



HOMEOWNERSHIP DIVISION
MSHDA's Homeownership Counseling Program

Household Profile

Section I – <u>Must</u> be completed for all clients				Date:	
Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address (<u>do not</u> use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		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:		Have you been a homeowner within the last three years?		
	<input type="checkbox"/> Own <input type="checkbox"/> Rent		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family				
Job Duration:	Farm Worker:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No
For statistical purposes, circle or check appropriate answer as it applies to Client:					
Ethnicity (You must select one):			Hispanic <input type="checkbox"/>	Non-Hispanic <input type="checkbox"/>	Choose not to respond <input type="checkbox"/>
			Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Single Race:		Multi-Race:		Household Type:	
1. American Indian/Alaskan Native		7. American Indian/Alaskan Native <u>and</u> White		1. Single adult	
2. Asian		8. Asian <u>and</u> White		2. Female-headed single parent	
3. Black/African American		9. Black/African American <u>and</u> White		3. Male-headed single parent	
4. Native Hawaiian/Pacific Islander		10. American Indian/Alaska Native <u>and</u> Black/African American		4. Married without children	
5. White		11. Other Multiple Race		5. Married with children	
6. Choose Not to Respond				6. Two or more unrelated adults	
				7. Other	
For statistical purposes, please indicate clients highest level of education:					
<input type="checkbox"/> Doctoral or Professional Degree		<input type="checkbox"/> Associate's Degree		<input type="checkbox"/> High School Diploma or Equivalent	
<input type="checkbox"/> Master's Degree		<input type="checkbox"/> Postsecondary Non-Degree Award		<input type="checkbox"/> Less than High school	
<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Some College, No Degree			

Co-Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address (<u>do not</u> use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		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:		Have you been a homeowner within the last three years?		
	<input type="checkbox"/> Own <input type="checkbox"/> Rent		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family				
Job Duration:	Farm Worker:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No
For statistical purposes, please circle or check appropriate answer as it applies to Client:					
Ethnicity (You must select one):			Hispanic <input type="checkbox"/>	Non-Hispanic <input type="checkbox"/>	Choose not to respond <input type="checkbox"/>
			Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Single Race:		Multi-Race:		Household Type:	
12. American Indian/Alaskan Native		18. American Indian/Alaskan Native <u>and</u> White		8. Single adult	
13. Asian		19. Asian <u>and</u> White		9. Female-headed single parent	
14. Black/African American		20. Black/African American <u>and</u> White		10. Male-headed single parent	
15. Native Hawaiian/Pacific Islander		21. American Indian/Alaska Native <u>and</u> Black/African American		11. Married without children	
16. White		22. Other Multiple Race		12. Married with children	
17. Choose Not to Respond				13. Two or more unrelated adults	
				14. Other	
For statistical purposes, please indicate clients highest level of education:					
<input type="checkbox"/> Doctoral or Professional Degree		<input type="checkbox"/> Associate's Degree		<input type="checkbox"/> High School Diploma or Equivalent	
<input type="checkbox"/> Master's Degree		<input type="checkbox"/> Postsecondary Non-Degree Award		<input type="checkbox"/> Less than High school	
<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Some College, No Degree			

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, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient. List **All** sources of revolving credit and installment loan debt. **Debt sources:** Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

Name	Date of Birth	High School Student	Gross Annual Income	Primary Source of Income	Relationship to Client
		<input type="checkbox"/>			Client
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Total Household Income: (Excluding minor children's) \$

Total Household Debt: \$

Section II – Complete this section for Foreclosure or National Foreclosure Mitigation Counseling; otherwise leave blank and go to Section III:

