



**Self Help Enterprises**  
8445 W. Elowin Ct. Visalia, CA 93291  
[www.selfhelpenterprises.org](http://www.selfhelpenterprises.org)  
559)651-1000 Fax: 559)651-3634

Welcome to the GATEWAY! This is our opportunity to ensure that you have the tools to succeed in homeownership. Self Help Enterprises (SHE) is prepared to provide you with information, coaching and community resources to help you realize the dream of homeownership. Our goal is to help you identify the steps that can lead to the purchase of a home and to assist you in completing those steps.

In order to begin this process, we will need several items from you. These documents will help us assess your readiness for homeownership and are also needed for developing a detailed plan. If you are unable to provide copies of the documents requested, we ask that you bring originals to our office and we will make copies for you.

Items needed to open a file:

- ① COMPLETED Personal Profile Intake Form (included with this letter) Signed and Dated
- ② MONTHLY BUDGET - List all of your regular expenses
- ③ SIGNED Authorization Form (included with this letter)
- ④ Last year's tax forms (all pages) and W-2s
- ⑤ Last month's pay stubs for ALL working adults in your household
- ⑥ Last Month's Bank Statements (checking/savings) for all accounts
- ⑦ Verification of income letter from SSI, Retirement, Disability, Welfare
- ⑧ Divorce/Bankruptcy Documents (all pages), if applicable

A \$50 fee is required to book a counseling appointment. This fee covers the cost of a credit report as well a portion of the Education fee.

**The package MUST be completed and returned at least 72 hours prior to your scheduled appointment.**

*We cannot begin the counseling process without the requested information. If you do not provide the information at least 72 hours prior to your initial appointment, your appointment will be re-scheduled.*

Call 559.651-1000 if you have any questions.

Sincerely,

Homeownership Counselor

encl: Intake forms and disclosures

***Working together with low-income families to build and sustain healthy homes and communities.***

Note: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please speak with your housing counselor about arranging alternative accommodations.





8445 W. Elowin Ct. (P.O. Box 6520)  
 Visalia, CA 93290  
 PH. 559.651.1000 Fax 559.651.3634

<b>Office Use Only:</b>	Posted to HCO: _____	By: _____
_____ Homeownership Counseling/Education		
_____ Financial Ed/ Post Purch _____		
_____ Homebuyer's Assistance Program		
_____ New Homes Program		
_____ Rehab Program		
_____ Refer to Lender _____		

**PERSONAL PROFILE INTAKE FORM (PLEASE PRINT)**

**Applicant**

First Middle Last

SS# DOB

Home Phone Cell Phone Other Phone

eMail Address \_\_\_\_\_ Do you wish to be contacted via email?

Street Address

City St. Zip Rural Area? Y/N

Mailing Address

City St. Zip

How Much do you pay in Rent / Mortgage? How long at this address?

Education: \_\_\_\_\_  
 1. Below H.S. 2. H.S. Diploma or equivalent  
 3. Two-Yr College 4. Bachelor's or Master's Degree  
 5. Other \_\_\_\_\_

Marital Status: \_\_\_\_\_  
 1. Single 2. Married 3. Divorced 4. Separated  
 5. Widowed

Household Type: \_\_\_\_\_  
 1. Married with children 2. Married without children  
 3. Single Adult 4. Female Head of Household  
 5. Male Head of Household 6. 2 or more unrelated adults.  
 7. Other

Number of Dependents: \_\_\_\_\_

Race \_\_\_\_\_  
 1. White 2. Black 3. Asian 4. Am. Indian 5. Pacific  
 Islander 7. Other/Multi-Racial

Ethnicity \_\_\_\_\_  
 1. Hispanic 2. Non-Hispanic

Dependent Name DOB Age

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_

**Co-Applicant**

First Middle Last

SS# DOB

Home Phone Cell Phone Other Phone

eMail Address \_\_\_\_\_ Do you wish to be contacted via email?

Street Address

City St. Zip Rural Area? Y/N

Mailing Address

City St. Zip

How Much do you pay in Rent / Mortgage? How long at this address?

Education: \_\_\_\_\_  
 1. Below H.S. 2. H.S. Diploma or equivalent  
 3. Two-Yr College 4. Bachelor's or Master's Degree  
 5. Other \_\_\_\_\_

Marital Status: \_\_\_\_\_  
 1. Single 2. Married 3. Divorced 4. Separated  
 5. Widowed

Household Type: \_\_\_\_\_  
 1. Married with children 2. Married without children  
 3. Single Adult 4. Female Head of Household 5.  
 Male Head of Household 6. 2 or more unrelated adults.  
 7. Other

Number of Dependents: \_\_\_\_\_

Race \_\_\_\_\_  
 1. White 2. Black 3. Asian 4. Am. Indian 5. Pacific  
 Islander 7. Other/Multi-Racial

