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HOME OWNERSHIP CHECKLIST

PROVIDE COPIES OF ALL REQUESTED DOCUMENTATION.

APPLICATION MUST BE COMPLETE AND YOU MUST HAVE ALL REQUESTED DOCUMENTS WHEN YOU ARRIVE OR YOU WILL HAVE TO RESCHEDULE YOUR APPOINTMENT

- A. Completed Application**
- B. Proof of Income**
 - SSI Determination Letter
 - Retirement Income (4 consecutive stubs)
 - Pay Stubs (4 consecutive stubs)
- C. Income Tax Returns with W2's (past 2 years)**
- D. Driver's License**
- E. Social Security Card**

– A \$.10 charge applies to all copies we have to make.



DIVISION OF HOMEOWNERSHIP
MSHDA's Homeownership Counseling Program
Household Profile

Section I – Must be completed for all clients				Date:
Client Name (First, Middle Initial, Last):			Social Security Number:	
Street Address (do not use PO Box):		City:	State:	Zip:
Home or Cell Phone Number:	Email Address:		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
County Client Resides In:	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living w/Family		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

For statistical purposes circle or check appropriate answer as it applies to Client:

Ethnicity (You must select one): Hispanic Non-Hispanic Choose not to respond Gender: Male Female

Single Race: 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond	Multi-Race: 7. American Indian/Alaskan Native and White 8. Asian and White 9. Black/African American and White 10. American Indian/Alaska Native and Black/African American 11. Other Multiple Race	Household Type: 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other
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Co-Client Name (First, Middle Initial, Last):				Social Security Number:
Street Address (do not use PO Box):		City:	State:	Zip:
Home or Cell Phone Number:	Email Address:		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
County Co-Client Resides In:	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living w/Family		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

For statistical purposes circle or check appropriate answer as it applies to Co-Client:

Ethnicity (You must select one): Hispanic Non-Hispanic Choose not to respond Gender: Male Female

Single Race: 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond	Multi-Race: 7. American Indian/Alaskan Native and White 8. Asian and White 9. Black/African American and White 10. American Indian/Alaska Native and Black/African American 11. Other Multiple Race	Household Type: 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other
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List **ALL** Household Members including Client and **ALL** sources of income for adult members of the household. Include unearned income of minor children **DO NOT** include earned income of minor children.

Income sources: Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient.

Name	Date of Birth	✓ If pregnant	✓ if high school student	Gross Annual Income	Primary Source of Income	Relationship to Client
		<input type="checkbox"/>	<input type="checkbox"/>			Client
		<input type="checkbox"/>	<input type="checkbox"/>			Co-Client
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

Total Household Income: (Excluding minor children's) \$

Section II – Complete this section for Foreclosure Prevention Counseling or National Foreclosure Mitigation Counseling otherwise go to Section III:

Name of originating lender (if available): _____ Original Loan Number (if available): _____

Name of Current Servicer: _____ Loan number assigned by Current Servicer: _____

When did you purchase your home? _____ Does your name appear on the deed and mortgage or land contract? Yes No

Total Monthly Payment (PITI) at intake: _____ What is your current interest rate? _____

<p>Select type of first Loan product:</p> <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Hybrid ARM (2/28 or 3/27) <input type="checkbox"/> Option ARM <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Interest only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FHA or VA fixed rate loan <input type="checkbox"/> FHA or VA ARM <input type="checkbox"/> Privately held <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>NFMC Foreclosure Mitigation Counseling - select type of first Loan product below:</p> <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months <input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months. <input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months <input type="checkbox"/> Client did not disclose	<p>Select primary reason for default:</p> <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Medical issues <input type="checkbox"/> Increase in Expense <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death of Family member <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Increase in loan payment <input type="checkbox"/> Other
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<p>If type of loan at intake is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NFMC Foreclosure Mitigation Counseling <input type="checkbox"/> Reporting on First loan <input type="checkbox"/> Reporting on Second loan</p>	<p>Does client have a second loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Credit Score at Intake: _____</p> <p>Source: TransUnion <input type="checkbox"/> EquiFax <input type="checkbox"/> Experian <input type="checkbox"/> Tri-merge <input type="checkbox"/></p>	<p>Current status of Loan:</p> <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late
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<p>Total amount delinquent on Mortgage? \$ _____</p>	<p>Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$ _____</p>	<p>Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$ _____</p>
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<p>Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the date of the Sherriff's Sale? _____</p>	<p>Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Are you currently working with an attorney regarding the delinquency of your mortgage or land contract?
 Yes No

If yes, please provide attorney information?

