

HOMEOWNERSHIP COUNSELING PACKAGE



Dear First Time Homebuyer:

Welcome to the Ten North Group (Opa-locka Community Development Corporation) Homeownership Counseling Program. Our goal is to assist you with finding affordable housing in a manner that promotes equal opportunity and fair housing. To accomplish this goal, Ten North Group is committed to serve as a viable community resource that is accessible to everyone.

Ten North Group is a HUD approved housing counseling agency with HUD certified housing counselors to support you through each phase of the home buying process. We provide one-on-one counseling services to assist during the homebuying process. This begins with you completing the application attached and returning with required documents listed below.

Our goal is to help you make your dream of homeownership a reality. Should you have any questions, please do not hesitate to contact us.

DOCUMENT CHECKLIST

You must submit copies of the following documentation with your application.

	\$50 counseling fee payable to: Opa-locka Community Development Corporation
	Proof of income for the last 30 days: Paystubs, SSI, Retirement, Pension, Child Support
	If self-employed, please provide Form 1099 or year-to-date Profit & Loss Statement
	Copy of credit reports: Equifax, Experian, and TransUnion or may submit annualcreditreport.com
	Last three (3) months financial/bank statements: Checking, savings, 401K, money market, etc. All pages.
	Last two (2) years of income tax returns. (Must be SIGNED and all pages.)
	Last two (2) years W-2 Form or 1099 Form
	Copy of Driver's License
	Proof of citizenship or permanent residency

Fair Housing Act: Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing related transaction, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents).



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:

<p>FBC-Financial Management/Budget Counseling: Gain control of money and credit</p> <p>HIC-Home Improvement & Rehabilitation Counseling: Prepare tp qualify, maintain and retain</p> <p>PPC-Pre-Purchase Counseling: Prepare tp qualify for home loan</p> <p>RHC-Rental Housing Counseling: How to maintain rental housing.</p>	<p>FBW-Financial, Budget, and Credit Repair Workshop: How to manage money & credit</p> <p>NDW-Non-Delinquency Post-Purchase Workshops/Counseling: How to remain successful homeowners</p> <p>PPW-Pre-Purchase Education Workshop: Evaluate readiness for homeownership</p>
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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):	<div></div>	<div>Telephone Counseling:</div> <div>Counselor Read to Client</div> <div> <div></div> Yes <div></div> No </div>
Client's Signature/Date	<div></div>	
Counselor's Signature/Date	<div></div>	

HOMEOWNERSHIP COUNSELING APPLICATION



Counseling Service: ☐ Pre-Purchase ☐ Post-Purchase ☐ Rental

Applicants Name

Applicants Address

City-Zip Code

Email

Phone Number

Length of time at current address

Years Months Rent Own

Co-Applicants Name

Co-Applicants Address

City-Zip Code

Email

Phone Number

Length of time at current address

Years Months Rent Own

EMPLOYMENT

Applicant's Employer

Employment Address

Monthly Income

Start Date

Co-Applicants Employer

Employment Address

Monthly Income

Start Date

OTHER INFORMATION

	APPLICANT	CO-APPLICANT
Have you owned a home in the last three (3) years? (A mobile home is titled as a personal property and not considered a home.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes above, are you a displaced homemaker? (Attach a divorce decree showing the method of disposition of the marital home.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared bankruptcy in the last two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOMEOWNERSHIP COUNSELING APPLICATION

DEMOGRAPHICS

APPLICANT

First Time Homebuyer: English Proficient:

☐ Yes ☐ No ☐ Yes ☐ No

Disabled: Disabled Dependent:

☐ Yes ☐ No ☐ Yes ☐ No

Veteran: Active Duty:

☐ Yes ☐ No ☐ Yes ☐ No

Foreign Born: Housing Voucher:

☐ Yes ☐ No ☐ Yes ☐ No

Race:

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

Ethnicity:

☐ Hispanic ☐ Haitian ☐ Jamaican
Other:

Gender:

☐ Male ☐ Female ☐ other

Marital Status:

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

Household Type:

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

Education:

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

CO-APPLICANT

First Time Homebuyer: English Proficient:

☐ Yes ☐ No ☐ Yes ☐ No

Disabled: Disabled Dependent:

☐ Yes ☐ No ☐ Yes ☐ No

Veteran: Active Duty:

☐ Yes ☐ No ☐ Yes ☐ No

Foreign Born: Housing Voucher:

☐ Yes ☐ No ☐ Yes ☐ No

Race:

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

Ethnicity:

☐ Hispanic ☐ Haitian ☐ Jamaican
Other:

Gender:

☐ Male ☐ Female ☐ other

Marital Status:

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

Household Type:

☐ Single Adult ☐ Two or more unrelated ☐ Single Parent Household
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Education:

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■ HOMEOWNERSHIP COUNSELING

APPLICATION



HOUSEHOLD INFORMATION

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO APPLICANT	TOTAL CASH VALUE OF ASSETS

NAME	WAGES/ SALARY	BENEFITS/ PENSIONS	PUBLIC ASSIST	OTHER INCOME	ANNUAL INCOME

A housing counselor will contact you to schedule/confirm your appointment within 5 business days.

