



Pre- Purchase Intake Form

APPLICANT

Please Print Clearly

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

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

Fax: (____) _____ - _____ Mobile/Cell (____) _____ - _____

_____-_____-_____
Social Security Number Birth Date

Race (please circle):

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

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Need reasonable accommodations of disabilities? Yes No

If yes, explain: _____

Current Housing Arrangement (please circle):

- 1. Rent
- 2. Homeless
- 3. Homeowner with mortgage
- 4. Living with family member and not paying rent
- 5. Homeowner with mortgage paid off

Are you a first Time Home Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

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
- 5. Married with children
- 6. Married without children
- 7. Other

Family/Household Size: _____

Annual Family or Household Income: \$ _____

3138 Golansky Blvd., Suite 202 Woodbridge, Virginia 22192
Phone: 703-580-8838 Fax: 703-580-8842
www.FirstHomeAlliance.org





Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

How did you hear about our agency (please circle all that apply):

- Print Advertisement
- Bank
- Government
- TV
- Realtor
- Staff/Board member
- Walk-In
- Friend
- Radio
- Newspaper Article

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

CO-APPLICANT

Name: _____
First MI Last

Street _____

City Home: (____) _____-____ State Zip Code
Work: (____) _____-____ Email: _____

_____/____/____
Social Security Number Birth Date

Race (please circle):

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

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female

Need reasonable accommodations of disabilities? Yes No

If yes, explain: _____ **Education (please circle one):**

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Applicant (please circle): Spouse Daughter Son Sister Brother Girlfriend
Boyfriend Mother Father Other: _____

EMPLOYMENT

Please Print Clearly

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Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (____) _____-_____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

CO-APPLICANT EMPLOYMENT

Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

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Previous Employer: _____

 Title Length of Employment

Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

 Title Hire Date

Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

INCOME *Please Print Clearly*

<i>Type of Income</i>	<i>APPLICANT Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>	
Salary			
Alimony/Child Support			
Rental Income			
Social Security			
Pension Income			
Public Assistance			
Self-employment Income			
Dependent SSI Income			
Disability Income			
Other Employment			

APPLICANT **CO-APPLICANT**

Can you document your child support/alimony income? Yes No Yes No
 If yes, how long will it continue? _____ _____

If your child or a family member receives SSI, how many more years will the payments continue? _____ _____

If you receive disability income, is it for a permanent disability? Yes No Yes No

Regarding other employment, have you worked in this field for two years or more? Yes No Yes No

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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.

Paid To	Current Balance	Monthly Payment	Who's Debt? C=Applicant, A=Co-Applicant B=Both
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	APPLICANT		CO-APPLICANT	
	Yes	No	Yes	No
Have your payments been made on time?				
Are you currently in Chapter 13 bankruptcy?				
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?				
If yes, when was it discharged? _____				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

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)

Yes No

If yes, how much? \$ _____

LIVING EXPENSES

Table with columns: APPLICANT, CO-APPLICANT. Rows: Current monthly rent or mortgage, Electric/Gas/Solid Waste, Telephone, Cellular/Pager, Cable/Satellite TV, Other Living Expenses.

ADDITIONAL INFORMATION

Table with columns: APPLICANT, CO-APPLICANT. Rows: Have you owned a home in the last three (3) years?, Are you a Veteran?, Do you have a contract on a house at this time?, Are you currently working with a real-estate agent?, Most convenient time for an individual appointment?

AUTHORIZATION

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 Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

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, Section 1001.

Applicant

Date

Co-Applicant

Date

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Housing Counseling Program Disclosure

Purpose of Housing Counseling. I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help clients fix problems that prevent affordable mortgage financing. The counselor will analyze the mortgage default, explain the collection and foreclosure process, also assist client in communicating with the mortgage servicer and other creditors, analyze clients financial and credit situation, identify those barriers preventing them from obtaining affordable mortgage financing, and develop a plan to remove those barriers, provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

Eligible Criteria. I/We understand that the counseling agency provides housing counseling assistance to clients whose problems can be resolved in 24 months or less; if it is determined that my/our issues will take longer than 24 months to fix, I/We will be referred to a long-term housing counseling program.

Homeownership Education Classes. I/We understand that as part of the housing counseling program, I/We will be required to attend group homeownership education classes.

Client's Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my/our counseling program. This includes but is not limited to missing three consecutive appointments.

Disclosures. I/We understand *First Home Alliance* is committed to offering clients a variety of product choices; has a Homebuyer Education and Counseling Agreement with Bank of America, there is **NO OBLIGATION** to use Bank of America's loan products or programs; and that counseling services are not contingent on use of any particular product or service, I/We have the right to accept or decline services or products from any *First Home Alliance* referral.

Client Choices. I/We understand *First Home Alliance* is committed to offering clients a variety of product choices, there is no obligation to use products or services of *First Home Alliance* or its partners; that I/We are free to choose a product or abstain from doing so, and that receiving housing counseling services from the agency is not contingent on the use of any product or service.

Alternative Services, Programs and Products. *First Home Alliance* Counselors, as appropriate, refers clients to other community service organizations such as: Prince William County's Office of Housing and Community Development which include financial counseling, homeownership education, voucher programs (Section 8), adult and child care programs, homeless intervention and other housing assistance.



Clients are provided with a community resource list which outlines emergency shelter programs, financial assistance, transitional housing information, free medical assistance as well as other programs and resources offered in Prince William County and the surrounding region. We also additionally refer clients to Wells Fargo, Bank of America, SunTrust, and other lenders.

