



A Nonprofit Housing and Community Development Organization

Thank you for your interest in Self-Help Enterprises' Homebuyer programs. All persons interested in participating in one of our programs must complete the Gateway process and first meet with one of our Home Ownership Coaches.

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.

Self Help Mutual Housing Program (Homebuilding): <http://www.selfhelpenterprises.org/programs/build-your-own-home/>

*Self-Help homebuilding has the following minimum requirements:

- Purchaser must be a US Citizen or Permanent resident.
- Purchaser cannot have owned a home in the last 3 years. (Includes not being a consignor on another person's home loan or deed)
- Purchaser should have a yearly income of **approx. \$25,000**. *Income requirements differs depending on the area of interest.*
- Contribute at least 40 hours a week on the worksite to build the home with your neighbors and our construction supervisors.
 - Usually on site from Tuesday thru Saturday, 9am-6pm. Project can last anywhere from 10-12 months.
 - 2-3 additional people may assist you to build. Their hours will contribute to the 40hr per week requirement. Minimum age is 16 yrs.
 - Expected to be on the site normally Tuesday-Saturday, 9am-6pm
 - Buyers must contribute a minimum of 10 hrs. per week.
- All potential buyers must complete our Gateway Program **prior to applying**.

First Time Homebuyer's Down Payment Assistance Program: <https://www.selfhelpenterprises.org/programs/down-payment-assistance/>

*Down Payment Assistance has the following eligibility requirements:

- Provide minimal 1% down payment
- First time homebuyer OR have not owned a home in the last 3 years
- Qualify with a bank or mortgage for a primary loan. Compare loans and payment options.
- Meet gross annual income requirements
- Complete a homebuyer education course

Homebuyer assistance programs are subject to availability of funds and on a **first-come, first-served basis**.

For more information about some of our programs, please view our GATEWAY to Homeownership informational video: <https://vimeo.com/315527919>

Additional information located on our website shown below



Main Office: 8445 W. Elowin Court · P.O. Box 6520 · Visalia, CA 93290 · Phone (559)651-1000 · Fax (559)651-3634
gateway@selfhelpenterprises.org, Client Portal: <https://live.vcita.com/site/SelfHelpEnterprises>
www.selfhelpenterprises.org



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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.

To start your Gateway Process (the first step to preparing for homeownership):

1. **Register** Please visit our new Client Portal, <https://live.vcita.com/site/SelfHelpEnterprises/leave-details?title=Contact%20Request&message=> to register for Gateway Services. Here is where you can send us messages, submit your documents, view all appointments and make payments. Once you have completed the registration, please continue providing the documents from steps 2 & 3.
2. **Complete the Attached Intake (IIP) Packet.** *Anyone not living in the same home must complete a separate package and submit their own documentation. For additional information, or to print additional intake packets, please visit our website
3. **Provide COPIES of the documents listed below with the Intake Packet.** All requested documents are required before we schedule your appointment. Please provide documents for **all adults** in your household who financially support your household.
 - a. Current year's IRS 1040 Tax returns and w2s/1099's
 - b. Documentation of one month of income-Must be income earned in the last 30-60 days, including income from **ALL** sources. (Employment, SS/SSI, Unemployment, Disability, Child Support, CalWORKs, CalFresh, Alimony, Pension)
 - c. Bank Statements for most recent 30-60 day period. All pages and all accounts. Must have account holder information, statement period, account number and page count.
4. **Please submit copies** via our client portal (<https://live.vcita.com/site/SelfHelpEnterprises>). You may also mail, email, upload to our website, and fax copies of your Intake and documents to the information shown below. We **DO NOT ACCEPT ORIGINAL documents and will not be liable for any lost or damaged mail.**
 - a. Please submit all documents as Word or Adobe document. You can download the free Adobe Scanner by visiting <https://acrobat.adobe.com/us/en/mobile/scanner-app.html>
5. **Schedule your appointment**

We will contact you when we receive your complete documents to schedule your initial coaching session and pay the fee***. We accept payment via client portal or phone using your debit/credit card. We can also accept payment via check or money order included **with** your intake packet and documents submission via mail.

Non-refundable fee is intended to cover the cost of your credit report or no-show fee if you miss your appointment

\$25 Individual or \$50 Married Couple

*****Gateway Staff prepares you for homeownership through counseling and education, we have "no connection with your loan qualification"*****

Thank you

Self Help Enterprises Gateway Staff



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What is Gateway and what is the coach's responsibility during the session?

The Gateway is the Homeownership Center for Self Help Enterprises. Through our Gateway department, clients will receive both personalized one on one coaching and group education to assess the overall financial readiness of clients.

The Gateway process begins with our Intake Staff, who can assist with setting appointments, collecting documents, and providing basic program information. Our Intake Staff provides support to our coaching staff and management and will be the point of contact for questions about your case.

