

Section I – Must be completed by client and co-client			
Client Name (First, Middle Initial, Last):		County:	
Street Address (do not use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family	Are you a First-Time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you consider yourself the Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Household Dependents:	<input type="checkbox"/> I live in a rural area <input type="checkbox"/> Do not live in a rural area	
Based on current household select appropriate answer:			
Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language:			
Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <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"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multiple Race	Head of Household Type: <input type="checkbox"/> Single adult <input type="checkbox"/> Female-headed single parent <input type="checkbox"/> Male-headed single parent <input type="checkbox"/> Married without children <input type="checkbox"/> Married with children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Other	
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"/> Some College, Not Completed <input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> No High School Diploma	

Co-Client Name (First, Middle Initial, Last):		County:	
Street Address (do not use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Years/months on current job:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family	Are you a First-Time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Based on current household select appropriate answer:			
Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language:			
Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <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"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multiple Race		
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"/> Some College, Not Completed <input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> No High School Diploma	

Section II – Current Homeowner(s) ONLY			
Do you currently have a MSHDA Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received Step Forward Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Originating Lender (if available):		Original Loan Number (if available):	
Name of Current Servicer (if available):		Loan number assigned by Servicer:	
When did you purchase your home?		Have you lived at this address for at least two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, list previous address(es):	
Does your name appear on: <input type="checkbox"/> Property Deed <input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract		Total Monthly Payment (including Taxes & Insurance):	
Select type of loan product: <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently 8% or greater <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% <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 <input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> I don't know			
If type of loan is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a second mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current status of Loan: <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		Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had a Credit Report pulled within the last 6 months: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your mortgage delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	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? \$	
Select primary reason for default: <input type="checkbox"/> Reduction in income <input type="checkbox"/> Increase in Loan Payment <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Medical Issues <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Loss of income <input type="checkbox"/> Increase in Expenses <input type="checkbox"/> Death of Family Member <input type="checkbox"/> Other			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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/was the date of the Sherriff's Sale?	
Are you currently working with an attorney regarding the delinquency of your mortgage, property taxes or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide attorney name and contact information?	
If available, 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:	

Section III – Must be completed by client.

Enter ALL sources of income for adult members of the household (18 year olds not in High School).
Income sources include: Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support and Alimony.

Total Monthly Income: \$	
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Enter ALL total monthly debt for adult members of the household (18 year olds not in High School). Include Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

Total Monthly Debt: \$	
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Based on your housing needs/goals do you believe you have been discriminated against? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe you have been a victim of Predatory Lending? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What is the main purpose for contacting our agency:

<input type="checkbox"/> Homelessness Assistance	<input type="checkbox"/> Rental Topics	<input type="checkbox"/> Purchase/Home Purchase
<input type="checkbox"/> Home Maintenance and Financial Management	<input type="checkbox"/> Reverse Mortgage	<input type="checkbox"/> Resolving/Preventing Mortgage Delinquency or Default

How did you learn about MSHDA's Housing Education Program?

<input type="checkbox"/> MSHDA Outreach	<input type="checkbox"/> Another Person	<input type="checkbox"/> Real Estate Agent
<input type="checkbox"/> HUD Outreach	<input type="checkbox"/> Lender	<input type="checkbox"/> Other:
<input type="checkbox"/> Agency Outreach	<input type="checkbox"/> Another Agency	

Are you interested in obtaining information regarding MSHDA Mortgage Products and Down Payment Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to be referred to a MSHDA approved lender? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section IV – Must be signed and dated by client and co-client.

_____	_____	_____
Client Printed Name	Signature	Date
_____	_____	_____
Co-Client Printed Name	Signature	Date

Section V – For Agency Use Only		
Agency Name: Housing Services Mid Michigan	Agency Phone Number: (517) 541-1180	
Agency Staff Name: Anne van den Goor	Received by Agency (Intake Date):	Unique Client ID #:



Michigan State Housing Development Authority
HOUSING EDUCATION PROGRAM
AGREEMENT and RELEASE OF INFORMATION

In signing this agreement and release, I/We agree to actively participate in the Housing Education Services being offered by this MSHDA approved agency. I/We understand:

1. A referral to other services of the organization or another agency (as appropriate) may be made 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. That this agency receives funds through MSHDA and HUD 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. 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.
4. That this agency may provide information on numerous housing programs and loan products and I further understand that the housing services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.

NOTE: *If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related service, please contact MSHDA's Housing Education Program at (517)373-6840.*

CONSENT: Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits.

For Pre-Purchase Education Services only:

I/We acknowledge the agency provided me/us with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

For Post-Purchase Education Services only:

I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Housing Education Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

Client's printed name:	Client's signature:	Date signed:
Client's printed name:	Client's signature:	Date signed:
Client's current address:	City:	Zip code:

To be completed by MSHDA Housing Education Program Certified Counselor.		
Agency name: Housing Services Mid Michigan	Agency phone number: (517) 541-1180	
Counselor name: Anne van den Goor	Counselor signature:	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.****



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