Consumer Product Safety Commission (CPSC)
www.cpsc.gov or call (800) 638-2772

Dust created by opening and closing windows is a common lead hazard.



Photo by: January E. Jones, Improving Kids’ Environment

CAUTION

U.S. Department of
Housing and Urban
Development
Federal Housing Administration (FHA)



OMB Approval No: 2502-0538 (exp. 04/30/2018)

For Your Protection: Get a Home Inspection

Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information about the overall condition of the home prior to purchase. In a home inspection, a qualified inspector takes an in-depth, unbiased look at your potential new home to:

Evaluate the physical condition: structure, construction, and mechanical systems; Identify items that need to be repaired or replaced; and Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

You Must Ask for a Home Inspection

A home inspection will only occur if you arrange for one. FHA does not perform a home inspection.

Decide early. You may be able to make your contract contingent on the results of the inspection.

Appraisals are Different from Home Inspections

An appraisal is different from a home inspection and does not replace a home inspection. Appraisals estimate the value of the property for lenders. An appraisal is required to ensure the property is marketable. Home inspections evaluate the condition of the home for buyers.

FHA Does Not Guarantee the Value or Condition of your Potential New Home

If you find problems with your new home after closing, FHA cannot give or lend you money for repairs, and FHA cannot buy the home back from you. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

Radon Gas Testing and other safety/health issues

The United States Environmental Protection Agency and the Surgeon General of the United States have recommended that all houses should be tested for radon. For more information on radon testing, call the toll-free National Radon Information Line at 1-800-SOS-Radon or 1-800-767-7236.

Ask your home inspector about additional health and safety tests that may be relevant for your home.

Be an Informed Buyer

It is your responsibility to be an informed buyer. You have the right to carefully examine your potential new home with a qualified home inspector. To find a qualified home inspector ask for references from friends, realtors, local licensing authorities and organizations that qualify and test home inspectors.



HUD-92564-CN (6/14)



CAUTION

CAUTION

CAUTION

Ten Important Questions to Ask Your Home Inspector

1. What does your inspection cover?

The inspector should ensure that their inspection and inspection report will meet all applicable requirements in your state if applicable and will comply with a well-recognized standard of practice and code of ethics. You should be able to request and see a copy of these items ahead of time and ask any questions you may have. If there are any areas you want to make sure are inspected, be sure to identify them upfront.

2. How long have you been practicing in the home inspection profession and how many inspections have you completed?

The inspector should be able to provide his or her history in the profession and perhaps even a few names as referrals. Newer inspectors can be very qualified, and many work with a partner or have access to more experienced inspectors to assist them in the inspection.

3. Are you specifically experienced in residential inspection?

Related experience in construction or engineering is helpful, but is no substitute for training and experience in the unique discipline of home inspection. If the inspection is for a commercial property, then this should be asked about as well.

4. Do you offer to do repairs or improvements based on the inspection?

Some inspector associations and state regulations allow the inspector to perform repair work on problems uncovered in the inspection. Other associations and regulations strictly forbid this as a conflict of interest.

5. How long will the inspection take?

The average on-site inspection time for a single inspector is two to three hours for a typical single-family house; anything significantly less may not be enough time to perform a thorough inspection. Additional inspectors may be brought in for very large properties and buildings.

6. How much will it cost?

Costs vary dramatically, depending on the region, size and age of the house, scope of services and other factors. A typical range might be \$300-\$500, but consider the value of the home inspection in terms of the investment being made. Cost does not necessarily reflect quality. HUD Does not regulate home inspection fees.

7. What type of inspection report do you provide and how long will it take to receive the report?

Ask to see samples and determine whether or not you can understand the inspector's reporting style and if the time parameters fulfill your needs. Most inspectors provide their full report within 24 hours of the inspection.

8. Will I be able to attend the inspection?

This is a valuable educational opportunity, and an inspector's refusal to allow this should raise a red flag. Never pass up this opportunity to see your prospective home through the eyes of an expert.

9. Do you maintain membership in a professional home inspector association?

There are many state and national associations for home inspectors. Request to see their membership ID, and perform whatever due diligence you deem appropriate.

10. Do you participate in continuing education programs to keep your expertise up to date?

One can never know it all, and the inspector's commitment to continuing education is a good measure of his or her professionalism and service to the consumer. This is especially important in cases where the home is much older or includes unique elements requiring additional or updated training.