Upon completion of the intake process, you will be assigned to a HUD Certified Housing Counselor who will serve as your Gateway Coach. Your coach will provide detailed credit, budget and savings coaching along with a full mortgage readiness assessment.

As part of this assessment, the coach will assist with identifying potential barriers for homeownership, help with creating both short and long-term goals for obtaining and sustaining homeownership and preparing the client for possible recruitment and qualification to one of the Self Help Housing Programs.

Successful completion of the Gateway Program will allow clients to be placed on the interest list of the program of their choosing at which time a loan processing staff member will take an application and work to qualify the client.



FILE/CLIENT ID #: _____

Intake Date: _____

SELF-HELP ENTERPRISES

8445 W. Elowin Ct., Visalia, Ca 93291

www.selfhelpenterprises.orggateway@selfhelpenterprises.org

(559) 651-1000 Fax: (559) 651-3634

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

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 male-headed ☐ Single Adult ☐ Married ☐ Cohabiting ☐ Living with non-spousal☐ 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): _____

Other household member Name _____

Relationship _____

| | |
|--|--|
| | |
| | |
| | |

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: () - _____Did you have a job prior to the one noted above? ☐ Yes ☐ No For how long? _____ Years _____ Months**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: () - _____Did you have a job prior to the one noted above? ☐ Yes ☐ No For how long? _____ Years _____ Months**Part III. Area and Program of Interest****Area of Interest / Program of Interest**

In what city(ies) are you interested? _____

In what program are you interested? ☐ Homebuyer Assistance
☐ Mutual Self-Help Homebuilding
☐ Rehabilitation



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Part IV. 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) ☐ Sustaining homeownership (including maintenance, insurance, budgeting etc.)
☐ Get credit & budget coaching ☐ Other
☐ Obtain Rental Housing
☐ Learn more about managing my money

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 owned a home in the last 3 years? ☐ Y ☐ N
7. Have you ever co-signed for a home loan? ☐ Y ☐ N
8. 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: \$ | |

Client 1 Signature: _____ Date: _____

Client 2 Signature: _____ Date: _____





FILE/CLIENT ID #: _____

Intake 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 | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | \$ | \$ |
| 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 per 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. Only those directly involved in my/our efforts to improve my housing situation or financial capability will have access to my information.
 - 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 the loan processor or manager may request additional documentation required for eligibility analysis.
 - 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 here, 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 I revoke it in writing and provide a copy of the revocation to Self-Help Enterprises.*

Initials / Initials

Signature _____

Date _____

Signature _____

Date. _____





FILE/CLIENT ID #: _____

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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 forms or applications that you have completed.

Information We Collect

We collect personal information to support our homeownership assistance programs, financial management 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 forms or applications. (ex: your name, address, social security number, employer, occupation, assets, debts and income);

Information about your transactions with our affiliates, others, or us 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 _____





FILE/CLIENT ID #: _____

Intake 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 UnidosUS (UUS), 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

| Counselor's Roles and Responsibilities | Client's Roles and Responsibilities |
|---|---|
| <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.▶ Assisting you to prepare 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. |
| 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. | |

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





FILE/CLIENT ID #: _____

Intake Date: _____

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Mortgage Loan Product Comparison

I/We have opted not to review three (3) mortgage products with the homeownership counselor. I/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 January 3, 2020)

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

The 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 for a class, please inform the intake staff person.





For Your Protection: Get a Home Inspection

Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information about the overall condition of the home prior to purchase. In a home inspection, a qualified inspector takes an in-depth, unbiased look at your potential new home to:

- Evaluate the physical condition: structure, construction, and mechanical systems; Identify items that need to be repaired or replaced; and
- Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

You Must Ask for a Home Inspection

A home inspection will only occur if you arrange for one. FHA does not perform a home inspection.

Decide early. You may be able to make your contract contingent on the results of the inspection.

Appraisals are Different from Home Inspections

An appraisal is different from a home inspection and does not replace a home inspection. Appraisals estimate the value of the property for lenders. An appraisal is required to ensure the property is marketable. Home inspections evaluate the condition of the home for buyers.

FHA Does Not Guarantee the Value or Condition of your Potential New Home

If you find problems with your new home after closing, FHA cannot give or lend you money for repairs, and FHA cannot buy the home back from you. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

Radon Gas Testing and other safety/health issues

The United States Environmental Protection Agency and the Surgeon General of the United States have recommended that all houses should be tested for radon. For more information on radon testing, call the toll-free National Radon Information Line at 1-800-SOS-Radon or 1-800-767-7236.

Ask your home inspector about additional health and safety tests that may be relevant for your home.

Be an Informed Buyer

It is your responsibility to be an informed buyer. You have the right to carefully examine your potential new home with a qualified home inspector. To find a qualified home inspector ask for references from friends, realtors, local licensing authorities and organizations that qualify and test home inspectors.



