



VAREP

VAREP CLIENT INTAKE

Date: ___/___/___

Part I: HOMEOWNER/CLIENT INFORMATION

Client Name _____ HUD# _____

Co-Client Name _____

Home Address _____

City _____ State _____ Zip Code _____ Rural Yes ___ No ___

Home Phone _____ Work Phone _____ Ext. _____ Other Phone _____

Preferred Language _____ Email _____

Best Time To Contact _____ Preferred Contact Type Email Home Phone Work Phone Cell Phone

Part II: DEMOGRAPHICS

Race: Black or African American Native Hawaiian or other Pacific Islander Black or African American & White Asian & White American Indian or Alaskan Native & White American Indian Asian White American Indian or Alaskan Native & Black or African American Other _____

Ethnicity: Not Hispanic Hispanic **Age:** _____ **Date of Birth:** ___/___/___ **Household Size:** _____

Annual Household Income: _____ **Dependent Relationship/Age** _____/____

Household Type: Single Adult Married with Dependents _____/____

Female Headed Single Parent Household Male Headed Single Parent Household _____/____

Married without Dependents 2 or more Unrelated Adults Other _____/____

Educational Level: Above Masters Associates Degree Bachelors Degree _____/____

High School/GED Masters Degree None Primary Some College Vocational _____/____

Disabled: Yes No **Marital Status:** Single Married Separated Divorced _____/____

Widowed **% or Level of Disability:** _____ **Gender:** Male Female

_____/____

First Time Homebuyer: **Total Co-Applicants:** _____/____

Referral Source: _____ **County:** _____/____

Military Service: No Active Veteran **Foreign Born:** Yes No _____/____

Part III: HOUSEHOLD INCOME

	Gross Amount	Net Amount/Month	Income Source (job,SSI,unemployment)	Company Source (employer, etc.)
Borrower				
Borrower				
Co-Borrower				
Co-Borrower				
Total			X 12=Total Gross Annual Income \$	



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Part IV: HOUSEHOLD ASSETS

	Cash/Market Value	Institution(bank, credit union, etc)	Asset Type (checking, 401K, IRA, etc)
Borrower			
Co-Borrower			
Joint			
Other			
Total			

Part V: MONTHLY HOUSEHOLD EXPENSES

Household Expenses		Debt Expenses	
Telephone	\$	Car Payments	\$
Gas/Electric	\$	Credit Cards	\$
Water	\$	Personal Loans	\$
Trash	\$	Student Loans	\$
Food	\$	Child Support	\$
Cable	\$	Spousal Support	\$
Internet	\$	Other	\$
Cell Phone	\$	Other	\$
Car Insurance	\$	Other	\$
Gasoline	\$	Other	\$
Rx	\$	Other	\$
Daycare	\$	Other	\$
Tuition	\$	Other	\$
Medical Insurance	\$	Other	\$
General Transportation	\$	Total Monthly Expenses = \$	

VI: A. SUBJECT PROPERTY

Original Purchase Date: _____ Original Purchase Price: _____ Present Market Value: _____
 Own Rent No. Yrs: ____ Type of Property: _____ No. Units: ____ BR: ____ BA: ____

B. OTHER REAL ESTATE OWNED

Address: _____ City: _____ State: ____ Zip: _____
 Purchase Date: _____ Purchase Price: _____ Present Market Value: _____
 Own Rent No. Yrs: ____ Type of Property: _____ No. Units: ____ BR: ____ BA: ____
 Mortgage Amount: _____ Mortgage Payments: _____ Taxes/Ins/Maintenance _____



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Part VII: MORTGAGE INFORMATION (if applicable)

	First Mortgage	Second Mortgage
Lender		
Loan Number		
Original Loan Amount		
Loan Origination Date		
Current Balance		
Monthly Payment	\$ <input type="checkbox"/> Interest Only	\$ <input type="checkbox"/> Interest Only
Interest Rate	% <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable	% <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable
Mortgage Type	<input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Conventional	<input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Adjustable
<input type="checkbox"/> Option/Hybrid ARM	Monthly Property Taxes \$ X 12 = \$	Annual <input type="checkbox"/> Impounded
Rate Reset <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Homeowners Ins \$ X 12 = \$	Annual <input type="checkbox"/> Impounded
Investment Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOA/Condo Fees \$	<input type="checkbox"/> NA
Total Monthly Payment on Property = \$		

