



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. Copies of these documents will help us assess your readiness for homeownership and are needed for developing a detailed plan.

Provide copies of the following items:

- ¾ COMPLETED Personal Profile Intake Form (included with this letter) Signed & Dated
- ¾ Authorization signed and dated
- ¾ All disclosures, signed and dated
- ¾ This year's IRS 1040 tax forms (all pages) and W-2s
- ¾ 1 months' worth of recent Income documentation from all sources (Checkstubs/UI/SDI/Child Support)
- ¾ Verification of income letter from SSI, Retirement, Disability, Welfare
- ¾ Divorce/Bankruptcy Documents (all pages), if applicable
- ¾ 1 months' worth of recent Bank Statements (checking/savings) for all accounts and all pages

A \$25 fee is required to book a coaching appointment. This fee covers the cost of your credit report and is non-refundable.

The package MUST be completed and returned within 7 calendar days from scheduling your appointment. We cannot begin the coaching process without the requested information. If you do not provide the information by the due date, the appointment will be cancelled and the fee is nonrefundable.

*You may mail, email, fax or bring in your Intake form and copies of your documents. Email address and fax number are shown above. Call 559-651-1000 if you have any questions. Please do not provide originals.

Sincerely,

Gateway Homeownership Education and Counseling Services
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.



FILE/CLIENT ID #: _____

Intake Date: _____

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Personal Information Client Intake Form

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 talk to your housing counselor about arranging alternative accommodations.

How did you hear about our housing counseling services?

- Print Advertisement
 Bank
 Government (HUD)
 Realtor
 Staff/Board Member
 Walk-in
 Friend
 Facebook
 Newspaper
 Internet search
 Other (specify): _____

Part I. Your Biographic and Demographic Information

CLIENT 1

Name 1: _____
First Name Middle Initial Last Name

Street Address: _____
Address and Apartment No. City, State Zip

Mail Address: _____ How long have you lived at this residence? _____

Email Address: _____ Work Email Personal Email

Social Security # _____ - _____ - _____ Gender: Male Female Date of Birth: _____ / _____ / _____

Marital Status: Single Married Divorced Separated Widow Are you a Veteran? Yes No

Education: Below HS HS Diploma 2 Yr. College Bachelors Masters Are you Disabled? Yes No

Ethnicity: Hispanic Not Hispanic Citizenship: US Citizen Green Card None

Race: American Indian/Alaskan Native Asian African-American
 Native Hawaiian/Pacific Islander White Biracial/Multiracial Other (Specify) _____ Decline to Answer

Home Phone: _____

Cell Phone: _____

Preferred Contact Method: Cell Phone
 Work Phone Home Phone Email

CLIENT 2

Name 2: _____
First Name Middle Initial Last Name

Street Address: _____
Address and Apartment No. City, State Zip

Mail Address: _____ How long have you lived at this residence? _____

Email Address: _____ Work Email Personal Email

Social Security # _____ - _____ - _____ Gender: Male Female Date of Birth: _____ / _____ / _____

Marital Status: Single Married Divorced Separated Widow Are you a Veteran? Yes No

Education: Below HS HS Diploma 2 Yr. College Bachelors Masters Are you Disabled? Yes No

Ethnicity: Hispanic Not Hispanic Citizenship: US Citizen Green Card None

Race: American Indian/Alaskan Native Asian African-American
 Native Hawaiian/Pacific Islander White Biracial/Multiracial Other (Specify) _____ Decline to Answer

Relationship to Client 1: Spouse Significant Other Relative (specify): _____ Other: _____





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My household type is....

