



Dear Home Buyer,

Thank you for choosing Southeast CDC for Housing Counseling. We hope to help you make one of the most important purchases of your life.

Southeast Community Development Corporation is providing homebuyer education for your benefit, and in this capacity our primary responsibility is to you. While you may learn about homeownership, rental or development opportunities from the housing counseling staff, you are under no obligation to purchase any properties or services as a condition of receiving service from Southeast Community Development Corporation. Housing Counselors will offer objective advice, if requested, about loan products for which your household may be eligible. Your household is free to select lenders and lending products of your own choosing. Furthermore, the information provided on this form does not constitute an application for mortgage financing, mortgage insurance or for down payment assistance programs.

We cannot issue certificates to clients who do not provide all required documents and complete application.

If you wish to make a complaint about this agency, you must mail a signed and dated letter to the attention of the Executive Director. Prior to addressing or responding, Southeast CDC may be present this complaint to the Board of Directors for review.

Southeast CDC is a non-profit agency and tax exempt 501(c)3 IRS code.

Please consider making a tax deductible donation to Southeast CDC. All donations are voluntary.

FEE SCHEDULE

- Southeast CDC charges \$15 credit report fee for individuals and \$30 for joint.
Payment method accepted: Cash, Check or PayPal.
- As of July 1, 2015, Southeast CDC will charge \$100 for one-on-one home buying counseling for households with income greater than \$100,000.
Payment method accepted: Check or PayPal.
- Southeast CDC charges \$99 for the E-Home online homebuyer education.
Payment method accepted: Major Credit Cards

Note: Payment is due at time of service.

OFFICE USE

Workshop Date: Workshop Location: Agency: Notes:	Payment Received: (Circle One) Cash/Check/PayPal/Other: _____ Amount: \$ _____ Received By: _____ <div style="text-align: center;">(Staff Initials)</div>	For: (Circle Service(s) Provided) Counseling Service: \$100 Credit Report: \$15 /\$30
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AUTHORIZATION

I authorize the Southeast CDC to *(please initial on line next to statement, if applicable, put N/A if not applicable)*:

_____ Review my/our credit file for informational inquiry purposes; and

_____ Obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I/we purchase a home from the lender who made me/us a loan and/or the title company that closed the loan.

HOLD HARMLESS AGREEMENT

I shall not hold Southeast CDC or any of its directors, officers, employees, agents, or affiliates liable in connection with any activities undertaken or advice given by or on behalf of Southeast CDC, whether or not it is offered at my request. I assume all risk of such activities and advice and their results and consequences thereof.

I further agree to indemnify and hold harmless Southeast CDC and its directors, officers, employees, and all others associated with it, in connection with any and all acts or omissions for any reason whatsoever, including but not limited to, negligence, with respect to consultation, technical advice, financial consulting, loan processing, property inspection and any and all other activities and advice.

SOUTHEAST CDC PRIVACY POLICY

SOUTHEAST COMMUNITY DEVELOPMENT CORPORATION is committed to assuring the privacy of the 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 "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 signatures. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Applicant Signature

Date:_____

Co-Applicant Signature

Date:_____



HOMEBUYER INTAKE FORM

APPLICANT *(Please Print Clearly)*

First Name	M	Last Name
Address	Unit #	City State Zip
Home Number: () -		Work Number: () -
Mobile/Cell: () -		Fax: () -
Email:		Gender:
Last 4 Digits of SSN:		Birth Date : ____/____/____

Do you live in a rural area? (please circle): Yes No

Race (please circle):

- | | |
|--|---|
| <ul style="list-style-type: none"> • White • American Indian/Alaskan Native • Native Hawaiian/Other Pacific Islander • Asian and White • American Indian/Alaskan Native and Black | <ul style="list-style-type: none"> • Black or African American • Asian • American Indian/Alaskan Native and White • Black/African American and White • Other : _____ |
|--|---|

Ethnicity (please select "yes" or "no" for Hispanic Origin).

Hispanic?	Yes	No
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Where were you born? _____
(Name of Country)

Parentage: (please circle one):

- You are U.S. born and 1 or both of your parents are foreign born
- You are U.S. born but 1 or both grandparents foreign born
- You are foreign born
- You, your parents and grandparents are all U.S. born

Handicapped/Disabled? (please circle): Yes No

Handicapped/Disabled Child? (please circle): Yes No

Are you a United State Veteran? (please circle): Yes No

Are you Active Military? (please circle): Yes No

Household Type (please circle the most accurate)?

- Female headed single parent household
- Single adult
- Married with children
- Other
- Male headed single parent household
- Two or more unrelated adults
- Married without children
- Widow

Family/Household Size: _____

Annual Income: _____

How many dependents (other than those listed by any co-borrower)? _____

Are you Proficient in English? (please circle): Yes No

Education (please circle one):

- Below High School Diploma
- H.S. Diploma or Equivalent
- Two-Year College
- Bachelors Degree
- Masters Degree
- Above Masters Degree

Referred to by (please circle all that apply):

Newspaper Friend Internet/Website Staff/Board member Print Advertisement
Government Walk-In Realtor: *which one?* Bank: *which one?*

Current Housing Arrangement (please circle one)

Rent Homeowner with Mortgage Paid Off Homeless
Homeowner with Mortgage Living with Family and no rent Other: _____