Ten Important Questions to Ask Your Home Inspector

1. What does your inspection cover?

The inspector should ensure that their inspection and inspection report will meet all applicable requirements in your state if applicable and will comply with a well-recognized standard of practice and code of ethics. You should be able to request and see a copy of these items ahead of time and ask any questions you may have. If there are any areas you want to make sure are inspected, be sure to identify them upfront.

2. How long have you been practicing in the home inspection profession and how many inspections have you completed?

The inspector should be able to provide his or her history in the profession and perhaps even a few names as referrals. Newer inspectors can be very qualified, and many work with a partner or have access to more experienced inspectors to assist them in the inspection.

3. Are you specifically experienced in residential inspection?

Related experience in construction or engineering is helpful, but is no substitute for training and experience in the unique discipline of home inspection. If the inspection is for a commercial property, then this should be asked about as well.

4. Do you offer to do repairs or improvements based on the inspection?

Some inspector associations and state regulations allow the inspector to perform repair work on problems uncovered in the inspection. Other associations and regulations strictly forbid this as a conflict of interest.

5. How long will the inspection take?

The average on-site inspection time for a single inspector is two to three hours for a typical single family house; anything significantly less may not be enough time to perform a thorough inspection.

Additional inspectors may be brought in for very large properties and buildings.

6. How much will it cost?

Costs vary dramatically, depending on the region, size and age of the house, scope of services and other factors. A typical range might be \$300-\$500, but consider the value of the home inspection in terms of the investment being made. Cost does not necessarily reflect quality. HUD Does not regulate home inspection fees.

7. What type of inspection report do you provide and how long will it take to receive the report?

Ask to see samples and determine whether or not you can understand the inspector's reporting style and if the time parameters fulfill your needs. Most inspectors provide their full report within 24 hours of the inspection.

8. Will I be able to attend the inspection?

This is a valuable educational opportunity, and an inspector's refusal to allow this should raise a red flag. Never pass up this opportunity to see your prospective home through the eyes of an expert.

9. Do you maintain membership in a professional home inspector association?

There are many state and national associations for home inspectors. Request to see their membership ID, and perform whatever due diligence you deem appropriate.

10. Do you participate in continuing education programs to keep your expertise up to date?

One can never know it all, and the inspector's commitment to continuing education is a good measure of his or her professionalism and service to the consumer. This is especially important in cases where the home is much older or includes unique elements requiring additional or updated training.

Example of W2s:

22222

Void ☐

a Employee's social security number

123-45-6789

For Official Use Only ▶
OMB No. 1545-0008

| | | | | | | |
|---|--|--|---|--------------------------------------|----------------------------|-------------------------------|
| b Employer identification number (EIN) 12-1234567 | | 1 Wages, tips, other compensation 50,000.00 | 2 Federal income tax withheld 1,111.00 | | | |
| c Employer's name, address, and ZIP code Readdle 795 Folsom Street San Francisco, CA 94107 | | 3 Social security wages 35,000.00 | 4 Social security tax withheld 1,111.00 | | | |
| | | 5 Medicare wages and tips 45,000.00 | 6 Medicare tax withheld 1,111.00 | | | |
| | | 7 Social security tips | 8 Allocated tips | | | |
| d Control number R3D1 | | 9 Verification code | 10 Dependent care benefits | | | |
| e Employee's first name and initial Nikita V | | Last name Bilyk | Suff. | | | |
| 123 Example Street Sample City, CA 12345 | | 11 Nonqualified plans | 12a See instructions for box 12 D 1,234.00 | | | |
| | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b C 123.45 | | | |
| | | 14 Other | 12c | | | |
| f Employee's address and ZIP code | | 12d | | | | |
| 15 State OH | Employer's state ID number 123-123-1234 | 16 State wages, tips, etc. 50,000 | 17 State income tax 1,535 | 18 Local wages, tips, etc. 50,000 | 19 Local income tax 750 | 20 Locality name CLEVELAND |

Form **W-2** Wage and Tax Statement

2019

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
Cat. No. 10134D

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Do Not Cut, Fold, or Staple Forms on This Page

Need 30 days worth of income. Must show employee name, company name, pay periods, pay dates, gross wages, taxes/deductions and net pay.

If you are paid:

Example of Checkstubs: Weekly: 4 consecutive check are required.

Biweekly: 2 consecutive check are required.

