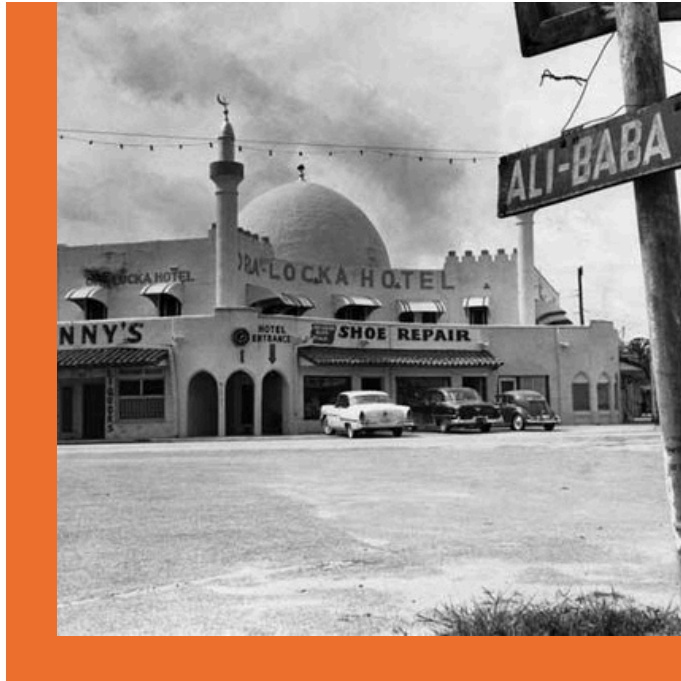


HOME BUYER EDUCATION PACKAGE

The information you provide will be held strictly confidential and will not be disclosed to anyone without your consent.



**Ten
North
Group™**
Formerly OLCDC



FORMS:

- DISCLOSURE AND AUTHORIZATION TO RELEASE STATEMENT
- HOME BUYER EDUCATION APPLICATION
- BUDGET
- HUD: FOR YOUR PROTECTION
- HOME BUYER EDUCATION EVALUATION
- MIAMI DADE COUNTY INCOME AFFIDAVIT
- MIAMI DADE COUNTY STEPS TO MORTGAGE READINESS

FINANCIAL EMPOWERMENT

📍 490 Opa-locka Boulevard, Suite 20, Opa-locka, Florida 33054

📞 305-687-3545

🌐 www.tennorthgroup.com

✉ financialemPOWERment@tennorthgroup.com

📱 @TENNORTHGROUP



Documents Disclosure Statement & Authorization to Release

Counseling Services: I understand that Opa-locka Community Development Corporation, HUD approved Housing Counseling agency will provide me with housing counseling services. The Housing Counseling Program provides:

| | |
|--|--|
| FBC-Financial Management/Budget Counseling: Gain control of money and credit HIC-Home Improvement & Rehabilitation Counseling: Prepare tp qualify, maintain and retain PPC-Pre-Purchase Counseling: Prepare tp qualify for home loan RHC-Rental Housing Counseling: How to maintain rental housing. | FBW-Financial, Budget, and Credit Repair Workshop: How to manage money & credit NDW-Non-Delinquency Post-Purchase Workshops/Counseling: How to remain successful homeowners PPW-Pre-Purchase Education Workshop: Evaluate readiness for homeownership |
|--|--|

I understand that Opa-locka Community Development Corporation provides information and education on numerous housing programs, loan products, and financial relationships with other partners and that I am not obligated to receive any other services offered by Opa-locka Community Development Corporation or its exclusive partners to receive housing counseling services.

Waiver: In consideration of these services, I hereby agree to hold harmless Opa-locka Community Development Corporation and its agents and/or employees from any and all claims or causes of actions arising, or which may arise, from mistakes, errors, or omissions pursuant to said counseling and/or Opa-locka Community Development Corporation efforts on my behalf. I acknowledge that Opa-locka Community Development Corporation makes no guarantees regarding the outcome of these services. I understand a counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

Authorization to Release and Receive Information: To assist me in my housing needs, I hereby authorize Opa-locka Community Development Corporation to release and receive my personal information and records, including, but not limited to, my name, social security number, income and employment information, credit report, and account information. This authorization shall remain in effect until I revoke it in writing and shall allow Opa-locka Community Development Corporation to release and receive my personal information and records to and from legitimate third parties, including, but not limited to, financial institutions, mortgage service providers, governmental entities, affordable housing programs, credit reporting agencies, and any other third parties that Opa-locka Community Development deems necessary. I may be referred to other services of the organization or another agency or agencies as appropriate that may assist with concerns that have been identified.