Ethnicity \_\_\_\_\_  
 1. Hispanic 2. Non-Hispanic

M/F Relationship

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**EMPLOYMENT**

**Applicant**

Primary Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ City, St Zip \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Hours Per Wk \_\_\_\_\_ Start Date \_\_\_\_\_

2nd Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Hours Per Wk \_\_\_\_\_ Start Date \_\_\_\_\_

Previous Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Hours Per Wk \_\_\_\_\_ Start Date \_\_\_\_\_

Please list all **GROSS monthly** income:

Primary Employment Income Applicant \$ \_\_\_\_\_  
 2ndary Employment Income Applicant \$ \_\_\_\_\_  
 Child Support Applicant \$ \_\_\_\_\_  
 Disability Applicant \$ \_\_\_\_\_  
 Unemployment Applicant \$ \_\_\_\_\_  
 Other Applicant \$ \_\_\_\_\_  
**Total Monthly Income: Applicant \$ \_\_\_\_\_**

**Co-Applicant**

Primary Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ City, St. Zip \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Hours Per Wk \_\_\_\_\_ Start Date \_\_\_\_\_

2nd Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Hours Per Wk \_\_\_\_\_ Start Date \_\_\_\_\_

Previous Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Hours Per Wk \_\_\_\_\_ Start Date \_\_\_\_\_

Co-Applicant \$ \_\_\_\_\_  
 Co-Applicant \$ \_\_\_\_\_  
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 Co-Applicant \$ \_\_\_\_\_  
 Co-Applicant \$ \_\_\_\_\_  
 Co-Applicant \$ \_\_\_\_\_  
**Co-Applicant \$ \_\_\_\_\_**

**TOTAL COMBINED MONTHLY INCOME \$ \_\_\_\_\_**

**TOTAL COMBINED ANNUAL INCOME: \$ \_\_\_\_\_**

**ASSETS**

Bank Name(s): \_\_\_\_\_  
 Checking: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_  
 IRA: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ Type: \_\_\_\_\_

**LIABILITIES / DEBT**

\*\*\*List any debts you have including credit cards, auto loans, student loans etc. (DO NOT include rent/utilities)

Company Name	Type	Monthly Payment	Balance
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____





**DECLARATIONS**

\*\*\* Please enter an explanation for each question to which you answer YES.

- 1 Do you have a contract on a house at this time? Y N
2 Are you currently working with a real estate agent? Y N Contact Name/ph#:
3 Are you currently working with a lender? Y N Contact Name/ph#:
4 Are there any unpaid judgements/liens or taxes against you? Y N
5 Have you had property foreclosed upon in the last 3 years? Y N
6 Are you party to a lawsuit? Y N
7 Are you a Co-signer / endorser of a loan or note? Y N
8 Are you obligated to pay alimony or separate maintenance? Y N Monthly \$
9 Are you obligated to pay child support? Y N Monthly \$
10 Have you owned a home in the last 3 years? Y N When?
11 Have you declared bankruptcy? Y/N Type Date Filed Date Discharged
12 Are you a US Citizen? Applicant: Y N Co-Applicant: Y N
13 Are you a permanent resident Alien? Applicant: Y N Co-Applicant: Y N
14 Preferred Language
15 Is the household Limited English Proficiency? Y N

Comments/Notes:

**CERTIFICATION AND AGREEMENT**

I hereby certify that all the statements I have made are true to the best of my knowledge. I understand that any false statements are unlawful and can be cause for disqualification. I understand all information will be held in confidence and that a credit report may be requested to verify the information provided. I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Codes, Section 1001.

I agree to complete Self Help Enterprise's curriculum to receive my Homebuyer Education Certificate. The curriculum requirements state that I must complete individual counseling and two (2) 3.5hr pre-purchase classes.

Applicant Date
Co-Applicant Date





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## **FEE POLICY AND DISCLOSURE**

	Applicant	Spouse
BACK TO WORK COUNSELING	\$50.00	N/A
HOMEBUYER EDUCATION ("LIVE" CLASS)	\$75.00	\$25.00
EHOME AMERICA ONLINE HOMEBUYER EDUCATION	\$99.00	

The fee is due in full **prior** to enrollment in the education course / Counseling.

***\*\*If you are having financial difficulties and are unable to pay the full fee, please inform the Project Technician or Homeownership Counseling Manager by calling 559-651-1000.***

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## PRIVACY POLICY

### Privacy Policy and Practices:

Self-Help Enterprises values your trust and is committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

### Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

### Information We Disclose

We may disclose the following kinds of personal information about you:

Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;

Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and

Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

### To Whom Do We Disclose?

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law.

*Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.*

### Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

### Directing Us Not to Make Disclosures to Unaffiliated 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).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check, Box 2 on the attached Privacy Choices Form.