Please provide the following information for the mortgage servicer or land contract holder that you make your payments to:

Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

Please describe the circumstance(s) that occurred which resulted in the mortgage or land contract payments getting behind?

<p>What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?</p>	<p>Do you feel that you have recovered from the situation listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Section III – Must be completed for ALL Counseling Services

How did client hear about MSHDA's Homeownership Counseling Programs:

- | | | |
|---|---|--|
| <input type="checkbox"/> Referral from MSHDA | <input type="checkbox"/> Referral from a Real Estate Professional | <input type="checkbox"/> Referral from Habitat |
| <input type="checkbox"/> Referral from Department of Human Services | <input type="checkbox"/> Referral from a Community Organization | <input type="checkbox"/> Walk in Self-Referral |
| <input type="checkbox"/> Referral from Lender | <input type="checkbox"/> Referral from Friend/Relative | <input type="checkbox"/> Radio, TV, or PSA |
| | | <input type="checkbox"/> Other: |

If client is looking to purchase a home what county do they intend to reside in:

I hereby certify that the information given above is accurate and complete. I understand that if information I provided is discovered to be false or misleading, my participation may be denied or terminated.

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

Section IV – To be completed by Homeownership Counselor to determine eligibility for MSHDA Homeownership Counseling Program(s).	
Verified Family Income: \$	Family Maximum Income Limit: \$
Family is Eligible for Pre-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Family is Eligible for Post-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name:	Agency Phone Number:
Counselor Name:	Counselor Signature Verifying Information: Date:

**MSHDA's Division of Homeownership
Counseling Agreement and Release of Information**

Select Service Type:

- Homeownership Counseling
- Foreclosure Counseling
- NFMC Foreclosure Counseling

MSHDA Approved Counseling Agency:		Loan Number:
Address for Foreclosure Counseling:	City:	Zip:

In signing this agreement and release, I am agreeing to actively participate in the Homeownership Counseling Program being offered by this Michigan State Housing Development Authority (MSHDA) counseling agency in order to receive counseling services. Participation in this program is voluntary and requires me to establish the reason for my delinquency and to develop an Action Plan, in cooperation with the Counselor.

1. I may be referred to other housing services of the organization or another agency 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.
2. I understand that this Agency receives funds through MSHDA, HUD and the NFMC Programs and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I understand that a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. I understand that this Agency provides both pre-purchase and post-purchase counseling services and I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies or organizations as appropriate.
5. I understand that this Agency provides information and education on numerous housing programs and loan products and I further understand that the housing counseling I receive from this Agency in no way obligates me to choose any of these particular housing programs or loan products.
6. If I am a NFMC program participant, I give permission to program administrators and/or their agents to pull my credit report up to two (2) additional times between now and June 30, 2010 and to give authorization for program administrators and/or their agents to follow-up with me between now and June 30, 2010 for the purposes of program evaluation.

Failure to sign the consent form may result in denial of program assistance or termination of counseling program benefits.

CONSENT: I/We hereby allow this Agency its agents, employees, or its affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Homeownership Counseling Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

NOTE: If you or anyone in your family feels as though they have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related services, please contact MSHDA's Homeownership Counseling Program at (517)373-6840.

Client's Printed Name	Signature	Date
Client's Printed Name	Signature	Date
Client's Printed Name	Signature	Date
Counselor's Printed Name	Counselor's Signature	Date signed
Name of Counseling Agency	City – Location of Agency	Contact Number

MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

MSHDA
EQUAL HOUSING OPPORTUNITY

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND PRIVACY ACT NOTICE**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.
Failure to comply will result in denial of benefits.

