

Self Help Enterprises 8445 W. Elowin Ct. Visalia, CA 93291 www.selfhelpenterprises.org (559)651-1000 Fax: 559)651-3634 GATEWAY@selfhelpenterprises.org

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:

\bigcirc		// / / / /////////////////////////////	
1	COMPLETED Personal Profile Intake Form	(included with this letter) Signed and Dated

- MONTHLY BUDGET List all of your regular expenses
- 2 3 4 5 6 7 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
- (8) Divorce/Bankruptcy Documents (all pages), if applicable

A \$50 fee is required to book a coaching appointment. This fee covers the cost of a credit report as well a portion of the Education fee. **You have the option of ordering your own "free" credit report as allowed by law. There are many sites from which to do this including www.creditreport.com and www.creditkarma.com

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

We cannot begin the coaching 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.

*You may mail, email, fax or bring in your Intake form and documents. Email address and fax number are shown above.

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 accomodations



FEE POLICY AND DISCLOSURE

BACK TO WORK COUNSELING	Applicant S \$50.00	
HOMEBUYER EDUCATION ("LIVE" CLASS)	\$75.00	Ş25.00
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.

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.







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.

Coaching 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

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

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 accommodationing in the form or accessing information about housing counseling, please speak with your housing counselor about arranging alternative accommodation in the form or accessing information about housing counselor about arranging alternative accommodation about housing







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 homeownership advisor 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 homeownership advisor 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 form 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 understand and authorize my homeownership advisor to provide my complete credit package including paystubs, bank statements, W-2s and tax returns to the loan processor for use in determining my eligibility if I choose to apply for a DPA loan being administered by Self-Help Enterprises. I also understand that additional documentation may be required and that the loan processor will request that documentation as needed.

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

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 GATEWAY@selfhelpenterprises.org

		_ By:
wnership Counseling/I	Education	
al Ed/ Post Purch		
uyer's Assistance Prog	ram	
omes Program		
Program		
o Lender		
ci b lo	ial Ed/ Post Purch	buyer's Assistance Program Iomes Program Program

PERSONAL PROFILE INTAKE FORM (PLEASE PRINT)

Applicant	_					Co-Applican	t			
First		Middle	Last			First		Middle	L	ast
SS#			DOB			SS#			DOB	
Home Phone		Cell Phone	Other Phone			Home Phone		Cell Phone	e Other Phone	
eMail Address		Do you wish	n to be contacte	d via email?		eMail Addres	s	Do you w	vish to be contacted	via email?
Street Address						Street Addres	55			
City	St.	Zip	Rural Area? Y/I	v		City	St.	Zip	Rural Area? Y/N	
Mailing Address						Mailing Addr	ess			
City	St.	Zip	_			City	St.	Zip		
How Much do you	pay in R	ent / Mortgage?	Р Но	w long at this add	lress?	How Much do	o you pay ir	n Rent / Mortg	age?	How long at this address?
			2. H.S. Diploma d	•					I.S. 2. H.S. Diploma or e	•
Education:			lege 4. Bachelor's	or Master's Degre	ee	Education:			College 4. Bachelor's o	
Marital Status:		1. Single 2. N 5. Widowed	Narried 3. Divorce	d 4. Separated		Marital Statu		1. Single 2 5. Widowe	2. Married 3. Divorced	4. Separated
		 Single Adul Male Head 	lt 4. Female Head l of Household 6	arried without chil l of Household . 2 or more unrela				3. Single A	l with children 2. Marr dult 4. Female Head o d 6. 2 or more unrelat	f Household 5. Male Head of
Household Type:		adults. 7. Ot	her			Household Ty	/pe:			
Number of Depen	dents:		Relationship to C	o-Applicant:		Number of De	ependents:		Relationship to App	licant:
Race			llack 3. Asian 4. Ar Other/Multi-Racia	n. Indian 5. Pacific I		Race			2. Black 3. Asian 4. Am. Aulti-Racial	Indian 5. Pacific Islander
Ethnicity		1. Hispanic	2. Non-Hispanic	Sex: 1. Male	e 2. Female	Ethnicity		1. Hispanic	c 2. Non-Hispanic S	ex: 1. Male 2. Female
Dependent Name			DOB		Age	M/F	Relatio	onship		
4										
5										

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



6

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.





