



HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION

"Rebuilding our community one day at a time"

Customer Intake Form

CUSTOMER

Please print

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: ____/____/____

Social Security: _____ - _____ - _____ Gender: _____ Male _____ Female Handicapped? Yes or No

Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

E-mail: _____

Race (Please Circle)

- | | |
|---|-------------------------------------|
| 1. White | 3. Black or African American |
| 2. American Indian/Alaskan Native | 4. Asian |
| 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native |
| 7. Asian and White | 8. Black/African American and White |
| 10. American Indian/Alaskan Native Black | 11. Other: _____ |

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin :)

Hispanic: Yes _____ No _____

Immigrant Status (please select one):

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

Marital Status (please circle):

_____ Single _____ Married _____ Divorced _____ Separated _____ Widowed _____ Partner

Current Housing Arrangement (Please circle one)

- | | |
|---|--|
| 1. Rent | 2. Homeless |
| 3. Homeowner with Mortgage | 4. Living with family member and not paying rent |
| 5. Homeowner with mortgage paid off | 6. Living with family member and paying rent |
| 7. Living with friend/partner pay half rent/bills | 8. Living with friend/partner and not paying any bills |

Household Type (please select the most accurate)

- | | |
|--|---|
| 1. Female headed single parent household | 2. Male headed single parent household |
| 3. Single Adult | 4. Two or more unrelated adults (roommates) |
| 5. Married with Children | 6. Married without Children |
| 7. Other | |

Head of Household monthly Salary \$ _____ Annual

Family or Household Income \$ _____

Education (Please circle one):

- | | |
|------------------------------|--------------------------------|
| 1. Below High School Diploma | 2. High School Diploma |
| 3. Two-Year College with AA | 4. Two-Year College without AA |
| 5. Bachelor's Degree | 6. Master's Degree |
| 7. Above Master's Degree | |

Are you currently in School? _____ Yes or _____ No



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If yes? Which school/College/University: _____

When will you graduate? _____

Referred to by (Please circle all what apply):

Print Advertisement	Bank	Government	TV	Relator
Staff/Board Member	Walk-in	Friend	Radio	Newspaper Article

If you were referred by a bank, which one? _____

If referred by another source no listed above, which one? _____

CO-APPLICANT

Please print

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Date of Birth:** ____/____/____

Social Security: _____ - _____ - _____ **Gender:** _____ **Male** _____ **Female** _____ **Handicapped? Yes or No**

Home: (____) _____ - _____ **Work:** (____) _____ - _____ **Cell:** (____) _____ - _____

E-mail: _____ **Relationship to Applicant:** _____

Race (Please Circle)

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

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin :)

Hispanic: Yes _____

No _____

Immigrant Status (please select one):

- 6. You are U.S. born and I or both of your parents are foreign born
- 7. You are U.S. born but I or both grandparents foreign born
- 8. You are foreign born
- 9. You, your parents and grandparents are all U.S. Born

Marital Status (please circle):

_____ Single _____ Married _____ Divorced _____ Separated _____ Widowed _____ Partner

Education (Please circle one):

- | | |
|------------------------------|--------------------------------|
| 2. Below High School Diploma | 2. High School Diploma |
| 3. Two-Year College with AA | 4. Two-Year College without AA |
| 5. Bachelor's Degree | 6. Master's Degree |
| 7. Above Master's Degree | |

Are you currently in School? _____ Yes or _____ No

If yes? Which school/College/University: _____



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CUSTOMER EMPLOYMENT – LAST 2 YEARS

Primary Employer: _____
Title: _____ Hire Date: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Supervisor Name: _____ Title: _____ Phone: (____) _____
Full-time _____ Part-time _____ Seasonal _____ Temporary _____ Laid Off _____
Gross Income (before taxes): \$ _____ Are you Direct labor? Or Contract Labor? Self Employed? _____
Income amount paid _____ hourly _____ weekly _____ every two weeks _____ monthly?

Previous Employer: _____
Title: _____ Hire Date: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Gross Income (before taxes): \$ _____ Are you Direct labor? Or Contract Labor? Self Employed? _____
Income amount paid _____ hourly _____ weekly _____ every two weeks _____ monthly?

