



A HUD-approved housing non-profit agency

Dear Future Homeowner:

Thank you again for contacted Kingdom CDC of assistance with navigating the road to homeownership.

THINGS TO DO:

- Call to set up your first counseling appointment.
- Fill out the attached forms (Privacy Policy, Third Party Release, Credit Report Request), making sure they are complete, signed, and dated.
- Gather your most recent month's pay stubs for all borrowers, proof of additional income, your 2 most recent bank statements, and your most recent completed tax returns including your W2s/1099s and tax schedules

*Please bring the above listed items to your scheduled appointment.

BRING TO 1st APPOINTMENT:

- All paperwork listed in items above
- Application process fee of \$100.00 in the form of money order, cashier's check, or cash (fees may be waived based on grant funding).

WHAT TO EXPECT:

1. We will complete a budget analysis, credit report review, assess mortgage readiness, and prequalification.
2. Review down payment assistance options.
3. Register you for our 1st Time Homebuyer's Workshop (unless already attended).

Sincerely,

Housing Counseling Staff



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HCO # _____ Referral source: _____ Appointment Date: _____

PRE-PURCHASE INTAKE SHEET

Applicant Name: _____ Birthday: ____/____/____ SS: _____
Co-Applicant Name: _____ Birthday: ____/____/____ SS: _____
Mailing Address: _____ How long? _____
Contact Number: (1) _____ (2) _____
Email address: (1) _____ (2) _____
Highest Level of education completed: _____ Co-Applicant: _____

Ethnicity:

White
Black or African American
American Indian or Alaskan Native
Asian
Hispanic or Latino
Other

Applicant:

Co-Applicant

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Marital Status: Single Married Divorced Separated Widowed
Total # of Dependents: _____ Age(s) of Dependents: _____
Veteran Status: Active Retired Disabled Veteran Dependent of Veteran Not a Veteran

Employment & Source of Income:

(1) Employer: _____ Amount paid: _____ How often: _____
Occupation: _____ How long at current employment: _____
(2) Employer: _____ Amount paid: _____ How often: _____
Occupation: _____ How long at current employment: _____
Other Sources of Income: (Disability, Retirement, Food Stamps, Etc.) _____

Have you ever filed Chapter 7 or Chapter 13 Bankruptcy? Yes No

Present Housing Situation:

Current Rent Amount: _____ Any previous evictions / rental delinquencies? _____
Preference for loan type (FHA, VA, etc.): Yes No
Down Payment Assistance Needed: Yes Source: _____ No

Applicant Signature Date Co-Applicant Signature Date



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HCO # _____ Client Budget Analysis For _____

Mortgage:	\$ _____	Debt -	
2 nd Mortgage:	\$ _____	Credit Cards	\$ _____
Groceries:	\$ _____	Loans	\$ _____
Utilities -		Medical Expenses -	
Gas/Heat	\$ _____	Prescriptions	\$ _____
Electricity	\$ _____	Co-Pay	\$ _____
Water/Sewer	\$ _____	Medical Bills	\$ _____
Trash Pickup		Miscellaneous -	
Alarm Service	\$ _____	Clothing	\$ _____
Communication -		Tobacco	\$ _____
Telephone	\$ _____	Work Lunch	\$ _____
Cellphone	\$ _____	Eating Out	\$ _____
Internet	\$ _____	Professional Dues	\$ _____
Automobile -		Grooming	\$ _____
Car Payment	\$ _____	Contributions	\$ _____
Car Payment	\$ _____	Allowances	\$ _____
Car Insurance	\$ _____	Cleaning Supplies	\$ _____
Fuel/Parking	\$ _____	Hobbies	\$ _____
Maintenance	\$ _____	Lessons	\$ _____
Taxes -		Recreation	\$ _____
Real Property	\$ _____	Cable TV	\$ _____
Personal Property	\$ _____	Pet Care	\$ _____
Insurance -		Child Care	\$ _____
Health/Dental	\$ _____	Other -	
Life	\$ _____	_____	\$ _____
Homeowners	\$ _____	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____



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HCO# _____

Counseling Services and Disclosure Statement

I/We understand that it is my/our right and responsibility to decide whether to engage in any course of housing counseling with kingdom Community Development Corporation and to determine if counseling is suitable for my housing concerns.

I/We understand that I am not obligated to receive, purchase or utilize any other services offered by Kingdom Community Development Corporation, or its exclusive partners, in order to receive housing counseling.

I/We understand that Kingdom Community Development Corporation has the discretion to charge reasonable fees for counseling services, and that fees will be addressed prior to any counseling appointments. I further understand that no fee will be charged if it creates a financial hardship, nor will I be denied counseling if I cannot pay the fee.

