

WHO REFERRED YOU (OPTIONAL): _____

E-MAIL: _____

Participant's Information

LEGAL LAST NAME: _____ FIRST NAME: _____

SOCIAL SECURITY NUMBER: _____ OFFICE USE ONLY DATE OF BIRTH: _____ AGE: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

LIVE IN RURAL AREA? Yes No PHONE: (Home/Cell) _____ (Work) _____

GENDER: M F MARRIED: Yes No SINGLE HEAD OF HOUSE: Yes No HANDICAPPED: Yes No

ADULTS IN HOME: _____ # CHILDREN IN HOME: _____ VETERAN: Yes No ACTIVE MILITARY: Yes No

ENGLISH PROFICIENT: Yes No IMMIGRANT/REFUGEE: Yes No COUNTRY OF BIRTH: _____

 RACE/ETHNICITY (Check all that apply): African American American Indian / Alaskan Native Asian Caucasian
 Hispanic Native Hawaiian or Pacific Islander Other

 EDUCATION: Graduate School College Junior College Vocational School
 High School / GED Junior High Primary School None

Co-Participant's Information

LEGAL LAST NAME: _____ FIRST NAME: _____

SOCIAL SECURITY NUMBER: _____ OFFICE USE ONLY DATE OF BIRTH: _____ AGE: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (Home/Cell) _____ (Work) _____

GENDER: M F MARRIED: Yes No SINGLE HEAD OF HOUSE: Yes No HANDICAPPED: Yes No

ADULTS IN HOME: _____ # CHILDREN IN HOME: _____ VETERAN: Yes No ACTIVE MILITARY: Yes No

 RACE/ETHNICITY (Check all that apply): African American American Indian / Alaskan Native Asian Caucasian
 Hispanic Native Hawaiian or Pacific Islander Other

Property Information

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Is this your primary residence? Yes No

Is this a rental property? Yes No

 What type of property is it? Single Family Townhouse/Condo Multiplex (2-4 units)
 Manufactured/Mobile: Owns Land Does not own land Co-op


Employment & Income Information

Please list current employment for all persons in your household who are employed.

If you work more than one job, list them all. For budgetary purposes it is very important to understand the difference between every other week and bi-monthly pay. If you are unclear of the difference please consult with your counselor.

Employer Name (e.g., Target)	Employee Title (e.g., Sales Clerk)	Start Date (MM/YYYY)	Who's Job?	Hours Per Week	Gross Income (Before Taxes)
					\$ _____ (check one) Weekly, Every Other Week, Twice a Month, Monthly)
					\$ _____ (check one) Weekly, Every Other Week, Twice a Month, Monthly)
					\$ _____ (check one) Weekly, Every Other Week, Twice a Month, Monthly)
					\$ _____ (check one) Weekly, Every Other Week, Twice a Month, Monthly)

Does anyone in your house receive any of the following? Check a box for each.

Type	Yes	No	Who Receives It?	How Much?
Child Support or Alimony (circle one)				\$ _____ per _____
Social Security				\$ _____ per _____
Unemployment				\$ _____ per _____
Worker's Compensation				\$ _____ per _____
Veteran's Benefits				\$ _____ per _____
Disability				\$ _____ per _____
Housing Assistance Voucher				\$ _____ per _____
TANF or Food Stamps (check one)				\$ _____ per _____



Did you have pre-purchase counseling when you bought your home? Yes No

If yes, who provided the counseling? Realtor Lender Non-Profit Organization Other

Did anyone contact you offering assistance to modify your mortgage, either directly by telephone, or by other means such as by mail or a flyer? Yes No

Were you granted a loan modification or asked to do any of the following?