CO-APPLICANT EMPLOYMENT LAST 2 YEARS

Primary Employer: _____
Title: _____ Hire Date: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Supervisor Name: _____ Title: _____ Phone: (____) _____
Full-time _____ Part-time _____ Seasonal _____ Temporary _____ Laid Off _____
Gross Income (before taxes): \$ _____ Are you Direct labor? Or Contract Labor? Self Employed? _____
Income amount paid _____ hourly _____ weekly _____ every two weeks _____ monthly?



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INCOME

TYPE OF INCOME	CUSTOMER Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Adult SSD		
Pension Income		
Public Assistance		
Self-Employment Income		
Dependent SSI Income		
Veterans Benefits		
Other Employment		
Unemployment Income		

Customer

Co-Applicant

Can you document your child support/alimony income?

____ Yes ____ No

____ Yes ____ No

If yes, how long will it continue?

If you or a family member is currently receiving SSI,

How many more years will the payment continue?

If you receive disability income, is it for a permanent

Disability?

____ Yes ____ No

____ Yes ____ No

Regarding other employment, have you worked?

____ Yes ____ No

____ Yes ____ No

In this field for two year or more?

____ Yes ____ No

____ Yes ____ No

Are you going through a Divorce?

____ Yes ____ No

____ Yes ____ No

Are you currently with Child Support Payment? ____ N/a

____ Yes ____ No

____ N/a ____ Yes ____ No

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. DO NOT include rent or utilities (unless delinquent).

Paid To	Current Balance	Monthly Payment	Who's Debt? C = Customer A = Co-Applicant B = Both



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Have your payments been made on time? _____ Yes _____ No _____ Yes _____ No
 Are you currently in Chapter 13 Bankruptcy? _____ Yes _____ No _____ Yes _____ No

If yes, when did it begin? _____ **What State did you file?** _____

If yes, when will it be paid out? _____

If yes, how much is the payments? _____

Bankruptcy Case # _____ has your bankruptcy been discharged? _____ Yes _____ No

Military Service – You will need a copy of your DD 214

Is any borrower an active duty or recently discharged service member? _____ Yes _____ No

Is any borrower the surviving spouse of a deceased service member who was active duty at the time of death?

_____ Yes _____ No Are you a Veteran? _____ Yes _____ No

Are you registered with the VA (Veterans Administration to receive benefit or services)? _____ Yes _____ No

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please list the approximate value of the following:

ACCOUNTS	CUSTOMER	CO-APPLICANT
Checking Accounts		
Savings Accounts		
Cash		
CD's		
Securities (stocks, bonds, etc.)		
Retirement Account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.?) _____ Yes _____ No

If yes, How much? Customer \$ _____ Co-Applicant \$ _____ other family members \$ _____

LIVING EXPENSES

EXPENSES	CUSTOMER	CO-APPLICANT
Current Mortgage or Rent		
Electric		
Gas		
Telephone		
Cellular		
Cable/Satellite TV		
Water Bill		
Tax Bill		
Rental Insurance		



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AUTHORIZATION FOR RELEASE OF INFORMATION

Only fill out this information if you are filing for Modification

I, _____, born on _____
First and Last Name of Person Giving Consent Date of Birth of Person Consent

_____, born on _____
First and Last Name of Person Giving Consent Date of Birth of Person Consent

Residing at _____, hereby consent
(Damaged Dwelling Address of Person Giving Consent)

To disclosure all information regarding dwelling account listed with _____
(Lender and Mortgage Company Name)

_____ to Home Sweet Home Community Redevelopment.

Account Number

Foreclosure Attorney: *(please fill out this part if you have file for bankruptcy)*

_____ Phone Number: _____

BDFTE No: _____ FAX Number: _____

A State recognize HUD Approved Housing counseling Agency, is assisting clients to avoid duplication of Modification, Foreclosure and other needs assistance.

