

Self Help Enterprises

8445 W. Elowin Ct. Visalia, CA 93291

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:

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

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SELF-HELP ENTERPRISES HOME BUYER ASSISTANCE LOAN PROGRAM GENERAL INFORMATION FOR HOME BUYERS

Attention Home Buyer:

Buying a home is one of the biggest purchases we make in our lifetime and most home buyers are not familiar with the complexities of the home loan application process. This process can be frustrating and intimidating. Through the Self-Help Enterprises--Homeownership Counseling & Education services, we will assist in homeownership preparation and education.

The counseling will prepare you for making informed decisions during the loan application process regarding such items as: selection of Realtor and lender, market interest rates, customary and reasonable fees and charges, budgeting, credit reports, homeowner insurance, property and pest inspections, real estate taxes, and appraisals.

Homeownership Counseling & Education will provide you with:

- resource information
- guidance through the loan application and homebuying process
- assistance and support when requested

When buying an automobile most people check with more than one auto agency and want to secure an interest rate and fees which are reasonable and customary. This is also true when buying a house. We will recommend that you contact a few Realtors and lenders to determine the services provided, type of loan and fees being offered, before making your final decisions. Any Realtor or lender list we provide is meant to be used as a guide, the final selections are yours.

We may provide our customers with comparison worksheets for interviewing both lenders and Realtors. An informed decision is a benefit for all involved. However, at no time will we make any of those decisions for you or direct you to a specific agent or lender. If the Realtor and/or lender have already been selected we will cooperate with them fully (subject to meeting HBA program minimum guidelines).

The loan comparison and application process may be a challenging experience, but in the long term, is critical to realing successful homeownerhsip. Our goal is to serve you and help make your loan application process successful and as pleasant as possible. Please call your home buyer counselor for additional information.

Homebuyer Date Homebuyer Date

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

Office Use Only:	Posted to HCO:	By:
Homeowne	rship Counseling/Educat	ion
Financial Ed	l/ Post Purch	
Homebuyer	's Assistance Program	
New Homes	s Program	
Rehab Prog	ram	
Refer to Ler	nder	

L			PER	SUNAL PRO	FILE IN I	AKE FORM (PLE	ASE PI	RIN I)				
Applicant						Co-Applicant	_					
First		Middle	Last			First		Middle		Last		
FIRST		Miaaie	Last			FIRST		iviiaaie		Last		
SS#			DOB			SS#			DOE	3		
Home Phone		Cell Phone	Other Phone			Home Phone		Cell Phone	Other Phor	ne		
eMail Address		Do you wish	to be contacte	d via email?	<u> </u>	eMail Address		Do you wis	h to be conta	acted via en	nail?	
Street Address						Street Address						
City	St.	Zip	Rural Area? Y/	v		City	St.	Zip	Rural Area	? Y/N		
Mailing Address						Mailing Address	;					
City	St.	Zip	-			City	St.	Zip		_		
How Much do you p	ay in Re	ent / Mortgage?	Ho	w long at this add	dress?	How Much do yo	ou pay in	Rent / Mortga	ge?	How	long at this	address?
		3. Two-Yr Coll	2. H.S. Diploma o	•	ree			3. Two-Yr Co	2. H.S. Diploi llege 4. Bache			
Education:		5. Other				Education:		5. Other			_	
Marital Status:		1. Single 2. M 5. Widowed	arried 3. Divorce	d 4. Separated		Marital Status:		1. Single 2. N 5. Widowed	Married 3. Div	orced 4. Sep	arated	
			th children 2. Ma		ildren				ith children 2 lt 4. Female I			children 5.
Household Type:		5. Male Head adults. 7. Oth	of Household 6 ner	. 2 or more unrel	lated	Household Type	:	Male Head o 7. Other	f Household	6. 2 or mor	e unrelated	adults.
Number of Depende	ents:		_			Number of Depe	endents:		_			
Race			ack 3. Asian 4. Ar hther/Multi-Racia		ic	Race		1. White 2. E 7. Other/Mu	Black 3. Asian 4 Iti-Racial	1. Am. Indian	5. Pacific Is	lander
Ethnicity		1. Hispanic 2	. Non-Hispanic			Ethnicity		1. Hispanic	2. Non-Hispan	ic		
Dependent Name			DOB		Age	M/F	Relatio	nship				
1												
2												
B												
1												
5												