The undersigned authorize the Michigan State Housing Development Authority (MSHDA) and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or MSHDA Housing Resource Fund (HRF) Programs.

This includes the Social Security Administration (SSA), Immigration and Naturalization Service (INS), and the State of Michigan Department of Human Services (DHS) Medicaid Program and Food Assistance Program. MSHDA may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to MSHDA on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

_____ Signature of Head of Household	_____ Social Security Number	_____ Date
_____ Signature of Spouse	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date

Return completed form to:

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

CHECKLIST

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked YES. Provide address, phone number, fax number, and additional information for all yes answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

NOTE: MSHDA has cooperative agreements with agencies to use up-front income verification (UIV) to obtain and clarify income. MSHDA will receive information on wages, unemployment compensation and other income information through a computer matching operation.

Household Member Name:	Head of Household:	
	Address:	City:

Each item must be fully completed. Please print clearly using black ink.

Section A – Income

Yes No
A-1 I am self-employed. If yes, describe _____.

A-2 I have a job(s) and receive money/wages.
I earned \$_____ in the last 12 months. How many jobs do you have? _____ (List each job separately)

Name of Employer: 1) _____ 2) _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 The Work Number _____
 Pay Code #: _____

If more than two jobs provide additional information on a separate sheet.

A-3 I receive tips. If yes, how much per week? \$_____

A-4 I am unemployed. If yes, I have been unemployed since _____ (date).

A-5 I receive unemployment benefits. If yes, I have been receiving benefits since _____ (date).

A-6 I am disabled and have a new job or wage increase in the last 12 months.
 If yes, New job date: _____ Wage increase date: _____

A-7 I receive periodic payments from Workers' Compensation. If yes, Amount \$_____

A-8 I receive military active duty allotments. If yes, Amount \$_____

A-9 I receive Veteran's Administration benefits. If yes, Amount \$_____ VA File # _____

A-10 I receive Social Security. If yes, Amount \$_____

A-11 I receive Supplemental Security Income (SSI). Federal Amount \$_____ State Amount \$_____

A-12 I receive periodic payments from retirement funds or pensions. If yes, how many do you receive? _____

Source Name: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 E-mail address: _____ Account #: _____
 Amount: \$_____ per _____

If received from more than one source, provide additional information on a separate sheet.

A-13 I receive disability or death benefits **other than Social Security**.
 If yes, from how many sources? _____ (List each source separately)

Source Name: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 E-mail address: _____ Account #: _____

If received from more than one source provide additional information on a separate sheet.

CHECKLIST (continued)

Yes	No		
14	<input type="checkbox"/>	<input type="checkbox"/>	I receive Food Assistance Program benefits from the Department of Human Services (DHS). DHS Caseworker Name: _____ Amount: \$ _____ Street Address: _____ DHS Case #: _____ City, State, ZIP: _____ Telephone: _____ E-mail address: _____ Fax #: _____
15	<input type="checkbox"/>	<input type="checkbox"/>	I receive a CASH Public Assistance grant (FIP, SDA, RAP). DHS Caseworker Name: _____ DHS Case #: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax #: _____ E-mail address: _____
16	<input type="checkbox"/>	<input type="checkbox"/>	I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program)
17	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support. From how many Friend of the Court(s) do you receive support? _____ If yes, from how many persons do you receive support? _____ If yes, is child support paid directly to Department of Human Services (DHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If not paid directly to DHS: Friend of the Court Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____ PIN#: _____ If received from more than one Friend of the Court, provide additional information on a separate sheet.
18	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony. From how many Friend of the Court(s) do you receive alimony? _____ If yes, from how many persons do you receive alimony? _____ If yes, is alimony paid directly to Department of Human Services (DHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If not paid directly to DHS: Friend of the Court Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____ PIN#: _____ If received from more than one Friend of the Court, provide additional information on a separate sheet.
19	<input type="checkbox"/>	<input type="checkbox"/>	I receive adoption assistance payments. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____ If received from more than one source provide additional information on a separate sheet.
20	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____ If received from more than one source provide additional information on a separate sheet.
21	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from insurance policies. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____ If received from more than one source provide additional information on a separate sheet.