EMPLOYMENT

ī

Applicant

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 mor</u>	<u>nthly</u> income:						
Primary Employment I	ncome	Applicant \$		Co-Applicant	\$		_
2ndary Employment In	ncome	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	\$		•
			ASSI	ETS			
Bank Name(s):			Couringou	č	Cash: \$		
Checking: \$ IRA: \$			Savings: Other:	\$ \$	Cash: \$ Type:		
			other.	Ý	Type.		
			LIABILITIE				
Company Name	***List any det Type	its you have inclua		ito loans, student loans etc Ionthly Payment	c. (DO NOT includ Balance	e rent/utiliti	ies)
							NeighborWorks
							HOMEOWNERSHIP CENTER



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?	Y	N			
2 Are you currently working with a real estat	e agent?	Y	N Contact Name	e/ph#:		
3 Are you currently working with a lender?		Y	N Contact Name	e/ph#:		
4 Are there any unpaid judgements/liens or	taxes against you?	Y	Ν			
5 Have you had property foreclosed upon in	the last 3 years?	Y	Ν			
6 Are you party to a lawsuit?		Y	Ν			
7 Are you a Co-signer / endorser of a loan or	note?	Y	Ν			
8 Are you obligated to pay alimony or separa	ate 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	Тур	pe	Date	Filed	Date Discharged
12 Are you a US Citizen?	Applicant:	Y	N Co-Applicant:	Y	Ν	
13 Are you a permanent resident Alien?	Applicant:	Y	N Co-Applicant:	Y	Ν	
14 Preferred Language						
15 Is the household Limited English Proficience	y?	Y	N			
15 Is the household Limited English Proficience	y?	Y	N			

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 <u>Homebuyer Education Certificate</u>. The curriculum requirements state that I must complete individual counseling and two (2) 3.5hr pre-purchase classes.

Applicant

Comments/Notes:

Date

Date

Co-Applicant









MONTHLY EXPENSES WORKSHEET



Housing Rent/Mortgage \$ Heating (gas/oil) \$ Electricity \$ Water/Sewage \$ Telephone (Iand-line/Cellular) \$ Insurance (Renter's/Homeowner's if not included in mortgage pmt) \$ 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 (Lunch / Snacks) \$ Insurance Health (Medical/Dental, if not payroll deducted) \$ Life \$ Disability \$ Medical Doctor \$ Dentist \$ Prescriptions \$ Child Care Childcare/babysitter \$ Child Support / Alimony \$ Clothing Clothing / Shoes \$ Laundry / Dry cleaning Ś Donations Religious / Charity \$

Tuition/Student Loans	¢	_
	\$	
Books, paper/supplies	\$	
Newspapers/Magazines	\$	
Lessons (sports,dance,music)	\$	
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	\$	
al regular monthly expenses:	\$	

12/31/14lgr



SAMPLE

MONTHLY EXPENSES WORKSHEET





Rent/Mortgage	\$ 550.00
Heating (gas/oil)	\$
Electricity	\$ 75.00
Water/Sewage	\$ 50.00
Telephone (land-line/Cellular)	\$ 60.00
Insurance (Renter's/Homeowner's if not included in mortgage pmt)	\$
Trash/Garbage Service	\$ 35.00
Home maintenance/Furnishings	\$
Cleaning Supplies/Lawn Service	\$
Pest Control/Security System	\$

Transportation

Gas/Oil Change	\$ 75.00
Car Payment	\$ 275.00
Car Insurance	\$ 75.00
Car Repairs/Maintenance	\$
License/registration	\$
Public Transportation/Taxi	\$

Education

Tuition/Student Loans	\$
Books, paper/supplies	\$
Newspapers/Magazines	\$
Lessons (sports, dance, music)	\$
Gifts	
Birthday	\$
Major Holiday	\$
Personal	
Barber/Beauty shop	\$ 40.00
Toiletries / diapers	\$ 40.00
Allowance	\$
Tobacco products	\$
Beer / Wine / Liquor	\$ 50.00