- | | | |
|----------------------------------|---------------------------|----------------------------|
| Pay a fee | Sign a contract | Redirect mortgage payments |
| Sign over title to your property | Stop making loan payments | None of the above |

Lender Information - First Mortgage (Please fill in as much as possible)

LENDING INSTITUTION: _____

CONTACT PERSON: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ FAX: _____

LOAN NUMBER: _____

TYPE OF MORTGAGE:	FHA	Conventional	VA	Other		
INTEREST RATE TYPE:	Fixed	Adjustable	Balloon	2/1 Buy Down		
TERMS OF MORTGAGE:	10 years	15 years	20 years	30 years		
CURRENT INTEREST RATE:	_____ %	LOAN BALANCE: \$ _____	PAST DUE AMOUNT: \$ _____			
HOW LATE ARE YOU?	Current	30 Days	60 Days	90 Days	120 Days	
IN FORECLOSURE?	Date you received foreclosure summons? _____		Did you respond? Yes No			
Is a Sheriff's Sale scheduled?	Yes	No	If so, what is the sale date? _____			
Date you made last payment?	_____	Monthly payment amount?	\$ _____			
Does your mortgage payments include :	Taxes	Yes	No	and/or Insurance	Yes	No
If no, monthly tax payments:	\$ _____	Monthly insurance amount:	\$ _____			
Date you purchase your home?	_____	Have you refinanced this mortgage?	Yes No			
		If yes, date of refinance?	_____			

Please mark the **primary reason** for the delinquency on your home:

- | | | |
|-------------------------------------|------------------|-------------------------|
| Unemployment | Reduced income | Divorce, Abuse |
| Illness | Death | Excessive use of credit |
| Loan service problem | Medical expenses | Home repair expenses |
| Unexpected expenses: Please explain | | |



LOAN NUMBER: _____

Authorization is hereby granted to Homeport to release any applicable information to realtors, lenders, or other agencies or entities necessary for the purpose of assisting in my effort to purchase a home. Authorization is further granted to the realtors, lenders, and other agencies or entities to release all applicable information to Homeport or its representative.

Realtors (Please specify)

Lenders (Please specify)

Other Agencies / Entities (Please specify)

Credit Repositories (Please specify)

I / We understand that Homeport is hereby authorized to release and receive information pertaining to my case.

Participant

NAME (PRINT): _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

SOCIAL SECURITY NUMBER: _____ OFFICE USE ONLY

SIGNATURE: _____

DATE: _____

Co-Participant

NAME (PRINT): _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

SOCIAL SECURITY NUMBER: _____ OFFICE USE ONLY

SIGNATURE: _____

DATE: _____



Homeport 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, and we assure you that all information shared both orally and in writing will be managed within legal and ethical considerations.

What information does Homeport collect?

In the course of providing our programs and services to you, we collect information about your personal financial circumstances, called your “nonpublic personal information.” This information can take any of the following forms:

- 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.
- Information we receive from a credit reporting agency, such as your credit history.

How does Homeport protect my information?

Homeport restricts access to your personal information to staff that need to know that information to provide products and services to you. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. File level password protection and user authentication and detection software (Windows Server 2003) is enabled to protect your information. Electronic data file storage is in a locked centralized location (server room) and a Cisco ASA 5505 adaptive security device has been deployed for network intrusion protection.

How will my information be used by Homeport?

Your “nonpublic personal information” will be released to the following individuals or agencies **ONLY UPON YOUR WRITTEN AUTHORIZATION**:

- Financial service providers, such as companies engaged in providing home mortgage loans.
- Project partners for purposes of program review or monitoring, auditing and oversight purposes only.

Homeport receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program, and as such is required to share some of your personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance, and evaluation.

Homeport receives funds through the Neighborworks America organization, and as such is required to share some of your personal information with this organization for purposes of monitoring, compliance and evaluation.

- U.S. Department of Housing and Urban Development (HUD): Homeport is a HUD-certified housing counseling agency and as such is required to share some of your personal information with HUD. HUD follows strict rules to protect your confidentiality. You will not be named in any reports. Although your information may be looked at individually by HUD, or contractors hired by HUD to collect and analyze data, your name will not be associated with any analysis of the data. Only results from groups of people will be reported.
- Other individuals or agencies, but only when our staff is permitted by law, such as when we are served with a valid subpoena.

We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information, reporting to various agencies and/or designing future programs.