CHECKLIST (continued)

A-22 Yes No I receive periodic payments from lottery winnings.

Source Name: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 E-mail address: _____
 Amount: \$ _____ per _____

If received from more than one source, provide additional information on a separate sheet.

A-23 I am a full-time student.

Name of School: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 E-mail address: _____ Number of Credit Hours Enrolled: _____

If attending more than one school, provide additional information on a separate sheet.

A-24 I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? _____ (List each source separately)

Source Name: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____

If received from more than one source provide additional information on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

A-25 Yes No I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).

List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-26 I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

Section B – Assets

B-1 Yes No I have the following accounts Savings Checking IRA's or Keogh Other _____
 [check which one(s):]

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)

Name of bank: 1) _____ 2) _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account Number: _____

If more than two financial institutions, provide additional information on a separate sheet.

I own real estate. Describe: _____

B-3 I have a land contract(s). Describe: _____

CHECKLIST (continued)

- 4 Yes No I own a mobile home. Describe: _____
- 5 I receive income from rental of real estate or personal property. Describe: _____
- 6 I receive income from Indian Trust Land. Describe: _____
- 7 I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.)
Describe: _____
- 8 I have Treasury Bills, Stocks or Bonds. Check which one(s): Treasury Bills Stocks Bonds
How many do you have? _____ (List each separately)
Name of each source: 1) _____ 2) _____
Street Address: _____
City, State, ZIP: _____
E-mail address: _____
Contact Person: _____
Telephone: _____
Fax#: _____
Account #: _____
- 9 I have a life insurance policy **with a cash surrender value**.
If more than two, provide additional information on a separate sheet.
Source Name: _____ Policy #: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax#: _____
If received from more than one source provide additional information on a separate sheet.
- 10 I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.
List items: _____ Sale amount \$ _____
- 11 I have income/assets from sources **other** than those listed above. Describe: _____
Source Name: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax#: _____
If received from more than one source, provide additional information on a separate sheet.

be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

2 Yes No I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)

Name of bank: 1) _____ 2) _____
Street Address: _____
City, State, ZIP: _____
E-mail address: _____
Contact Person: _____
Telephone: _____
Fax#: _____
Account Number: _____

If more than two financial institutions, provide additional information on a separate sheet.

CHECKLIST (continued)

Section C - Other

Yes No
C-1 I am disabled and receive Supplemental Security Income (SSI).
-2 I am disabled and do not receive SSI. If yes, my disability was verified by:
Licensed Health
Care Provider: _____ Telephone: _____
Street Address: _____ Fax#: _____
City, State, ZIP: _____ E-mail address: _____

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household.

Yes No
C-3 I have a family member(s) under age 6 who has an *identified* environmental intervention blood lead level (EIBLL). List their names: _____

Please return to:

Certification:

I certify to the best of my knowledge that all statements are true. I understand that providing false information will result in denial or termination of benefits.

Signature Date

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

DECLARATION OF SECTION 214 STATUS

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

- 1. I am a citizen by birth, a naturalized citizen or a national of the United States; or
- 2. I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
- 3. I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - a. Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
 - b. Permanent residence under §249 of INA, see instruction #3; or
 - c. Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
 - d. Parole status under §212(d)(5) of the INA, see instruction #5; or
 - e. Threat to life or freedom under §243(h) of the INA, see instruction #6; or
 - f. Amnesty under §245A of the INA, see instruction #7.

NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.

List all Family Members:

Parent or Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name)

First, Middle Initial, Last Name (Head of Household)	Signature of Head of Household	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date

Return completed form to:

FOR MSHDA USE ONLY
Enter INS/SAVE Primary Verification #: _____
Date: _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

Instructions to Grantee: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach INS document(s) evidencing eligible immigration status. Sign and date.