Single female-headed Single Adult Married Cohabiting Single female-headed household with dependents

Living with non-spousal Single male-headed household with dependents Roommates/ unrelated adults

Living with non-spousal family members (parents, siblings, etc.) Other: (specify) _____

Family household size: _____ Number of Adults (Age 18+): _____ Number of Children (under Age 18): _____

Languages Spoken (specify): English Spanish Other: _____ Preferred Language: _____

Part II. Your Employment Status

CLIENT 1 – Employment Status

Employed Full-time Employed Part-time Employed Seasonally Self-Employed Disabled, receiving benefits

Retired Unemployed, receiving benefits Unemployed, not receiving benefits Other (specify): _____

Employer Name: _____

Dates of Employment: _____

Address: _____
Address City & State Zip

Work Phone: () - _____

Previous Employer: _____

Dates of Employment: _____

Address: _____
Address City & State Zip

Work Phone: () - _____

CLIENT 2 - Employment Status

Employed Full-time Employed Part-time Employed Seasonally Self-Employed Disabled, receiving benefits

Retired Unemployed, receiving benefits Unemployed, not receiving benefits Other (specify): _____

Employer Name: _____

Dates of Employment: _____

Address: _____
Address City & State Zip

Work Phone: () - _____

Previous Employer: _____

Dates of Employment: _____

Address: _____
Address City & State Zip

Work Phone: () - _____





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Part III. Your Housing Status, Housing Goals and Income

My current housing status is:

- Renting/Leasing
 Renting/Boarder
 Living with family (renting/not renting)
 Homeowner with mortgage(s)
 Homeowner (no Mortgage debt)
 I have owned a home in the last 3 yrs
 Other:

Do you currently receive rental assistance subsidies? Yes (please specify) No

My future housing goal is to:*check all that apply*

- .. Buy a home(pre-purchase counseling)
- .. Get credit & budget coaching
- .. Obtain Rental Housing
- .. Learn more about managing my money
- .. Sustaining homeownership (including maintenance, insurance, budgeting etc.)
- .. Other

Questions related to your debt /credit history:

1. Are there any unpaid judgements/liens or taxes against you? Y N
2. Have you declared bankruptcy? Y Chapter 7 Chapter 13 N
3. Are you party to a lawsuit? Y N
4. Have you had a property foreclosed upon in the last 3 years? Y N
5. Are you an endorser or co-endorser of a loan or note? Y N
6. Have you ever co-signed for a home loan? Y N
7. Are you obligated to pay child support, alimony or separate maintenance? Y N

Income Type	Client 1 After Tax Monthly Income	Client 2 After Tax Monthly Income
Salary/wage earnings	\$	\$
Child support/Alimony	\$	\$
Social Security	\$	\$
Pension Income	\$	\$
Dependent SSI income	\$	\$
Disability income	\$	\$
Unemployment Income	\$	\$
Public assistance income	\$	\$
Other:	\$	\$
Total:	\$	\$
Total COMBINED Income: \$		
Assets:		
1. Checking Accounts: \$	1. Owner Occupied Property Value: \$	
2. Savings Accounts: \$	2. Investment Property value: \$	
3. Retirement: \$	3. Other: \$	
4. Other: \$		
Total Value: \$	Total value: \$	

Signature _____

Date _____

Signature _____

Date _____





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Part IV. Your Debt and Average Monthly Expenses

BUDGET

Average Monthly Expenses	Client 1	Client 2
Housing:		
Rent		
Home/Cell Phone		
Cleaning Supplies/Lawn Services		
Electricity/Gas		
Home maintenance/Furnishings		
Insurance (renters/homeowners if not included in Mortgage)		
Mortgage (Principal/Interest)		
Pest Control/Security Alarm		
Property Taxes (if not included in Mortgage)		
Trash/Garbage/Sewage		
Food:		
Grocery		
Eating Out		
School Lunch		
Entertainment:		
Movie Theatre/Video Rentals		
Cable/Satellite TV/Internet		
Fitness Gym/Social Club/Sports		
Gambling/Lottery		
Hobbies/Crafts		
Liquor/Cigarettes/Tobacco		
Newspaper/Magazines		
Automotive:		
Car Payment		
Auto Repairs/Oil Change		
Car Insurance/Lic/Registration		
Gas/Transportation		
Donations/Gifts:		
Religious/Charity		
Birthday Gift		
Holiday Gift		
Education:		
Tuition/Student Loans		
Books/Papers/Supplies		