Confidentiality: Other than as provided herein, Opa-locka Community Development will make every effort to keep my personal information and records confidential. I understand, however, that Opa-locka Community Development Corporation ma be obligated to disclose my personal information and records under state or federal law.

By signing below, I acknowledge that I have received full disclousre of the programs and services provided by Opa-locka Community Development Corporation, and I understand that I am in no way obligated to Opa-locka Community Development Corporation or its partners.

| | | |
|----------------------------|----------------------|--|
| Client's Name (Print): | <input type="text"/> | Telephone Counseling: Counselor Read to Client <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> |
| Client's Signature/Date | <input type="text"/> | |
| Counselor's Signature/Date | <input type="text"/> | |

APPLICATION

Please complete all questions.

Course Date:

Email:

Applicants Name :

Address/City/Zip Code

Date Of Birth:

Phone Number:

Gross Annual Income:

Household Size:

No. of Dependents

Head of Household:

☐ Yes ☐ No

First Time Homebuyer:

☐ Yes ☐ No

English Proficient:

☐ Yes ☐ No

Disabled:

☐ Yes ☐ No

Disabled Dependent

☐ Yes ☐ No

Veteran:

☐ Yes ☐ No

Active Duty:

☐ Yes ☐ No

Foreign Born:

☐ Yes ☐ No

Housing Voucher:

☐ Yes ☐ No

Race:

☐ American Indian ☐ Black/African American ☐ Pacific Islander ☐ White Other:

Ethnicity:

☐ Hispanic ☐ Haitian ☐ Jamaican Other:

Gender:

☐ Male ☐ Female ☐ Other

Current Residence

☐ Rent ☐ Own

Marital Status:

☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Living Together

Household Type:

☐ Single Adult ☐ Single Parent Household ☐ Two or more unrelated ☐ Married with Dependents ☐ Married no Dependents

Education:

☐ College ☐ Graduate School ☐ High School/GED ☐ Vocational/ Technical ☐ Junior College

Referred By:

☐ HUD/Miami Dade County ☐ Social Media ☐ Lender ☐ Realtor ☐ Family/ Friend Other:

Ten North Group (Opa-locka Community Development Corporation) offers a variety of housing services. I understand that there is no obligation to select other services offered by Ten North Group or any agency or individual associated with Ten North Group. I understand any intentional or negligent representation of 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.

Client's Signature/Date

APPLICATION

Please complete all questions.

Course Date:

Email:

Co-Applicants Name :

Address/City/Zip Code

Date Of Birth:

Phone Number:

Gross Annual Income:

Household Size:

No. of Dependents

Head of Household:

☐ Yes ☐ No

First Time Homebuyer:

☐ Yes ☐ No

English Proficient:

☐ Yes ☐ No

Disabled:

☐ Yes ☐ No

Disabled Dependent

☐ Yes ☐ No

Veteran:

☐ Yes ☐ No

Active Duty:

☐ Yes ☐ No

Foreign Born:

☐ Yes ☐ No

Housing Voucher:

☐ Yes ☐ No

Race:

☐ American Indian ☐ Black/African American ☐ Pacific Islander ☐ White Other:

Ethnicity:

☐ Hispanic ☐ Haitian ☐ Jamaican Other:

Gender:

☐ Male ☐ Female ☐ Other

Current Residence

☐ Rent ☐ Own

Marital Status:

☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Living Together

Household Type:

☐ Single Adult ☐ Single Parent Household ☐ Two or more unrelated ☐ Married with Dependents ☐ Married no Dependents

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☐ College ☐ Graduate School ☐ High School/GED ☐ Vocational/Technical ☐ Junior College

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Client's Signature/Date

BUDGET

Please complete all questions.