I specifically consent to have the following information disclosure to them:

- Payment Information
- Homeowner Insurance (if available)
- Other Liens
- Insurance Payments for Home Repairs in the last 3 years
- Foreclosure Information (If the home is in foreclosure) Need current Server Information Sale of Home – Must have a realtor Payment history for last 6 months
- Tax Information – What county is your home located? _____ State _____

Additionally, I consent to have the above name organization speak on my behalf and represent me before all companies and organizations listed above.

Additionally, I consent to disclosure of my information to any other organization that is a member in good standing of either the Fannie Mae, Hardest Hit Funds, Hope loan Portal and/or National Industry Standards for Homeownership Education and Counseling. This consent is made pursuant to and consistent with 28U.S.C §1746. I declare, under penalty of perjury, that the foregoing is true and correct.

(Signature of Applicant Providing Consent) (Date)

(Signature of Applicant Providing Consent) (Date)



HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION

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Appendix 2-A

For all clients that are applying for Rental, Home ownership, Modification.

CREDIT REPORT AUTHORIZATION

The undersigned hereby authorizes Home Sweet Home Community Redevelopment Corporation to order, through CREDCO or some other service provider, a credit report upon the undersigned in connection with an application for assistance regarding the undersigned's home loan through the following lender or servicer, _____ . This assistance is provided and defined in the Agreement for Home Loan Counseling, between the undersigned and Home Sweet Home Community Redevelopment Corporation, dated _____, 2014, which includes the Home Sweet Home Community Redevelopment Corporation Privacy Policy and Practices statement.

The undersigned will hold Home Sweet Home Community Redevelopment Corporation, the lender, the loan servicer, and/or their representatives harmless for any damages resulting from or in connection with obtaining confidential credit information.

Client

(Name signed) (Name printed)

(Street Address) (City) (State) (Zip)

(Date Signed) (Social Security number) (Date of Birth)

Spouse

(Name signed) (Name printed)

(Street Address) (City) (State) (Zip)

(Date Signed) (Social Security number) (Date of Birth)



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Please list everyone that lives in the household with you. This information will be check through the Texas Department of Public Information for everyone living with you or use this address. If you are living along and some is using your address please note that they are using address only and have them show proof of their residents.

Full Name (First Middle Last) _____
Birthday Date _____
Relationship

Full Name (First Middle Last) _____
Birthday Date _____
Relationship

Full Name (First Middle Last) _____
Birthday Date _____
Relationship

Full Name (First Middle Last) _____
Birthday Date _____
Relationship

Full Name (First Middle Last) _____
Birthday Date _____
Relationship

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Full Name (First Middle Last) _____
Birthday Date _____
Relationship

Full Name (First Middle Last) _____
Birthday Date _____
Relationship

Full Name (First Middle Last) _____
Birthday Date _____
Relationship

Full Name (First Middle Last) _____
Birthday Date _____
Relationship

Full Name (First Middle Last) _____
Birthday Date _____
Relationship

If spouse is not in the home, where are they located? If this person has passed please list Date of Death. (Show proof)

Full Name (First Middle Last) _____
Birthday Date _____
Relationship

Address: (Street, City, State Zip Code) _____
Phone



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This form is for our Senior Assist Living Program only.
HOME SWEET HOME COMMUNITY REDEVELOPMENT
Guidelines to a new home for senior citizens and Reverse Mortgage Home building

In order to be eligible for our new home purchase program, you will have to qualify under these guidelines.