Average Monthly Expenses	Client 1	Client 2
Personal:		
Medical/Dental/Prescriptions		
Alcohol Beverages		
Allowances		
Barber/Beauty Shop		
Beauty/Well Being Subscriptions		
Clothing/Shoes		
Laundry/Dry Cleaning		
Tobacco Products		
Debt:		
Credit Card		
Credit Card		
Personal Loan		
Donations/Gifts:		
Religious/Charity		
Birthday Gift		
Holiday Gift		
	\$	\$
TOTAL:	\$	
Total COMBINED expenses:		

Refer to your COMBINED net income on the previous page. Subtract your COMBINED costs as added on the right. This represents your monthly cash flow. Complete the calculation below:

Monthly combined net income: \$

MINUS combined monthly costs: \$

EQUALS: \$

I/we have POSITIVE OR NEGATIVE cash flow.

***You will complete a more detailed budget with your coach.





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CLIENT AUTHORIZATION

CREDIT AND HOMEOWNERSHIP COUNSELING

PHOTOGRAPHY AND VIDEOGRAPHY RELEASE

PLEASE READ CAREFULLY

This form must be completed using your **full legal name, social security number and date of birth and signed**. The information provided will be used to pull your credit report. Failure to provide the correct information will result in a \$25 fee for a corrected credit report and/or reschedule fee.

Client 1 Name: _____ SS# _____ DOB: _____

Client 2 Name: _____ SS# _____ DOB: _____

By signing this form, I/ we acknowledge the following:

1. I/we will **actively** participate in counseling sessions to help me improve my housing situation and/or financial capability.
2. I/we understand and hereby authorize Self-Help Enterprises to:
 - a. Obtain and review a consumer credit report and to verify other credit information, including mortgage and landlord references and any other information deemed necessary for improving my housing and/or financial situation.
 - b. Verify my/our past and present employment earnings records, bank accounts, asset balances including stocks and retirement.
 - c. Discuss information about my credit history, financial situation, employment and other information with me and with representatives of financial institutions or agencies that I have asked to assist me. This information will be discussed only with those directly involved in my/our efforts to improve my housing situation or financial capability.
 - d. Share my/our complete credit file, which includes paystubs, bank statements, W-2s and tax returns with the loan processor for Self-Help administered programs including Down Payment Assistance (DPA), Rehabilitation or the Self-Help Housing program for the purpose of determining eligibility. I/we understand that additional documentation which may be required for eligibility analysis will requested by the loan processor or manager.
 - e. Request a copy of my/our Final Settlement Statement (Closing Disclosure) form, which is a requirement of this program, from the appropriate Title company or lender in order to determine outcomes should I fail to provide the required mortgage closing information.
 - f. Use copies of this form as valid and original.
3. *Self-Help Enterprises often documents our work by taking photos and videos of our orientations, workshops, events and other related activities as a way to build awareness of our programs. By initialing below, I hereby grant permission to Self-Help Enterprises to use my image on its web site, related social media sites (Facebook, Twitter, Instagram, etc) and possibly other media (online or hard copy newspapers, etc) without further consideration. I understand that no names will be used on the web site unless specific permission, in written form, is given. I understand that once any image is posted on its web site, related social media sites (Facebook, Twitter, etc) and possibly submitted to other media (online or hard copy newspapers, etc), the image can be downloaded by any computer user around the world. This consent is effective until such time as I revoke it in writing and provide a copy of the revocation to Self-Help Enterprises.*

Initials / Initials

Signature _____ Date _____

Signature _____ Date _____





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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 and To Whom Do 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; Moreover, information we receive from a consumer-reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

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

- 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 us not to disclose your information.

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).

.. Please do not disclose my nonpublic personal information to unaffiliated third parties *other than nonprofit organizations involved in community development only for program review, auditing, research and oversight purposes.*

Name _____ **Date** _____ **Name** _____ **Date** _____

.. I hereby authorize Self Help to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I have requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Name _____ **Date** _____ **Name** _____ **Date** _____





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PROGRAM DISCLOSURE

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 and financial management education workshops as well as one-on-one pre-purchase, credit and financial management counseling. SHE does not and shall not discriminate on the basis income, race, color, religion/creed, sex, national origin, age, family status, disability, military status or sexual orientation/gender identity in any of its activities or operations. All programs are administered in conformity with local, state and federal antidiscrimination laws including the Fair Housing Act (42USC 3600, et seq.).