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## PRIVACY POLICY

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

**Box 1** - Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

**Box 2** - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

If you have checked any of the boxes above, please mail this form in a stamped envelope to:

**Self-Help Enterprises**  
**P.O. Box 6520**  
**Visalia, CA 93290-6520**

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

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## **Resource and Referral List**

**\*\*\*PLEASE CONTACT OUR OFFICE IF YOU WOULD LIKE A COPY OF THE REFERRAL LIST FOR YOUR COUNTY.**



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**CLIENT AUTHORIZATION FOR HOMEOWNERSHIP COUNSELING**

CLIENT NAME(S): \_\_\_\_\_ COUNSELOR NAME: \_\_\_\_\_  
 \_\_\_\_\_

I would like to participate in your counseling sessions to help me improve my housing situation. I understand that my home counselor may discuss information about my credit history, financial situation, employment and other information with me, and with other representatives of financial institutions, or agencies, as necessary to assist me in improving my housing situation. I understand that information about me will not be discussed with anyone not directly involved in our efforts to improve my housing situation.

I hereby authorize my home counselor to discuss any information related to my personal circumstances that may be necessary in our attempts to improve my housing situation, and to release and/or obtain credit, financial, employment and other information to and/or from other agencies or financial situations when disclosing this information is essential to the improvement of my housing situation.

It is expressly understood that it is my option to work with the real estate agent and/or lender and/or attorney and/or other representative(s) of my choosing, and the home counseling agency will work with such representative in assisting me to improve my housing situation.

It is further understood that in consideration of the home counseling agency's assistance with my housing situation, I agree to hold harmless the home counseling agency 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 in regards to said counseling. It is also understood that the counseling agency is not obligated to sell me/us a home, nor am I/we obligated to purchase a home by participating in this program.

I/we hereby authorize SHE to verify my/our past and present employment earnings records, bank accounts, stock holdings, any other asset balances that are needed to process a mortgage loan application. I/we further authorize SHE to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references, and request a copy of our final settlement statement (HUD-1). It is understood that a photocopy of this form will also serve as authorization.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date

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## MONTHLY EXPENSES WORKSHEET



### Housing

Rent/Mortgage	\$	_____
Heating <i>(gas/oil)</i>	\$	_____
Electricity	\$	_____
Water/Sewage	\$	_____
Telephone <i>(land-line/Cellular)</i>	\$	_____
Insurance <i>(Renter's/Homeowner's if not included in mortgage pmt)</i>	\$	_____
Trash/Garbage Service	\$	_____
Home maintenance/Furnishings	\$	_____
Cleaning Supplies/Lawn Service	\$	_____
Pest Control/Security System	\$	_____

### Transportation

Gas/Oil Change	\$	_____
Car Payment	\$	_____
Car Insurance	\$	_____
Car Repairs/Maintenance	\$	_____
License/registration	\$	_____
Public Transportation/Taxi	\$	_____
Parking / Tolls	\$	_____

### Food

Grocery	\$	_____
School Lunch	\$	_____
Work Related <i>(Lunch / Snacks)</i>	\$	_____

### Insurance

Health <i>(Medical/Dental, if not payroll deducted)</i>	\$	_____
Life	\$	_____
Disability	\$	_____

### Medical

Doctor	\$	_____
Dentist	\$	_____
Prescriptions	\$	_____

### Child Care

Childcare/babysitter	\$	_____
Child Support / Alimony	\$	_____

### Clothing

Clothing / Shoes	\$	_____
Laundry / Dry cleaning	\$	_____

### Donations

Religious / Charity	\$	_____
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### Education

Tuition/Student Loans	\$	_____
Books, paper/supplies	\$	_____
Newspapers/Magazines	\$	_____
LESSONS <i>(sports,dance,music)</i>	\$	_____

### Gifts

Birthday	\$	_____
Major Holiday	\$	_____

### Personal

Barber/Beauty shop	\$	_____
Toiletries / diapers	\$	_____
Allowance	\$	_____
Tobacco products	\$	_____
Beer / Wine / Liquor	\$	_____

### Entertainment

Movies/ Sports / Concerts	\$	_____
Video Rental	\$	_____
Internet	\$	_____
Cable / Satellite TV	\$	_____
Restaurant / takeout meals	\$	_____
Gambling / Lottery	\$	_____
Fitness Social Club	\$	_____
Vacations / Trips	\$	_____
Hobbies / Crafts	\$	_____

### Miscellaneous

Checking Acct / Money Order Fees	\$	_____
Pet Care / supplies	\$	_____
Postage	\$	_____
Pictures / photo processing	\$	_____
Pocket "mad" money	\$	_____

### Debts

Student Loan	\$	_____
Credit Card	\$	_____
Credit Card	\$	_____
Credit Card	\$	_____

### Other Finances

Savings	\$	_____
Retirement	\$	_____
Other	\$	_____

**Total regular monthly expenses:**

\$