What if I don't want Homeport to disclose my nonpublic personal information?

You may "opt-out" of certain disclosures:

- You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law) - that is, direct us not to make those disclosures.
- If you choose to "opt-out," we will not be able to answer questions from your creditors.
- If you choose to "opt-out," you may change your decision at any time by calling (614) 221-8889.

RELEASE: I hereby authorize Homeport to release nonpublic personal information it obtains about me to (1) my creditors and (2) any third parties necessary to provide me with the services I have requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Participant

SIGNATURE: _____

NAME (PRINT): _____

DATE: _____

Co-Participant

SIGNATURE: _____

NAME (PRINT): _____

DATE: _____

OPT-OUT: I request that Homeport make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. I understand that by choosing this option Homeport will not be able to answer questions from my creditors. I understand that I may change my decision at any time by calling (614) 221-8889.

Participant

SIGNATURE: _____

NAME (PRINT): _____

DATE: _____

Co-Participant

SIGNATURE: _____

NAME (PRINT): _____

DATE: _____



NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: The mission of Homeport is to create a cornerstone of dignity, security and opportunity through quality affordable homes and strong communities. Homeport is a nonprofit, HUD-approved housing counseling agency. We provide free housing counseling and education services, including Mortgage Delinquency & Default Resolution Counseling, Pre-purchase Counseling, Rental Housing Counseling, as well as Financial, Budgeting, & Credit Repair and Pre-purchase Homebuyer Education Workshops. 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. (other than disclosures made to project partners and those permitted by law) - that is, direct us not to make those disclosures.**

Client and Counselor Roles and Responsibilities:

Counselor’s Roles & Responsibilities	Client’s Roles & Responsibilities
<ul style="list-style-type: none"> • Reviewing your housing goal and your finances • 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. • Your counselor is not responsible for achieving your housing goals but will provide guidance and education in support of your goal. • Neither your counselor nor agency employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> • 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 your counselor when changing a housing goal. • Attending educational workshops as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Termination of Services: Failure to work cooperatively with housing counselor and/or Homeport will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.
INITIALS: _____ / _____

Agency Conduct: No Homeport employee, 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.

Agency Relationship: Homeport has financial affiliation with HUD, NeighborWorks America, Project Reinvest, local and state government agencies and local lenders. As a housing counseling program participant, you are not obligated to use the products and services of Homeport or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: In the interest of full disclosure, Homeport also provides affordable housing opportunities through homes for sale and rental opportunities. As a housing counseling client, you are not obligated to participate in any of these services. You are entitled to choose whatever services and/or products best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines regional services available to meet a variety of needs, including utility assistance, food banks, and legal aid assistance, among others. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Homeport.

Privacy Policy: I/we acknowledge that I/we received a copy of Homeport’s Privacy Policy.
 INITIALS _____ / _____

Home Inspection: I/we acknowledge that I/we received a copy of ‘For Your Protection: Get a Home Inspection’ and ‘10 Important Questions to Ask Your Home Inspector’.
 INITIALS _____ / _____

Errors and Omissions and Disclaimer of Liability: I/we agree that Homeport, its employees, agents, and directors are not liable for any claims and causes of actions arising from errors or omissions by such parties, or related to my participation in Homeport counseling; and I hereby release and waive all claims of action against Homeport and its affiliates. I have read this document and I understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law. Please note that representatives of Homeport do not provide tax or legal advice and that you should consult your tax advisor or attorney for such guidance.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Homeport or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Homeport grantors such as HUD. By signing this Disclosure Statement, I give Homeport authorization to share my information with HUD and other third parties, as applicable.

I/we acknowledge that I/we received, reviewed, and agree to Homeport’s Program Disclosures.

Name 1 Signature	Date	Name 2 Signature	Date
Counselor Signature		Date	

If acceptance of Program Disclosure Form is taken by phone:

Counselor’s signature above acknowledges that this Program Disclosure Form was read to client and client has verbally agreed to Homeport’s Program Disclosures. A hard copy of the disclosure was sent to the client on _____