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.

Client and Counselor Roles and Responsibilities:

/
Initials

<i>Counselor's Roles and Responsibilities</i>	<i>Client's Roles and Responsibilities</i>
<ul style="list-style-type: none"> ▶ Reviewing your housing goal & your finances; which include your income, debts, assets, and credit history. ▶ Preparing a CLIENT ACTION PLAN that lists the steps that you and your counselor will take in order to achieve your housing goal. ▶ Preparing a household budget that will help you manage your debt, expenses, and savings. ▶ Your counselor is not responsible for achieving your housing goal, but will provide guidance & education in support of your goal. ▶ Neither your counselor nor SHE employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> ▶ Completing the steps assigned to you in your CLIENT ACTION PLAN. ▶ Providing accurate information about your income, debts, expenses, credit, and employment. ▶ Attending meetings, returning calls, providing requested paperwork in a timely manner. ▶ Notifying SHE or your counselor when changing your housing goal ▶ 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.
<p>Termination of Services: Failure to work cooperatively with your housing coach and/or SHE will result in the discontinuation of coaching services. This includes, but is not limited to, missing 3 consecutive appointments.</p>	

Referrals and Community Resources: You may 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 have received a copy of SHE's Privacy Policy. _____ **Initial here** ←

Errors and Omissions and Disclaimer of Liability: I/we agree that 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 extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____





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Mortgage Loan Product Comparison

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

SIGNATURE _____ **DATE**

SIGNATURE _____ **DATE**

Conflict of Interest Disclosure

I/We understand that we are free to choose any lender, realtor, loan product, home or related services, including services offered by Self-Help Enterprises (SHE). SHE may provide us with information on loan products and special housing programs for which they may be paid a counseling or administration fee. I / we understand that we are under **no obligation** to utilize any of the products or services of any partners of SHE in order to receive counseling services.

SIGNATURE _____ **DATE**

SIGNATURE _____ **DATE**

FEE DISCLOSURE (For services occurring as of July 1, 2019)

CLASS NAME	INDIVIDUAL CLIENT (Also applies for unmarried couples)	MARRIED COUPLE
INTAKE / CREDIT REPORT FEE HONORARIOS POR INGESTA Y PROGRAMACIÓN	\$25.00	N/A
HOME BUYER EDUCATION ("LIVE" CLASS) VOLVER AL TRABAJO CONSEJERIA	\$125.00	\$175.00
eHome AMERICA ONLINE HOME BUYER EDUCATION eHome AMERICA EN Español(EDUCACIÓN EN LÍNEA)	\$125.00	\$125.00
FINANCIAL MANAGEMENT 1-PART TALLER DE MANEJO FINANCIERO: MI DINERO, MI CRÉDITO	\$10.00	\$10.00
FINANCIAL MANAGEMENT SERIES (3-PART) TALLER DE MANEJO FINANCIERO: MI DINERO, MI CRÉDITO	\$30.00	\$30.00
eHome AMERICA ONLINE FINANCIAL MANAGEMENT	\$50.00	\$50.00

The \$25 Intake/Credit fee is due in full prior to scheduling a coaching appointment. Class fees are due in full prior to enrolling in a course.

We accept debit/credit card, check or money order payable to Self-Help Enterprises. We cannot accept cash payments.

If you are having financial difficulties and are unable to pay the full fee, please inform the intake staff person.

La cuota de admisión/crédito de \$25 se vence en su totalidad antes de programar una cita de coaching. Los honorarios de las clases se deben en su totalidad antes de inscribirse en un curso.

Aceptamos tarjeta de débito/crédito, cheque o giro postal a pagar a las empresas de autoayuda. No podemos aceptar pagos en efectivo. si tiene dificultades financieras y no puede pagar la tarifa completa, por favor informe a la persona del personal de admisión.