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

VERIFICATION OF EARNINGS

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Section A	
County:	Name of person holding the job:
Name of Head of Household:	Social Security Number of person holding the job:
Address:	Do you receive tips? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, ZIP Code:	If so, how much per week? \$
NOTE: If tips are received directly by the Tenant a notarized statement must be provided.	
You are authorized to release information requested by MSHDA.	
_____ Signature of person holding the job	_____ Date
STOP HERE Please complete Section A and return to address below.	

Section B - To be completed by Employer:					
<i>Please provide the information requested so we can quickly determine eligibility.</i>					
Please complete and return as soon as possible or within 14 days.					
Employee's name as it appears on your records:			Employee's title, position or work:		
Are earnings from a title IV work-study program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are earnings from a Title IV or Title V Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are earnings from an economic or self-sufficiency job training program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Original date of employment:		Date rehired or recalled to work:		Termination date:	
Current average number of hours per week:	Straight time hours:	Overtime hours (if applicable):	Overtime is paid at the rate of: \$		
If seasonal or occasional employment, give lay-off periods:					
Current rate of pay: \$	Per:	Effective date:	New rate of pay: \$	Per:	Effective date:
Amount of <input type="checkbox"/> tips, <input type="checkbox"/> incentive pay, <input type="checkbox"/> bonus, or <input type="checkbox"/> commissions: \$		Per (weekly, bi-monthly):		Retirement benefits available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health benefits available? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount deducted for medical/hospital insurance: \$		Per (weekly, bi-monthly):	
Firm or employer name:			Telephone number: ()		Fax number: ()
Business address:		City, State, ZIP:		E-mail address:	
I understand that any false pretense, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.					
_____ Signature of employer or authorized representative			_____ Date		
_____ Typed or printed name of person filling out this form			_____ Typed or printed title of person filling out this form		

Please return completed form to:

MSHDA USE ONLY					
\$ _____	X _____	(hrs) X _____	(wks) = _____	(Total)	
\$ _____	X _____	(hrs) X _____	(wks) = _____	(Total)	
\$ _____	X _____	(wks) = _____	(Total)		
\$ _____	X _____	(wks) = _____	(Total)		
\$ _____	X _____	(months) = _____	(Total)		
\$ _____	X _____	(months) = _____	(Total)		

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

VERIFICATION OF RESOURCES

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

SECTION A

Please complete Section A and return to address below. MSHDA will forward to your Financial Institution.

Head of Household	Account Holder Name:	Account Holder Social Security No.:
Account Holder Address:	City, State, ZIP Code:	County:

I have assets such as checking, savings or credit union accounts, stocks or bonds, mutual funds, etc.

By my signature below, I authorize my bank or financial institution to release the information requested in Section B.

Signature of Account Holder

Date Signed

STOP HERE Please complete Section A and return to address below.

SECTION B - To be completed by Bank or Financial Institution:

Please provide the information requested by the Michigan State Housing Development Authority (MSHDA) so we can quickly determine eligibility. It is necessary to verify resources held presently or within the past year (including closed accounts) for the person named above, either individually or jointly with another person(s).

Please complete and return as soon as possible or within 14 days.

Bank Name:	Phone:	
Bank Address:	FAX:	
City:	State:	ZIP Code:

Account History: (Accounts held including checking or draft, savings or share, Certificate of Deposit, IRA/Keogh, Prepaid Burial, mutual funds, etc.)

Type of Accounts Held	Account Number	Date of Last Withdrawal	Amount of Last Withdrawal	Present Balance	Average Balance (Past 6 months) Checking Only	Interest Rate %	Early Withdrawal Penalty Amount
Checking							

For each joint account, list the account number and person(s) on the account:

I understand that any false pretense, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.