Entertainment

Miscellaneous		
Hobbies / Crafts	\$ _	
Vacations / Trips	\$_	
Fitness Social Club - soccer league	\$	50.00
Gambling / Lottery	\$	
Restaurant / takeout meals	\$	50.00
Cable / Satellite TV	\$	70.00
Internet	\$	
Video Rental	\$	
Movies/ Sports / Concerts	\$	50.00

\$	
\$ 300.0	0
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$ 50.	00
\$	
\$	
\$ 40.0	00
\$	
\$	
	\$ 300.0 \$ 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

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

)e	bts	

Student Loan	\$
Credit Card	\$ 40.00
Credit Card	\$
Credit Card	\$

Other Finances

Savings	\$ 25.00
Retirement	\$
Other	\$

Total regular monthly expenses:

2,000





12/31/14lgr





A Nonprofit Housing and Community Development Organization

Greetings!

Attached are the disclosures that we will need from you. If your appointment will be done in person, please bring these with you to your appointment.

If your appointment will be done via phone, please sign and mail these in with the entire Intake Packet and needed supporting documents.

We look forward to working with you.

Sincerely,

Self Help Enterprises GATEWAY/Homeownership Counseling and Education Staff





Self Help Enterprises 8445 W. Elowin Ct. Visalia, CA 93291 www.selfhelpenterprises.org 559)651-1000 Fax: 559)651-3634

Resource and Referral List

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



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.

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







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
t	han nonprofit organizations involved in community development.

Box 2 - <u>Limit disclosure</u> 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 boxe	s above, please mail this form in a sta	mped
		velope to:	
		elp Enterprises D. Box 6520	
		. CA 93290-6520	
Please allow app	roximately 30 days from our receipt	of your Privacy Choices Form for	r it to become effective.
Your privacy inst	ructions and any precious privacy ins	tructions will remain in effect ur	ntil you request a change.

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.







Self Help Enterprises 8445 W. Elowin Ct. Visalia, CA 93291 www.selfhelpenterprises.org 559)651-1000 Fax: 559)651-3634

Mortgage Loan Product Comparison Disclosure

I/WE have opted not to review three (3) mortgage products with the counselor. We have already compared products with one or more lenders.

Signature

Date

Signature

Date

Declaración Sobre Comparación de Préstamos Hipotecarios

Hemos elegido no revisar tres (3) préstamos hipotecarios, siendo que ya hemos comparado préstamos con nuestro prestamista. (Firma y fecha)

Firma

Fecha

Firma

Fecha



Self Help Enterprises 8445 W. Elowin Ct. Visalia, CA 93291 www.selfhelpenterprises.org 559)651-1000 Fax: 559)651-3634

Conflict of Interest Disclosure

I (we) understand that we are free to choose any lender, realtor, loan product, home, or related services, even with <u>Self-Help Enterprises</u> providing us with information on loan products or special housing programs for which they may be paid a counseling or administration fee. I (we) understand that we are under no obligations to utilize any of the products or services of any partners of <u>Self-Help Enterprises</u> in order to receive counseling.

Signature

Date

Signature

Date

Declaracion de Conflicto de Interés

Yo (nosotros) entiendo/entedemos que somos libres delegir cualquier producto de préstamo o casa, aunque <u>Self-Help Enterprises</u> pueda proveernos de la información en productos de préstamo o programas de alojamiento especiales para los cuales pueden pagarles honorarios de administración o asesoramiento. Yo (nosotros) entiendo/entendemos que no estamos bajo ningunas obligaciones de utilizar cualquiera de los productos o los servicios del cualquier compañero a fin de recibir la asesoramiento.

Firma

Firma

Fecha



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.).

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	Attending educational workshop(s) (for example: Pre-purchase
directors may provide legal advice.	workshop or Financial Education workshop) as recommended.
	Retaining an attorney if seeking legal advice and/or representation i
	matters such as foreclosure or bankruptcy protection.

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.

<u>Referrals and Community Resources</u>: 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.

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

Errors and Omissions and Disclaimer of Liability: I/we agree SHE, its employees, agents and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in SHE counseling; and I/we hereby release and waive all claims of action against SHE and its 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

<u>Quality Assurance</u>: 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, reviewed, and agree to Self Help Enterprises' (SHE) Program Disclosures.

Date

Signature

Signature

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.





Date