Part VIII: HOME OWNERSHIP/MORTGAGE ISSUES

Check All that apply:	
<input type="checkbox"/> First Time Home Buyer Counseling Requested	<input type="checkbox"/> Mortgage Assistance/Foreclosure Counseling Requested
<input type="checkbox"/> VA Loan Information Requested	<input type="checkbox"/> HECM Counseling
<input type="checkbox"/> Attend Home Buyer Education Program	<input type="checkbox"/> Legal Assistance Counseling
<input type="checkbox"/> Credit Counseling	<input type="checkbox"/> Bankruptcy Counseling
<input type="checkbox"/> Financial Management Counseling	<input type="checkbox"/> Housing Resources
<input type="checkbox"/> Rental Counseling	<input type="checkbox"/> Real Estate Scam Counseling
<input type="checkbox"/> Affordable Housing Counseling Requested	<input type="checkbox"/> Military Financial Readiness Counseling
<input type="checkbox"/> Homeless Counseling Requested	<input type="checkbox"/> Other _____

Part IX: REASONS FOR HOUSING ISSUES

Check all that apply:		
<input type="checkbox"/> Need Housing Information	<input type="checkbox"/> Loss of Income	<input type="checkbox"/> Increase in Expenses
<input type="checkbox"/> Want to Buy a Home	<input type="checkbox"/> Increase in Loan Payment	<input type="checkbox"/> Poor Budget Management
<input type="checkbox"/> Medical Issues	<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Business Venture Failed
<input type="checkbox"/> Other _____	<input type="checkbox"/> Relocation	<input type="checkbox"/> Reduction in Income

COMMENTS:



VAREP

COUNSELING AGREEMENT

Dear Client:

Upon completion of your counseling session with your counselor, you are given an Action Plan to aid you in the expectations from VAREP.

Please understand that there is a high volume of clients who are in similar situations and we are trying our best to meet their needs as our capacity will allow.

I UNDERSTAND THAT:

1. VAREP's workshop provides counseling advice through its counselors, educators, and its Partners/Supporters. It is your sole responsibility to seek any future services that may be needed. This file and supporting documents will be retained by VAREP and information provided might be shared with VAREP, partners, supporters or 3rd parties to provide service to you.
2. VAREP may receive funding from the US Dept. of HUD and/or HUD Intermediaries and as such, is required to: a) share some of my personal information with HUD program administrators or their agents; b) to open my file to be reviewed for purposes of program monitoring, compliance; c) to conduct follow up with me related to program evaluation.
3. VAREP and its nonprofit partners provide housing counseling after which I will receive a written action plan consisting of recommendation for handling my finances, credit, and possibly including referrals to housing agencies as appropriate.
4. A counselor may answer and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
5. VAREP and its nonprofit partners provide information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from VAREP in no way obligates me to choose any of these particular products or housing programs.
6. I may be referred to other housing services of the organization, another agency or agencies as appropriate that may be able to assist with my particular concerns that have been identified. I also understand that I am not obligated to use any of the services offered to me.
7. VAREP hosts Workshops to help me/participating individuals ("Participants") among other services distinguish legal problems from non-legal problems, and to refer them to service providers, agencies, organizations, or other lawyer sources to provide them with any necessary substantive legal advice or representation. I further understand that by signing and dating this form, VAREP and its counselors do not and cannot provide legal advice or guidance in the course of the meetings with Participants, and do not establish or create any type of attorney-client relationships with Participants. I also understand that after consultation with counselor, Participants are urged to promptly consult with the service providers, agencies, organizations, or other lawyer referral sources to which the Participants have been referred for follow up on their potential legal issues.

I affix my signature below in agreement of what is stated in this Counseling Agreement.

Client Signature

Date



VAREP

VAREP PRIVACY POLICY

VAREP is a nonprofit program of the USA Home Ownership Foundation, a 501c3 nonprofit, and we are 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 and we are committed to the responsible management, use and protection of personal information. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. You “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 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 Gathered

We collect personal information to support our housing counseling program and to aid your housing needs counseling. We collect personal information about you and we may disclose the following kinds of personal information about you:

1. Information we receive from you orally, on applications or forms, such as name, address, social security number, employer, occupation, assts, debts and income;
2. Information about your transactions with us, our affiliates, your creditors. Or others, such as your account balance, payment history, parties to transactions and credit usage; and
3. Information we receive from a consumer credit reporting agency, such as your credit bureau reports, your credit history and your credit worthiness.

You May Opt-Out of Certain Disclosures

1. You have the opportunity 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 951.444.7363 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)

Confidentiality and Security

We restrict access to personal information about you to those of our employees, volunteers and affiliated organizations 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. Our safeguards strive to comply with federal regulations to guard your personal information.



VAREP

PRIVACY POLICY

Directing Us Not To Make Disclosures to Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

1. If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check the box of the Privacy Choice Form below.

PRIVACY CHOICE FORM

If you want to opt out, that is direct us not to make disclosure about your personal information (other than disclosures permitted by law) as described in this notice, check the box below to indicate your privacy choice:

Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development, or as bylaw and other reporting requirements.

PRINT NAME: _____

SIGNATURE: _____

If your current address is the same as the property address please check box, otherwise, please write your current address below.

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number : (____) ____ - _____