This is to acknowledge that I have received, reviewed, and understand *First Home Alliance's* Housing Counseling Program Disclosure.

Client _____ Date _____

Client _____ Date _____

Counselor _____ Date _____



First Home Alliance Privacy Policy

First Home Alliance 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 at (703)580-8838 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 the 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.



Foreclosure Mitigation & Housing Counseling Agreement

1. I/We understand that **First Home Alliance** provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I/We understand that **First Home Alliance** receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and funds from other entities such as the U.S. Dept of Housing and Urban Development, Virginia Housing Development Authority (VHDA), local governments, foundations, etc, and is required to share some demographic and program required information/data with NFMC & other funders or their agents.
3. The information/data shared with funders is for purposes of program monitoring and auditing, compliance, and follow up with me within the next three years for the purposes of program evaluation and compliance.
4. I/We acknowledge that I have received a copy of **First Home Alliance's** Privacy Policy.
5. I/We may be referred to other housing services of the organization or another agency or agencies 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.
6. A counselor may answer questions and provide information, but not legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I/We understand that **First Home Alliance** provides information and education on numerous loan products and that the housing counseling I/We receive from **First Home Alliance** in no way obligates me to choose any of these particular loan products or housing programs.
8. I/We acknowledge that **First Home Alliance** will submit client-level information to the Data Collection System for the NFMC grant and Counselor Max database.
9. I/We understand that NFMC and other funders will open files to be reviewed for program monitoring and compliance purposes.
10. I/We understand that NFMC and other funders will conduct follow-up with the client related to program evaluation and compliance.

ACCEPTED AND AGREED:

By: _____ Date _____

By: _____ Date _____

FIRST HOME ALLIANCE

By: _____ Date _____

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Authorization Form

Name _____ Co-Applicant _____

Address _____ City/State _____ Zip _____

I hereby authorize First Home Alliance to pull an Instant Merge Soft Touch Report of my credit file. It is understood that this authorization shall be valid in original or copy form. I understand and agree that First Home Alliance intends to use the credit report for the purpose of Credit and Financial Management Counseling.

***I understand to obtain a copy of my Credit Report I must show my identification card.**

Signature _____ SSN _____ - _____ - _____ Date _____

Signature _____ SSN _____ - _____ - _____ Date _____

Release of Credit Report:

The following signature verifies that proper identification was rendered:

Credit Report Reviewer's Signature: _____

Agency Representative's Signature: _____

Receipt of Credit Report:

My signature verifies that I received a copy of my Credit Report.

Signature _____

Signature _____



**Document Review
Action Plan
Required Document Checklist / Next Step**

Name: _____

Date: _____

Please provide following documentation to complete your file for Document Review

- _____ Bank Statements – Last 60 days
- _____ Tax returns for last 2 years, including W-2s or 1099s
- _____ Most Recent Paycheck Stubs (for last 30 days)
- _____ Credit Report – To be pulled by agency
- _____ Action Plan – To be completed by agency
- _____ Homebuyer Education - Certificate of Completion
- _____ Agency Disclosures
- _____ Spending Plan or Budget Worksheet:
- _____ Other: _____
- _____ Other: _____

Client Actions:

Counselor Actions:

Class Date: _____	Time: _____	Contact Information:
Appointment Date: _____	Time: _____	Phone: _____
Agency Representative: _____		Email: _____

Client Signature

Counselor Signature

Household Spending Plan

Indicate # of people in household

Adults: _____ Children: _____

FLEXIBLE EXPENSES

NET MONTHLY INCOME

Source 1 _____
 Source 2 _____
 Other Income _____
Total Income (A) _____

FIXED EXPENSES

Rent/Mortgage _____
 Electric _____
 Gas/Oil _____
 Water/Sewer _____
 Telephone _____
 Cellular _____
 Trash pickup _____
 Cable _____
 Medical insurance _____
 Auto Insurance _____
 Life Insurance _____
 Renters Insurance _____
 Child Support/Alimony _____
 Child Care _____
 Other _____
Total (B) _____

CREDITOR PAYMENTS

Installment Loans _____
 Automobile Loan(s) _____
 Credit Card _____
 Credit Card _____
Total Payments(C) _____

Savings _____
 Groceries _____
 Lunch(Work/School) _____
 Eating Out _____
 Entertainment/Hobbies _____
 Laundry/Dry cleaning _____
 Cleaning Supplies _____
 Clothing _____
 Gasoline/Bus/ Taxi _____
 Newspaper/Magazines _____
 Alcohol/Cigarettes _____
 Church/Charity _____
 Tuition/Books _____
 Barber/Beauty Shop _____
 Auto Maintenance _____
 House Maintenance _____
 Doctor/Dentist _____
 Pets _____
 Parking/Tolls _____
 Lottery/Bingo _____
 Other _____
Total (D) _____

EXPENSES

FIXED(B) _____
 CREDITOR(C) _____
 FLEXIBLE(D) _____
TOTAL EXPENSES(E) _____

Subtract Expenses from Income (A - E)
 TOTAL INCOME(A) _____
 TOTAL EXPENSES(E) _____
DIFFERENCE + or - _____

Applicant Signature _____

Applicant Signature _____

CERTIFICATION: I hereby certify that I have reviewed the above spending plan with the applicant(s) and concur that it is reasonable.

Counselor Signature _____