Bank or Financial Institution Signature

Date Signed

Typed or printed name of person filling out this form

Typed or printed title of person filling out this form

MSHDA USE ONLY

Present Balance (6-month average for checking accounts)	Percentage Rate	Annual Income
\$ _____	X _____ % = \$ _____	_____
\$ _____	X _____ % = \$ _____	_____
\$ _____	X _____ % = \$ _____	_____
\$ _____ (Minus Penalty = Cash Value)	X _____ % = \$ _____	_____
\$ _____ (\$ _____ \$ _____)	X _____ % = \$ _____	_____
\$ _____ (\$ _____ \$ _____)	X _____ % = \$ _____	_____

Return completed form to:

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).



CIRCLE OF LOVE COMMUNITY DEVELOPMENT CORPORATION

1809 Durand St.
Saginaw, MI 48602
Phone: (989)921-0569 Fax: (989)754 -1654

CLIENT COUNSELING AGREEMENT

I agree to participate in counseling sessions to help improve my housing situation. I understand that staff counselors may discuss information on my credit history, financial situation, employment, or related family problems. I understand that it may be necessary for the counselors to discuss this information with representatives of other firms or agencies as is necessary to seek a solution to my problem(s).

I also understand that these procedures are necessary in assisting me with my housing problem. I understand that information about my personal circumstances will be treated as totally confidential and that no information will be divulged to any party who is not directly involved in the situation.

I authorize the Circle of Love Community Development Corporation to discuss any information related to my personal circumstances as may be necessary to help secure my full legal rights in attempting to secure or improve my housing problem.

In addition, I agree to assist in developing a case management plan to resolve my housing and/or financial problem. I also agree to perform in a timely manner, any and all tasks assigned to me to resolve my problem.

I agree that all materials and information obtained is the property of Circle of Love.

I agree to hold Circle of Love Community Development Corporation, its representatives, collaborative agencies and organizations harmless for any misinterpretations of information provided.

Client's signature

Date

Counselor's signature

Date



AUTHORIZATION TO OBTAIN CREDIT INFORMATION

I hereby authorize Circle of Love CDC to verify my past and present employment earnings record, bank accounts, stock holding, and other asset balances that are needed to process my application. I further authorize Circle of Love CDC to order a consumer credit report and verify other credit information, including past and present landlord references. It is understood that a photocopy of this form will also serve as authorization.

The information Circle of Love CDC obtains is only to be used in the processing of my application and can be shared with various agencies that fund the Circle of Love CDC Partnership programs.

To establish "proper identification", as required by the Fair Credit Report Act, please complete the following identifying information and supply the consumer interviewer with two (2) pieces of proper identification.

Name: _____

Address: _____

Previous Address (less than two yrs) _____

Phone#: _____ Birth Date: _____

SS#: _____ Employer: _____

Length of Employment: _____

I am the person named above and I understand that Federal Law provides that a person who obtains information from a consumer-reporting agency under false pretense shall be fined not more than \$5,000 or imprisoned for not more than one year or both.

COLCDC Representative

Client Signature

Witness

CO-Client Signature

Budget Planner

Monthly Income

Wages- one income	\$	_____	_____
Wages- second income	\$	_____	_____
Social Security	\$	_____	_____
Disability	\$	_____	_____
Workers Comp	\$	_____	_____
Unemployment	\$	_____	_____
Public Assistance	\$	_____	_____
Child Support	\$	_____	_____
 Total Income	\$	_____	_____

Fixed Expenses

Rent, lease, or mortgage	\$	_____	_____
Renter's insurance	\$	_____	_____
Car note #1	\$	_____	_____
Car note #2	\$	_____	_____
Car insurance	\$	_____	_____
Appliance, TV, furniture rental or loans	\$	_____	_____
Personal Loans	\$	_____	_____
Bank credit card	\$	_____	_____
Bank credit card	\$	_____	_____
Bank credit card	\$	_____	_____
Bank line of credit	\$	_____	_____
Department store credit card	\$	_____	_____
Department store credit card	\$	_____	_____
Other credit card	\$	_____	_____
Other credit card	\$	_____	_____
Student Loan	\$	_____	_____
Student Loan	\$	_____	_____
Student Loan	\$	_____	_____
Finger Hut	\$	_____	_____
Rent to Own	\$	_____	_____
Child support	\$	_____	_____
Child care	\$	_____	_____
Savings	\$	_____	_____
Total Fixed Expenses	\$	_____	_____