■ HOMEBUYER COUNSELING



By signing, I authorize Ten North Group (Opa-locka Community Development Corporation) to:

- Pull my credit report to review my file for housing counseling in connection with my pursuit of a loan to purchase real property;
- I understand that I am under no obligation to receive any other services offered by Ten North Group;
- I understand that deliberately providing inaccurate information to Ten North Group or an unwillingness to timely provide counselor with the necessary information or documentation, will result in the closing of your file and no further assistance from the counselor will be provided;
- I authorize the release of information to Ten North Group or its designee regarding employment, salary, income, credit accounts, loans and deposit accounts.
- I further authorize any recipient hereof to consider a photocopy or other reproduction of this authorization to serve as the original.
- I hereby consent and authorize the staff of Ten North Group to take/use photographs, motion picture, television transmission, and/or videotaped recordings of me for documentary and public relations purposes.
- I will provide Ten North Group a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note when I purchase a home, from the lender who made me a loan and/or the title company that closed the loan.
- I understand that any intentional or negligent representation of the information contained on this form may result in civil liability under the provisions of Title 18, United States Code, Section 1001.

Privacy Policy: Ten North Group values your trust and is committed to the responsible management, use and protection of personal information.

During the course of your participation in our Homeownership Counseling Program, we accumulate non-public personal information in order to make an informed decision about your housing counseling need. We restrict access to non public information about you to only employees who need to know information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.

We collect non-public personal information about you from the following sources:

- The information we receive from you on our housing counseling services application.
- Documents we receive from you with your application.
- The information we receive from a consumer reporting agency.

We may disclose non-public personal information about you to non-affiliated third parties:

- Mortgage lenders
- Consumer reporting agencies
- Other non-profit organizations

If you prefer that we do not disclose non-public personal information about you to non-affiliated third parties except as permitted by law, you may call: 305-687-3545 or email: financialemPOWERment@tennorthgroup.com.

Non-affiliated parties are not entities that are owned or controlled, in whole or in part, nor are they subsidiary of Ten North Group. However, these third party entities are essential to Ten North Group, as they assist counselor in the ability to provide homeownership services to you.

By signing here, I indicate my understanding of the privacy policy describe above.

Client's Name (Print):

Client's Signature/Date:

Co-Applicant's Signature/Date

HOMEBUYER COUNSELING



STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully to ensure you understand the counseling program procedures. Initial the line next to each statement to indicate understanding of that provision.

APPLICANT	CO-APPLICANT	
		I understand Ten North Group will provide a confidential comprehensive personal housing evaluation and money management interview to determine my readiness to qualify for a mortgage loan.
		I hold Ten North Group, its employees, agents and volunteers harmless from any claims, suit, action or demand of my creditors, myself or any other person resulting from the advice or counseling received.
		I understand I will be given a written assessment outlining a suggested client action plan.
		I understand that the counselor will provide guidance and suggestions; however, it is my responsibility to: A. Handle any financial concerns on my own. B. Choose to discharge my debts through bankruptcy. A counselor may answer question about bankruptcy, but does not provide legal advice. If I want legal advice, I will be referred to an appropriate agency for assistance. I will inform Ten North Group of the decision, if I choose to file bankruptcy.
		I may be referred to other services of Ten North Group or other agencies as appropriate that may be able to assist with the particular identified needs.
		I understand that by enrolling in Ten North Group's housing counseling program, my participation is voluntary and serves the dual role of assisting me with purchasing a home and providing me a good financial education to ensure I keep the home and prosper financially.
		I understand Ten North Group offers a variety of housing services.
		I understand that I am under no obligation to receive any other services offered by Ten North Group.
		I hereby authorize Ten North Group to obtain all information necessary, including a credit report (if requested), to assist me in an evaluation of my capacity to successfully accomplish homeownership. I understand the information may be shared with lenders and other partners in an effort to determine my eligibility for a mortgage financing and/or develop a plan to correct qualification deficiencies in the pursuit if a mortgage approval.

Client's Name (Print):

Client's Signature/Date:

Co-Applicant's Signature/Date

BUDGET

Please complete all questions.

Formerly OLCDC

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.

Formerly OLCDC

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	