I/We understand that Kingdom Community Development Corporation provides information on a broad range of housing programs and products and that the housing counseling received from Kingdom Community Development Corporation in no way obligates me to choose any particular loan product or housing program discussed in my counseling session.

I/We understand that Kingdom Community Development Corporation does not guarantee that I will receive mortgage financing from any lender and/or other mortgage financing entity.

I/We understand that the counselor may answer questions and provide information but must refrain from giving legal advice.

I/We have read and understood the Kingdom Community Development Corporation counseling disclosure statement.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Telephone Counseling: Disclosure read to client? Yes No



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HCO# _____

This agreement certifies that _____
Applicant Name(s)

and Kingdom Community Development Corporation (Housing Counseling Organization) pledge cooperation and mutual assistance in the process of attaining housing goals as determined by the applicant.

The applicant recognizes the need for housing counseling and pledge full cooperation with the counselor. The applicant will provide to the counselor any and all information that is required relating to the pre-qualification for a mortgage loan or other housing-related goal. The applicant recognizes that it may become necessary to obtain information from outside sources, including but not limited to credit reports, employment and residential verification, and other financial information. The applicant therefore authorizes the counselor to obtain additional information from outside sources when necessary to fulfill the obligations of this agreement. The applicant acknowledges that participation in this counseling program does not guarantee loan approval, eligibility for housing or housing assistance programs.

The counselor pledges to preserve strict confidentiality concerning the applicant and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no action without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interest of the applicant.

The applicant understands that he/she is under no obligation to purchase from the supporting Housing Counseling Organization. The counselor acknowledges having no influence over the applicant's decision to reside at any one place.

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Counselor

Date



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HCO# _____

Privacy Notice

Kingdom Community Development is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your personal financial information, such as your total debt information, income, living expenses, and personal information concerning your financial circumstances will be provided to creditors and possible others with your specific authorization.

We may also use aggregated case file information for the purpose of evaluating services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregated data in all circumstances.

In all other situations, your information may be released to appropriate individuals or agencies ONLY UPON WRITTEN REQUEST or when our staff has been serviced by a valid subpoena.

The following PRIVACY PRACTICES details circumstances under which we will release your information to a third party:

1. We do not disclose any nonpublic personal information about the client or former clients to anyone, except permitted by law.
2. We may compile data and aggregate information that you give us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors, or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
4. We may disclose all of the information that we collect as described below to creditors and related financial institutions who need this information in order to put you on a debt solver program (DSP).
5. 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, electronics, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
6. We collect nonpublic personal information about you from the following source:
 - a. Information we received from you, our application, or other forms that may be provided
 - b. Information about your transactions with us, your creditors, or others, and
 - c. Information we receive from a credit reporting agency.
7. We may disclose the following kinds of nonpublic information about you:
 - a. Information we receive from you on applications or other forms, such as your name, address, social security number, assets and income
 - b. Information about your transactions with us, your creditors, and others such as your account balance, payment history, parties to transactions and credit card usage; and
 - c. Information we receive from your credit reporting agency, such as your credit history.

RELEASE: I hereby authorize Kingdom Community Development Corporation to release all nonpublic information it obtains about me to (1) my creditors and (2) any third parties necessary to resolve the matter(s) discussed during my counseling session.

I further RELEASE and authorize all of my creditors to provide nonpublic information about me to this Housing Counseling Agency.

Consumer: _____

Date: _____

Consumer: _____

Date: _____



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HCO# _____

Authorization to Release Information

I/We, _____, authorize the release of any personal and financial information requested by Kingdom Community Development Corporation employees **Amy Kemp, Hillary Champaign, Tiffany Johnson, Krystal Eans or other delegated staffer including:** _____

- Employment and Income Records
- Checking, Savings, and/or Other Deposit Account Records Social Services, VA, and Other Benefit Payment Verifications
- Courthouse and Other Public Records (titles, liens, taxes, fixed assets verifications, etc.)
- Creditor and/or Collection Account Information
- Mortgage Account Information AND/OR documents, Foreclosure Information, and/or Rental history

This authorization should be extended to any employee of Kingdom CDC identifying themselves with the company information listed below AND with the required personal information to identify me.

Upon receipt, you are authorized to speak with Kingdom CDC employees by phone and to provide information both verbally and in writing as requested. This authorization should be considered ongoing and enforced indefinitely from the date of signature.

_____ Signature	_____ Social Security Number	_____ Date
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_____ Signature	_____ Social Security Number	_____ Date
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Property Address

City, State, Zip

Primary Contact Phone Numbers

Loan Number

Date Signed