Controllable Expenses

Food	\$	_____	_____
Toiletries, cleaning supplies, laundry	\$	_____	_____
Car #1: fuel	\$	_____	_____
Car #1: repairs	\$	_____	_____
Car #2: fuel	\$	_____	_____
Car #2: repairs	\$	_____	_____
Electric	\$	_____	_____

Gas	\$	_____	_____
Water	\$	_____	_____
Telephone	\$	_____	_____
Cell phone	\$	_____	_____
Cable	\$	_____	_____
Medical, dental, prescriptions, co-pays	\$	_____	_____
Clothes	\$	_____	_____
Hair care, nails, etc.	\$	_____	_____
Adult allowances	\$	_____	_____
Children allowances	\$	_____	_____
Fast food- evenings	\$	_____	_____
Fast food- lunches- one earner	\$	_____	_____
Fast food- lunches- second earner	\$	_____	_____
Finer dining	\$	_____	_____
Hot lunches- school	\$	_____	_____
Hobbies	\$	_____	_____
School Activities	\$	_____	_____
Alcohol	\$	_____	_____
Tobacco, cigarettes	\$	_____	_____
Subscriptions: newspapers, magazines	\$	_____	_____
Dues: union, clubs	\$	_____	_____
Education: tuition, fees, books, school supplies	\$	_____	_____
Religious contributions, tything	\$	_____	_____
Charity contributions	\$	_____	_____
Birthdays- immediate family	\$	_____	_____
Birthdays- extended family, friends	\$	_____	_____
Christmas- immediate family	\$	_____	_____
Christmas- extended family, friends	\$	_____	_____
Vacation expenses	\$	_____	_____
Other expenses	\$	_____	_____
Total Controllable Expenses	\$	_____	_____
Monthly income	\$	_____	_____
Fixed expenses	minus \$	_____	_____
Controllable expenses	allowable amount \$	_____	_____
Monthly income	\$	_____	_____
Fixed expenses	\$	_____	_____
Controllable expenses	actual amount \$	_____	_____
Total expenses	\$	_____	_____
Difference btwn. income and expenses	\$	_____	_____

This is the amount that you can use to begin paying off collection accounts and past due amounts. Disperse this amount between different accounts that are delinquent, in collection, or past due. Always reevaluate your controllable expenses, especially if you're currently living beyond your means.



1809 Durand Street
 Saginaw, MI 48602
 Ph: 989-921-0569
 Fx: 989-754-1654

Email: circleoflovecdc@hotmail.com

Conflict of Interest Policy

Circle of Love Community Development Corporation receives Community Development Block Grant (CDBG) funding. As per the Sub grantee agreements, all CDBG assisted activities are required to have all clients assisted by the program complete the following:

- Disclosure of Conflict of Interest:

To this end, I _____

(potential client of Circle of Love CDC) answer **Yes () No ()** to the following statement: "Are you related to or do you have business dealing with Saginaw City Council members, or employees, agents, consultants, officers, of the City of Saginaw or this agency? Failure to disclose this information may result in being disqualified for assistance.

- Providing False Information to any Agency:

Penalty for false or fraudulent statement: USC Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

 Applicant Signature

 Date

 Witness Signature

 Date

If applicant answered YES to the statement in #1, list the name(s) of the person(s) and the relationship:

 Person

 Relationship

 Person

 Relationship



Programs Funded in Part By:
 City of Saginaw CDBG, DHUD
 and MSHDA's Links to
 Homeownership Program

Michigan State Housing Development Authority
Division of Homeownership
National Foreclosure Mitigation Counseling Program

Privacy Policy

Our Agency, a MSHDA sub-grantee for the National Foreclosure Mitigation Counseling program, 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 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 our 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.

Client Initials and Date