Name of Originating Lender (if available):		Original Loan Number (if available):	
Name of Current Servicer:		Loan number assigned by Current Servicer:	
When did you purchase your home?		Does your name appear on the deed and mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Monthly Payment (PITI) at intake:		What is your current interest rate?	
If type of loan at intake is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does client have a second loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Score at Intake: _____		Current status of Loan:	
Source: TransUnion <input type="checkbox"/> EquiFax <input type="checkbox"/> Experian <input type="checkbox"/> Tri-merge <input type="checkbox"/>		<input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late	
Total amount delinquent on Mortgage? \$	Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	
Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the date of the Sherriff's Sale?		Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently working with an attorney regarding the delinquency of your mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide attorney information?			
Have you been a victim of Housing Discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been a victim of Predatory Lending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Select type of first loan product:			
<input type="checkbox"/> Hybrid ARM <input type="checkbox"/> Option ARM <input type="checkbox"/> Interest only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FHA or VA fixed rate loan		<input type="checkbox"/> FHA or VA ARM <input type="checkbox"/> Privately held <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
		NFMC Foreclosure Mitigation Counseling <input type="checkbox"/> Reporting on First loan <input type="checkbox"/> Reporting on Second loan	
NFMC Foreclosure Mitigation Counseling – must select type of first loan product below: <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months <input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months. <input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months <input type="checkbox"/> Client did not disclose		Select primary reason for default: <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Medical issues <input type="checkbox"/> Increase in Expense <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death of Family member <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Increase in loan payment <input type="checkbox"/> Other	

Please provide the following information for the mortgage servicer or land contract holder that you make your payments to:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Please describe the circumstance(s) that occurred which resulted in the mortgage or land contract payments getting behind?			
What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?		Do you feel that you have recovered from the situation listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section III – Must be completed for ALL Counseling Services		
How did client hear about MSHDA's Homeownership Counseling Programs:		
<input type="checkbox"/> Referral from MSHDA	<input type="checkbox"/> Referral from a Real Estate Professional	<input type="checkbox"/> Referral from Habitat
<input type="checkbox"/> Referral from Department of Human Services	<input type="checkbox"/> Referral from a 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"/> Other:
If client is looking to purchase a home, list the county they intend to reside in:		

I hereby certify that the information given above is accurate and complete. I understand that if information I provided 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

Section IV – To be completed by Homeownership Counselor for MSHDA Homeownership Counseling Program(s) eligibility.		
Verified Family Income:	Family Maximum Income Limit:	
\$ _____	\$ _____	
Family is Eligible for Pre-Purchase Counseling:	Family is Eligible for Post-Purchase Counseling:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Name:	Agency Phone Number:	
Housing Services Mid Michigan	517-541-1180	
Counselor Name:	Counselor Signature Verifying Information:	Date:
Christie Harry		

**MSHDA's Homeownership Division
Counseling Agreement and Release of Information**

Select Service Type:

- Homeownership Counseling
- Foreclosure Counseling
- NFMC Foreclosure Counseling

MSHDA Approved Counseling Agency: Housing Services Mid Michigan		Loan Number:
Address for Foreclosure Counseling: 319 S. Cochran	City: Charlotte	Zip: 48813

In signing this agreement and release, I am agreeing to actively participate in the Homeownership Counseling Program being offered by this Michigan State Housing Development Authority (MSHDA) counseling agency in order to receive counseling services. Participation in this program is voluntary and requires me to establish the reason for my delinquency and to develop an Action Plan in cooperation with the Counselor, and understand that I will receive a copy of that 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 MSHDA, HUD and NFMC Programs and as such, is required to share some of my personal information with 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 NFMC Program, I give permission for NFMC 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 organizations 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 this 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 program 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 MSHDA's Homeownership 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 MSHDA's Homeownership Counseling Program at (517)373-6840.

Client's Printed Name	Signature	Date
Client's Printed Name	Signature	Date
Christie Harry Counselor's Printed Name	Counselor's Signature	Date signed
Housing Services Mid Michigan Name of Counseling Agency	Charlotte, MI City - Location of Agency	517-541-1180 Contact Number



National Foreclosure Mitigation Counseling Program Privacy Policy

Our Agency, a MSHDA sub-grantee for the National Foreclosure Mitigation Counseling 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 Foreclosure Mitigation 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 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 of the 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

I Chose to Opt Out

Client Initials and Date

Housing Plan & Goals

Name _____

How do you rate your budget skills and finance management?

- 1 (very poor) 2 (poor) 3 (Fair) 4 (Good) 5 (Excellent)

Please check at least **TWO** of the following goals that will assist you in creating a stable environment.

Housing (*HPRP/ESG*):

- Find safe and affordable housing**
- Retain safe and affordable housing**
- Resolve ID or Birth Certificate issues

Financial Stability:

- To get benefits or entitlements** (such as SSI or Food stamps)
- Gain ability to budget**

Transportation:

- Obtain auto insurance
- Obtain driver's license
- Obtain reliable transportation

Employment:

- Get a job**
- Increase income
- Maintain steady employment

****You will receive follow-up surveys concerning these goals.****