1. You must be 62 or older to use the Reverse Mortgage Loan program.
2. You must follow all of the HUD approve guideline to seeking a counselor for a certificate. We have a list of counselors in the Houston Area but you may choose any counselor that is certificated by HUD approve list. www.hud.gov or www.aarp.gov click or type Reverse Mortgage.
3. If you are not using a Reverse Mortgage to purchase your home we have a lending that will qualify you for a loan that you will be responsible for paying back on a monthly payment.
4. We also will be in house financing some of our homes. Rental is available in the subdivision property only.
5. If you are a first time homebuyer you must go through a certificated First time homebuyer class. Classes will be held every other Saturday at our office. You may choose a company this is listed on the HUD website as a Housing Counselor.
6. You will see one of our counselors to choose a property or home for you.
7. Once you have chosen a home and we have placed the home on your property you are responsible for that home. (No cancellation will be allowed)
8. If you cancel you will be place at the bottom of the list. (Unless due to illness).
9. No one that is seriously ill will be able to place an application. Disability letter must be submitted to qualify as a disability client.
10. If a spouse is not disable or 52 or older they will not be allowed to have their name on the Deed of the home until they reach 62 or become disable.
11. All homes will take up to 45-180 days to be completed depending on structure.
12. All homes are place on a slab foundation.
13. A garage or wooden carport is available on all homes.
14. All homes are under warranty as long as 10 years. You may not break into a wall or your warranty will be cancelled.
15. No children will be allowed in the subdivision without courts approval **15 and under only**



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ADDITIONAL INFORMATION

For Lease or Rental Properties:

Landlord Name: _____

Address: _____ **Apt/Unit:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

Office/Landlord Phone: _____ **Contact Person:** _____

if you are living with family members please ask your counselor for a Verification Form.

Monthly Payment: \$ _____ **Rental Insurance** \$ _____ **Water Bill** \$ _____ **Gas:** _____ **Electric:** _____

Are any of these bills delinquent? _____ Yes or _____ No

Please attach copy of all bills.

Move- in Date: _____ **Move-out Date:** _____ **Broken lease:** _____ (we will need a copy of your Lease)

Assistance Information

What services are needing assistance?

Foreclosure	Home buying	Pre-Purchase Counseling	Post Purchase Counseling	Rental Counseling
Rental Workshop	Credit Counseling	Credit Workshop	Financial Literacy	Debt Management
Rental Assistance	Mortgage Assistance	Electric Bill	Water Bill	Starting a Business
Veterans Services	Veteran Home buying	Health Care Assistance	Dental Services	Physical Services
Need to see a doctor?	True Affordable Housing Program	Port Arthur Housing Assistance	Port Arthur Home buying Workshop	Port Arthur Credit Counseling
Port Arthur Rental Workshop	Unemployment	Job Assistance	GED	Registering for College

Please fill in the blank space if you do not see a service.

I authorize the Housing Counseling agency to:

- (a) Pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) Pull my/our credit report and review my/our credit file for informational inquiry purposes; and (c) Obtain a copy of the HUD-1 Settlement and Title information.

I/we understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, and Section 1001.

Customer

Date

Co-Applicant

Date



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PLEASE BRING COPIES OF ALL BILLS

Have you had FEMA, City of Houston, or any other home emergency repair program to help you with the repair of your home? Yes or No if yes, when and what did they do for you. Our office will contact FEMA and other programs before any assistance may begin. It may take 3 to 6 months before any home repairs will begin.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal government for certain types of reporting related to certain procurement procedure in order to monitor HSHCRC Homes Inc. compliance with Executive Order 11246 equal employment Laws. You are not required to furnish this information, but are encouraged to do so. The law provides that HSHCRC HOMES INC. may not either discriminate on this basis of this information, nor on whether you chose to furnish it. However, if you choose not to furnish it HSHCRC Homes Inc. is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

Applicant Race/ National Origin:

I do not wish to furnish this information _____

American Indian or Alaskan Native _____

Asian or Pacific Islander _____

Black, not of Hispanic Origin _____

White, not of Hispanic Origin _____

Hispanic _____

Other _____

Sex: Male _____ Female _____

Co-Applicant 1 Race/ National Origin:

I do not wish to furnish this information _____

American Indian or Alaskan Native _____

Asian or Pacific Islander _____

Black, not of Hispanic Origin _____

White, not of Hispanic Origin _____

Hispanic _____

Other _____

Sex: Male _____ Female _____

Do not write on this line:

TO BE COMPLETED BY INTERVIEWER

FACE-TO-FACE _____ BY MAIL _____ BY TELEPHONE _____

INTERVIEW'S NAME (PRINT)

DATE

INTERVIEW'S SIGNATURE

Interview's Phone Number (Including area code)