Applicants Name :

Co-Applicants Name :

| MONTHLY NET INCOME | MONTHLY AMOUNT |
|--|----------------|
| APPLICANT | |
| CO-APPLICANT | |
| TOTAL NET INCOME | |
| MONTHLY DEBT PAYMENTS: | |
| AUTO LOAN(S) | |
| CREDIT CARD(S) | |
| PERSONAL LOAN(S) | |
| STUDENT LOANS(S) | |
| MORTGAGE PAYMENT INCLUDING ESCROW | |
| OTHER(S) | |
| TOTAL MONTHLY DEBT PAYMENTS | |
| MONTHLY EXPENSE PAYMENTS | |
| RENT PAYMENT | |
| UTILITY PAYMENT (ELECTRIC/GAS/WATER/SEWER) | |
| CELL PHONE/TELEPHONE SERVICE | |
| INTERNET SERVICE | |
| CABLE/STREAMING SERVICES | |
| GROCERIES/RESTAURANTS/BEVERAGES EXPENSES | |

BUDGET

Please complete all questions.

| MONTHLY EXPENSE PAYMENTS (CONTINUED) | MONTHLY AMOUNT |
|--|----------------|
| GASOLINE/ELECTRIC | |
| RIDE SHARE/PUBLIC TRANSPORTATION/TOLLS/PARKING | |
| AUTO INSURANCE | |
| AUTO MAINTENANCE | |
| TUTION/CHILD CARE SERVICES/EXTRACURRICULAR | |
| CLOTHING/UNIFORMS | |
| HAIRCARE/MANICURE/PEDICURE | |
| PET VET/INSURANCE EXPENSES | |
| PET FOOD/ETC | |
| HEALTHCARE/PRESCRIPTION EXPENSES | |
| LIFE INSURANCE | |
| ENTERTAINMENT EXPENSES | |
| GIFTS/DONATIONS | |
| FITNESS/HOBBIES | |
| VACATION | |
| OTHER EXPENSES | |
| TOTAL MONTHLY EXPENSES | |
| MONTHLY CALCULATIONS | |
| TOTAL NET INCOME | |
| LESS: TOTAL MONTHLY DEBT | |
| LESS: TOTAL MONTHLY EXPENSES | |
| MONTHLY AVAILABLE SAVINGS | |

HOME BUYER EDUCATION

HOME INSPECTION



U.S. Department of Housing and Urban Development
Federal Housing Administration (FHA)



OMB Approval No: 2502-0538
(Expires 07/31/2025)

For Your Protection: Get a Home Inspection

Why You Need a Home Inspection

Buying a home is probably the biggest investment you will ever make. The purpose of a home inspection is to inform and educate you about the property before you make a financial commitment. A home inspection will give you more detailed information about the overall condition of the house you want to buy.

Be an Informed Buyer

A home inspection will only occur if you arrange for one; FHA does not perform home inspections. For a fee, a qualified inspector will take an unbiased look at your potential new home to evaluate its physical condition; estimate the remaining useful life of the major systems, equipment, structure, and finishes; and identify any items that need to be repaired or replaced. If you request an inspection early in the process, you may be able to make your purchase contract contingent on its results.

What is Included in the Inspection?

To better understand what to expect in the home inspection, ask the prospective inspector for their Standards of Practice (SOP) or for a sample home inspection report.

How to Find an Inspector

To find a qualified home inspector ask for references from friends, real estate professionals, local licensing authorities and organizations that qualify and test home inspectors.

Appraisals are NOT Home Inspections!

An appraisal is required to estimate the home's value for your lender and does not replace a home inspection. **FHA does not guarantee the value or condition of your new home.** If you find problems with your home after closing, FHA cannot give or lend you money for repairs, and FHA cannot buy the home back from you.

Radon Gas Testing and Other Health or Safety Issues

The Environmental Protection Agency and the Surgeon General recommend that all houses be tested for radon. For more information, call the toll-free National Radon Information Line at 1-800-SOS-Radon (1-800-767-7236). Ask your inspector if additional health and safety tests are relevant for your home, such as mold; air or water quality; presence of asbestos, lead paint, or urea formaldehyde insulation; or pest infestations.

Client's Signature/Date



HUD-92564-CN (02/09/2023)



HOMEBUYER EDUCATION EVALUATION

Please help us understand how well we did today. We value your comments.



Applicants Name :

Email:

Phone Number:

Main topic of concern?

☐

Budget

☐

Credit

☐

Debt

☐

Qualifying for mortgage

Other

Please complete the following:

| | EXCELLENT | GOOD | FAIR | POOR |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| How do you rate course overall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How effective were presenters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How would you rate material and handouts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well did this course help in terms related to housing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well did this course help you understand the financial requirements to qualify for a mortgage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well did this course help you understand the steps involved to purchase a home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How confident are you that you will purchase a home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you like our counseling services?

☐

Yes

☐

No

How do you prefer to conduct session?

☐

In-Person

☐

Zoom

☐

Teams

☐

Phone

Other

Client's Signature/Date