EMPLOYMENT

Applicant		<u>(</u>	Co-Applicant			
Primary Employer	Job Title		Primary Employer		_	Job Title
Address	City, St Zip		Address		(City,St. Zip
Hourly Wage Hours Per Wk	Start Date		Hourly Wage	Hours Per Wk	Start Date	
2nd Employer	Job Title		2nd Employer		Job Title	
Hourly Wage Hours Per Wk	Start Date		Hourly Wage	Hours Per Wk	Start Date	
Previous Employer	Job Title		Previous Employer		Job Title	
Hourly Wage Hours Per Wk	Start Date		Hourly Wage	Hours Per Wk	Start Date	
Please list all <u>GROSS monthly</u> income:						
Primary Employment Income	Applicant \$		Co-Applicant	\$		
2ndary Employment Income	Applicant \$		Co-Applicant	\$		
Child Support	Applicant \$		Co-Applicant	\$		
Disability	Applicant \$		Co-Applicant	\$		
Unemployment	Applicant \$		Co-Applicant	\$		
Other	Applicant \$		Co-Applicant	\$		
Total Monthly Income:	Applicant \$		Co-Applicant	\$		
TOTAL COMBINED MONTHLY INCOME	\$	1	OTAL COMBINED ANNU	JAL INCOME:	\$_	
		ASSETS	;			
Bank Name(s):						
Checking: \$		Savings:		Cash: \$	-	
IRA: \$		Other:	5	Type:		
		IABILITIES /	DEBT			
***List any de	bts you have including cre			(DO NOT include	rent/utilitie	os)
Company Name Type	ots you have meraamy ere		hly Payment	Balance	reng dimae	,
,						
-						_
						_







DECLARATIONS

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

1 Do you have a contract on a house at this t	ime?	Υ	N		
2 Are you currently working with a real estat	e agent?	Υ	N Contact Name	e/ph#:	
3 Are you currently working with a lender?		Υ	N Contact Name	e/ph#:	
4 Are there any unpaid judgements/liens or t	axes against you?	Υ	N		
5 Have you had property foreclosed upon in	the last 3 years?	Υ	N		
6 Are you party to a lawsuit?		Υ	N		
7 Are you a Co-signer / endorser of a loan or	note?	Υ	N		
8 Are you obligated to pay alimony or separa		Υ	N Monthly \$		
9 Are you obligated to pay child support?		Υ	N Monthly \$		•
O Have you owned a home in the last 3 years	?	Υ	N When?		•
1 Have you declared bankruptcy?	Y/N	Typ		Date Filed	Date Discharged
2 Are you a US Citizen?	Applicant:	Y	N Co-Applicant:		
3 Are you a permanent resident Alien?	Applicant:	Y	N Co-Applicant:		
4 Preferred Language	Аррисинс.	•	и со-друшине.	1 11	
.5 Is the household Limited English Proficienc		Υ	N		
5 is the household Limited English Proficienc	у:	ı	IN		
	CERTIFICA	TION	AND AGREEN	/IENT]
I hereby certify that all the statements I are unlawful and can be cause for disquestion may be requested to verify the information contained on this form may Codes, Section 1001.	alification. I undersion provided. I/We	stand a	ıll information v stand that any i	vill be held in confid intentional or negli	dence and that a credit report gent representation(s) of the
I agree to complete Self Help Enterpris requirements state that I must comple			-		
Applicant			Date		
Co-Applicant			Date		





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FEE POLICY AND DISCLOSURE

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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PROGRAM DISCLOSURE FORM

About Us/Program Purpose: Self Help Enterprises (SHE) is a non-profit Housing and Community Development Organization, that has been HUD approved to provide housing counseling. We provide homebuyer education workshops & one-on-one pre-purchase counseling for a fee of \$50. All clients are served regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability or sexual orientation/gender identity. All programs are administered in conformity with local, state and federal antidiscrimination laws including the Fair Housing Act (42USC 3600, et seq.).