Semi-monthly: 2 consecutive checks are required, Monthly: 1 checkstub required.

| Sample Company Name, Sample Company Address, 95220 | | | | | | EARNINGS STATEMENT | |
|--|------|----------------|---------------|---------------|-----------|--------------------|----------------------------------|
| EMPLOYEE NAME | | SOCIAL SEC. ID | | EMPLOYEE ID | CHECK No. | PAY PERIOD | PAY DATE |
| James Robert | | XXX-XX-6565 | | 454545 | 259248 | 01/23/14-01/29/14 | 01/31/14 |
| INCOME | RATE | HOURS | CURRENT TOTAL | DEDUCTIONS | | CURRENT TOTAL | YEAR-TO-DATE |
| GROSS WAGES | | | 1,000.00 | FICA MED TAX | | 14.50 | 72.50 |
| | | | | FICA SS TAX | | 62.00 | 310.00 |
| | | | | FED TAX | | 159.50 | 797.48 |
| | | | | CA ST TAX | | 44.26 | 221.31 |
| | | | | SDI | | 10.00 | 50.00 |
| YTD GROSS | | | 5,000.00 | YTD DEDCTIONS | | 1,451.28 | YTD NET PAY 3,548.72 |
| | | | | TOTAL | | 1,000.00 | DEDUCTIONS 290.26 NET PAY 709.74 |

Example of Bank Statement

Must include:

Account holder information

Statement period

Account Number

All pages must be provided, including any disclosures or blank pages with a page number on it.



Statement Ending 09/21/2018

Page 1 of 4

RETURN SERVICE REQUESTED

John Doe
123 Main Street
Baltimore, MD 21224

Managing Your Accounts

| | | |
|--|-------------------|---|
| | Primary Branch | Canton |
| | Phone Number | 443-573-4800 |
| | Online Banking | HowardBank.com |
| | Telephone Banking | 1-877-527-2703 |
| | Mailing Address | 3301 Boston Street Baltimore, MD 21224 |

Summary of Accounts

| Account Type | Account Number | Ending Balance |
|------------------------------|----------------|----------------|
| HOWARD RELATIONSHIP CHECKING | XXXXXXXX4101 | \$5,684.22 |

HOWARD RELATIONSHIP CHECKING-XXXXXXXX4101

Primary Checking

Account Summary

| Date | Description | Amount |
|------------|-------------------------|-------------|
| 09/01/2018 | Beginning Balance | \$18,805.47 |
| | 3 Credit(s) This Period | \$4,933.00 |
| | 20 Debit(s) This Period | \$17,414.45 |
| 09/21/2018 | Ending Balance | \$5,684.22 |

Account Activity

| Post Date | Description | Debits | Credits | Balance |
|------------|--|------------|------------|-------------|
| 09/01/2018 | Beginning Balance | | | \$18,805.47 |
| 09/04/2018 | Signature POS Debit 09/02 MD BALTIMORE GIANT FOOD INC SEQ# 071582 | \$57.48 | | \$18,747.99 |
| 09/04/2018 | Nationstar dba Mr Cooper XXXXXX8179 | \$1,989.60 | | \$16,758.39 |
| 09/05/2018 | HMS WARRANTY 8002473680 5829389 | \$42.99 | | \$16,715.40 |
| 09/05/2018 | SAMS CLUB MC ONLINE PMT CKF426104254POS | \$4,671.42 | | \$12,043.98 |
| 09/05/2018 | DISCOVER BANK ETRANSFER | \$8,212.00 | | \$3,831.98 |
| 09/06/2018 | BLTMORE GAS ELEC ONLINE PMT | \$160.75 | | \$3,671.23 |
| 09/06/2018 | AMAZON | \$170.00 | | \$3,501.23 |
| 09/06/2018 | DEVONSHIRE II CO CONS CP BC5198 | \$195.00 | | \$3,306.23 |
| 09/07/2018 | DEPOSIT | | \$653.25 | \$3,959.48 |
| 09/07/2018 | TARGET ONLINE PMT | \$88.59 | | \$3,870.89 |
| 09/10/2018 | ATM Withdrawal 09/07 MD BALTIMORE 10101 PHILDELPHIA RD SEQ# 008638 | \$180.00 | | \$3,690.89 |
| 09/10/2018 | Signature POS Debit 09/08 MD BALTIMORE GIANT FOOD | \$70.11 | | \$3,620.78 |
| 09/10/2018 | L A FITNESS | \$12.98 | | \$3,607.80 |
| 09/11/2018 | AT&T MOBILITY ONLINE PMT | \$116.22 | | \$3,491.58 |
| 09/14/2018 | DEPOSIT | | \$606.62 | \$4,098.20 |
| 09/14/2018 | DIRECT DEP | | \$3,033.33 | \$7,131.53 |
| 09/14/2018 | Signature POS Debit 09/13 MD BALTIMORE GIANT | \$19.86 | | \$7,111.67 |
| 09/17/2018 | ATM Withdrawal 09/15 WV INWOOD MARTINSBURG-INWOOD | \$400.00 | | \$6,711.67 |
| 09/17/2018 | Signature POS Debit 09/16 MD BALTIMORE GIANT | \$14.06 | | \$6,697.61 |