Are you a First Time Buyer (you do not currently own a home not owned a home in the past three (3) years?)
(please circle one) Yes No

**Lender Information**

Name	Address	Phone Number () -
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Realtor Information

Name	Address	Phone Number () -
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If not employed, please list all sources of income, amount, & frequency

Source	Amount (USD\$)	Frequency
	\$	
	\$	
	\$	
	\$	
	\$	

Please circle: Part-Time or Full Time		Hire Date:	
Primary Employer:		Title/Position:	
Employer's Address:			
Street	City	State	Zip Code
Employers Phone: () -			
Gross Income (before taxes): \$ (hourly – weekly – bi-weekly)			

Please circle: Part-Time or Full Time		Length of Employment:	
Previous Employer:		Title/ Position:	
Employer's Address:			
Street	City	State	Zip Code
Employers Phone: (____) ____ - ____			
Gross Income (before taxes): \$_____ (hourly – weekly – bi-weekly)			

Continue listing previous employers on a separate sheet of paper.

LIABILITIES/DEBT

This will be done during budget creation

BANKRUPTCY

Are you currently in Chapter 13 bankruptcy?

Circle One: NO YES

If yes, when did it begin? _____

If yes, when will it be paid out? _____

If yes, how much is the payment? _____

Have you had a Chapter 7 bankruptcy?

Circle One: NO YES

If yes, when was it discharged? _____

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please list the approximate value of the following:

	APPLICANT	CO-APPLICANT
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)?

Circle One: NO YES If yes, how much? \$_____

**CO-APPLICANT (Please Print Clearly)**

First Name	M	Last Name
Address	Unit #	City State Zip
Home Number: () -		Work Number: () -
Mobile/Cell: () -		Fax: () -
Email:	Gender:	
Last 4 Digits of SSN:	Birth Date : ____/____/____	

CO-APPLICANT INFORMATION

Race (please circle):

- White
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Asian and White
- American Indian/Alaskan Native and Black
- Black or African American
- Asian
- American Indian/Alaskan Native and White
- Black/African American and White
- Other : _____

Ethnicity (please select "yes" or "no" for Hispanic Origin).

Hispanic?: Yes No

Where were you born? _____
(Name of Country)

Parentage: (please circle one):

- You are U.S. born and 1 or both of your parents are foreign born
- You are U.S. born but 1 or both grandparents foreign born
- You are foreign born
- You, your parents and grandparents are all U.S. born

Relationship to Applicant (please circle):

- Spouse
- Boyfriend
- Daughter
- Girlfriend
- Son
- Father
- Sister
- Mother
- Brother
- Other:

Education (please circle one):

- Below High School Diploma
- Bachelors Degree
- H.S. Diploma or Equivalent
- Masters Degree
- Two-Year College
- Above Masters Degree

CO-APPLICANT EMPLOYMENT — Last 2 Years

If not employed, please list all sources of income, amount, & frequency

Source	Amount (USD\$)	Frequency
	\$	
	\$	
	\$	
	\$	
	\$	

Please circle: Part-Time or Full Time		Hire Date:	
Primary Employer:		Title/Position:	
Employer's Address:			
Street	City	State	Zip Code
Employers Phone: (____) ____-____			
Gross Income (before taxes): \$ _____ (hourly – weekly – bi-weekly)			

Please circle: Part-Time or Full Time		Length of Employment:	
Previous Employer:		Title/Position:	
Employer's Address:			
Street	City	State	Zip Code
Employers Phone: (____) ____-____			
Gross Income (before taxes): \$ _____ (hourly – weekly – bi-weekly)			

Continue listing previous employers on a separate sheet of paper.



GENERAL POLICIES

By signing below, I understand the following

Southeast Community Development Corporation (Southeast CDC) engages in the purchase, rehabilitation and sale of properties. As a client of their Homebuyer Education, Mortgage Default Intervention, Post Purchase, Reverse Mortgage Counseling Programs, I am/we are under no obligation to purchase or rent from, or to sell our property to Southeast CDC.

Southeast CDC partners with Lenders, Real Estate Agents, Home Inspectors, Mortgage Lenders, and Home Appraisers who by invitation from Southeast CDC participate in Southeast CDC home buying workshops. As a client of the Southeast CDC, you are under no obligation to receive, purchase or utilize any services offered by the organization or its exclusive partners in order to receive housing counseling services from Southeast CDC.

SOUTHEAST CDC ROLES & RESPONSIBILITIES

A Southeast CDC Housing Counselor will use his/her best judgment based on experience and training and make certain recommendations to you. Please keep in mind that only you can decide whether to accept a Counselor's advice or to seek an alternative course of action.

Your Role is:

- To promptly provide documents requested to your housing counselor;
- Provide truthful, accurate information

Southeast CDC Housing Counselor's Role is:

- To educate people about the home buying process
- To discuss your options and answer your questions;
- To provide information to you about prioritizing debts & spending;

Southeast CDC Housing Counselor cannot:

- Guarantee any results, incentives, or loan products.
- Choose a home for you
- Choose a bank, title company or other service provider for you
- Require your loan servicer or loan servicer's attorney to change the terms of your loan or take any other requested action; and
- Give legal or tax advice.

Signature _____ Date _____

Co App Signature _____ Date _____

COUNSELOR Signature _____ Date _____