Client and Counselor Roles and Responsibilities:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities			
► Reviewing your housing goal & your finances; which include your income, debts, assets, and credit history.	► Completing the steps assigned to you in your CLIENT ACTION PLAN.			
▶ Preparing a CLIENT ACTION PLAN that lists the steps that you and your counselor will take in order to achieve your housing goal.	Providing accurate information about your income, debts, expenses, credit, and employment.			
► Preparing a household budget that will help you manage your debt, expenses, and savings.	Attending meetings, returning calls, providing requested paperwork in a timely manner.			
➤ Your counselor is not responsible for achieving your housing goal, but will provide guidance & education in support of your goal.	► Notifying SHE or your counselor when changing housing goal			
► Neither your counselor nor SHE employees, agents, or directors may provide legal advice.	Attending educational workshop(s) (for example: Pre-purchase workshop or Financial Education workshop) as recommended.			
	Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.			
	ermination of Services: Failure to work cooperatively with your housing counselor and/or SHE will result in the discontinuation of ounseling services. This includes, but is not limited to, missing 3 consecutive appointments.			

Agency Conduct: No SHE employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization or engage in conduct that will compromise our organization's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships/Freedom of Choice: SHE has affiliations with National Council of La Raza (NCLR), NeighborWorks America, various lenders and government entities throughout the San Joaquin Valley. You are not obligated to use the products and services of SHE or our partners in order to receive housing counseling from our organization. You may consider seeking alternative products and services from entities including Federal Housing Agency (FHA) for first-time homebuyer programs or other local or state organizations. You are entitled to choose whatever real estate professionals, lenders and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks and legal aid assistance. This list also identifies alternative agencies that provide services, programs or products identical to those offered by SHE and its partners/affiliates.

Initials	
Errors and C	Omissions and Disclaimer of Liability: I/we agree SHE, its employees, agents and directors are not liable for any claims and causes of action arisin
errors or on	nissions by such parties, or related to my participation in SHE counseling, and I/we bereby release and waive all claims of action against SHE

Privacy Policy: I/we acknowledge that I/we received a copy of SHE's Privacy Policy.

ng from affiliates. I/we have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement of assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extend allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, SHE, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with SHE grantors such as NCLR or NeighborWorks America.

I/we acknowledge that I/we received, reviewe	d, and agree to Self Hel	p Enterprises' (SHE) Program Disclosures.	
Signature	Date	Signature	Date

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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.

Вох	I - <u>Limit disclosure</u> of personal informati than nonprofit organizations involved i	on about me to unaffiliated third parties other in community development.	
Вох	<u> </u>	ion about me to nonprofit organizations involved sed only for program review, auditing, research	
Name:			
Address:			
City:	State:	Zip:	
Phone Num	ber:		
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 precious privacy instructions will remain in effect until you request a change.

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LeighborWork



Resource and Referral List

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



CLIENT NAME(S):

8445 W. Elowin Ct. Visalia, CA 93291

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CLIENT AUTHORIZATION FOR HOMEOWNERSHIP COUNSELING

COUNSELOR NAME:

I would like to participate in your cour my home counselor may discuss infor information with me, and with other re in improving my housing situation. I u directly involved in our efforts to impro	mation about representatives of the contraction about representatives of the contraction and erstand that	ny credit history, financial situation, e of financial institutions, or agencies, as information about me will not be disc	employment and other necessary to assist me
I hereby authorize my home counselo be necessary in our attempts to imp employment and other information t information is essential to the improve	rove my housir to and/or from	ng situation, and to release and/or o other agencies or financial situations	btain credit, financial,
It is expressly understood that it is m and/or other representative(s) of my c in assisting me to improve my housing	hoosing, and the	_	· · · · · · · · · · · · · · · · · · ·
It is further understood that in conside I agree to hold harmless the home con causes of actions arising, or which ma- also understood that the counseling purchase a home by participating in thi	unseling agency y arise, from mi agency is not o	and its agents and/or employees forn stakes, errors or omissions in regards t	n any and all claims or to said counseling. It is
I/we hereby authorize SHE to verify m holdings, any other asset balances tha SHE to order a consumer credit report landlord references, and request a c photocopy of this form will also serve a	t are needed to and verify other copy of our fin	process a mortgage loan application. credit information, including past and al settlement statement (HUD-1). It	I/we further authorize present mortgage and
Signature	Date	Signature	Date

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Conflict of Interest Disclosure

services, even with special housing prunderstand that we	th <u>Self-Help</u> <u>Enter</u> ograms for which t ve are under no o	prises providing us w they may be paid a co	ealtor, loan product, home, or ith information on loan prod unseling or administration fee y of the products or services ling.	ducts or e. I (we)
Signature	 Date	Signature	Date	
	\$		399999999999999999999999999999999999999	§ §
casa, aunque <u>Se</u> préstamo o progra administración o ningunas obligación	<u>lf-Help</u> <u>Enterprises</u> amas de alojamient asesoramiento. Y	pueda proveernos o co especiales para los o o (nosotros) entiendo ualquiera de los prod	gir cualquier producto de prés de la información en produ cuales pueden pagarles honor n/entendemos que no estam ductos o los servicios del c	ictos de arios de nos bajo
Firma	Fecha	Firma	Fecha	





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Mortgage Loan Product Comparison Disclosure

		3) mortgage products with the covith one or more lenders.	ounselor.
Signature	Date Date	Signature	Date
\$\$\$\$\$\$\$\$\$\$	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	\$	9888888888
Declara	ción Sobre Compa	ración de Préstamos Hi	potecarios
•	` ' '	tamos hipotecarios, siendo que y estamista. (<u>Firma y fecha</u>)	a hemos
Firma	Fecha		Fecha



MONTHLY EXPENSES WORKSHEET



Housing		Education	
Rent/Mortgage	\$	Tuition/Student Loans	\$
Heating (gas/oil)	\$	Books, paper/supplies	\$
Electricity	\$	Newspapers/Magazines	\$
Water/Sewage	\$	Lessons (sports,dance,music)	\$
Telephone (land-line/Cellular)	\$		-
Insurance (Renter's/Homeowner's if not included in mortgage pmt)	\$	Gifts	
Trash/Garbage Service	\$	Birthday	\$
Home maintenance/Furnishings	\$	Major Holiday	\$
Cleaning Supplies/Lawn Service	\$		
Pest Control/Security System	\$	Personal	
		Barber/Beauty shop	\$
Transportation		Toiletries / diapers	\$
Gas/Oil Change	\$	Allowance	\$
Car Payment	\$	Tobacco products	\$
Car Insurance	\$	Beer / Wine / Liquor	\$
Car Repairs/Maintenance	\$		
License/registration	\$	Entertainment	
Public Transportation/Taxi	\$	Movies/ Sports / Concerts	\$
Parking / Tolls	\$	Video Rental	\$
_ ,		Internet	\$
Food		Cable / Satellite TV	\$
Grocery	\$	Restaurant / takeout meals	\$
School Lunch	\$	Gambling / Lottery	\$
Work Related (Lunch / Snacks)	\$	Fitness Social Club	\$
		Vacations / Trips	\$
Insurance		Hobbies / Crafts	\$
Health (Medical/Dental, if not payroll deducted)	\$		·
Life	\$	Miscellaneous	
Disability	\$	Checking Acct / Money Order Fees	\$
		Pet Care / supplies	\$
Medical		Postage	\$
Doctor	\$	Pictures / photo processing	\$
Dentist	\$	Pocket "mad" money	\$
Prescriptions	\$		
Child Care		Debts	
	Ś		ć
Child Cours and Alice and	· 	Student Loan	\$
Child Support / Alimony	\$	Credit Card	\$
Clathing		Credit Card	\$
Clothing		Credit Card	>
Clothing / Shoes	\$		
Laundry / Dry cleaning	\$	Other Finances	
		Savings	\$
Donations		Retirement	\$
Religious / Charity	\$	Other	\$