

FSS/KTO INTAKE



HOMEOWNERSHIP DIVISION Housing Education Program Household Profile

Section I - Must be complete	ed by client	and co	-client					
Client Name (First, Middle Initial,	Last):			County:		•		
Street Address (do not use PO B	ox):	City:		State:		Zip:		
Home or Cell Phone Number:	Email Add	lress:		Gender: Male	Fen	ı nale □	1	
Years/months on current job:	Marital Stat Married Widowe		Single Divorced Choose not to respond:	Disabled: Veteran: Migrant Farm	*******		☐ Ye	s No s No s No
Current Housing Situation: Own Rent Homeless Living with Far	nily		ou a First-Time Homeowner' es No	? Have you bee years? \(\simega\) Ye	en a ho	meowne No	er within th	ne last three
Do you consider yourself the Head o	f Household:	Total	Number of Household Dep	endents:	1		rural are ve in a rur	TO
Based on current household sel	ect appropri	ate ansv	ver:	***************************************		***************************************		
Limited English Proficient Not Limi If not English, preferred language: Single Race:				☐Hispanic or ☐ Not-Hispar ☐ Choose no	nic or L	atino pond		
☐ American Indian/Alaskan Native Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Choose Not to Respond	☐ Asian an☐ Black/Afr	Indian/A d White ican Ame Indian/A Itiple Rac		an American		Single ad emale-h lale-hea larried w larried w	neaded singled in the side of	ngle parent e parent ildren
Education: Doctoral or Professional Degree Master's Degree Bachelor's Degree	Assoc Some Vocati	College, i	Not Completed	☐ GED ☐ High Schoo ☐ No High Sc	l Diplo hool D	ma iploma		
Co-Client Name (First, Middle Initia	ıl, Last):			County:				
Street Address (<u>do not</u> use PO Box):	City:		State:		Zip:		
Home or Cell Phone Number:	Email Addre	9\$5:		Gender: Male	Fema	ale 🔲		
Years/months on current job:	Marital Status Married Widowed	Ō	Single Divorced Choose not to respond:	Disabled: Veteran: Migrant Farm V			Yes	No No No
Current Housing Situation: Own Rent Homeless Living with Famil		☐ Yes		Have you been years? Yes	a hom	eowner	within the	last three
Based on current household selec	t appropriat	e answe	er:			·		
imited English Proficient Not Limite	d English Profi	cient 🔲		Hispanic or L Not-Hispanic	or La	tino		
f not English, preferred language: ilngle Race: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White Choose Not to Respond	☐ Asian and ☐ Black/Afric	White an Amerio ndian/Ala ple Race	skan Native <u>and</u> White can <u>and</u> White ska Native <u>and</u> Black/Africar	Choose not	to resp	ond		
ducation:] Doctoral or Professional Degree] Master's Degree] Bachelor's Degree	Associa Some C	ollege, No	ot Completed	GED High School No High Sch				

IMPORTANTIII

MOVE TO SECTION III SECTION II NOT REQUIRED FOR HOMEBUYER EDUCATION

Address: City: State: Zip:	Section II - Current Homeowne	er(s) ONLY				
Name of Originating Lender (if available): Name of Current Servicer (if available): When did you purchase your home? Have you lived at this address for at least two years? Yes No If not, list previous address(es): Does your name appear on: Property Deed	Do you currently have a MSHDA M ☐ Yes ☐ No	ortgage?	Have you red	ceived Step For	ward Assistance?	
When did you purchase your home? Have you lived at this address for at least two years? Yes No finot, list previous address(es): Does your name appear on: Total Monthly Payment (including Taxes & Insurance): Property Dead Mortgage Land Contract Fixed rate currently under 8% as a result of loan modification in last six months Fixed rate currently six or greater as a result of loan modification in last six months Fixed rate currently under 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in last six months RAM currently vader 8% as a result of loan modification in		ilable):			railable):	
If not, list previous address(es):	Name of Current Servicer (if availa	ble):	Loan numbe	r assigned by S	Servicer:	
If not, list previous address(es):	When did you purchase your home		d at this addres	s for at least tw	/o vears? ☐ Yes ☐ No	
Property Deed		If not, list pre	vious address(e	es):	,	
Fixed rate currently words 8% Fixed rate currently words 8% as a result of loan modification in last six months Fixed rate currently words 8% Fixed rate currently words 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently at 8% or greater as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently at 8% or greater as a result of loan modification in last six months ARM currently at 8% or greater as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months ARM currently under 8% as a result of loan modification in last six months Lean taken Lean taken Lean taken Lean taken Lean taken Lean taken		gage	Total Monthly	y Payment (incl	uding Taxes & Insurance):	
Yes No	Fixed rate currently under 8% Fixed rate currently 8% or greater ARM currently under 8% ARM currently at 8% or greater Fixed rate currently under 8% as a result of load		☐ Fixed rate currenths ☐ ARM currently ☐ ARM currently ☐ I don't know	rently 8% or greater a under 8% as a result at 8% or greater as a	s a result of loan modification in last six of loan modification in last six months. result of loan modification in last six months	
Current Gurent	☐ Yes ☐ No		Yes [No	nortgage?	
Yes No Yes No Yes No Yes No	☐ Current ☐ 30-60 days late ☐ 91-120 days ☐ 61-90 days late ☐ 120 + days	ankruptcy in the	within th	e last 6 months:		
Reduction in income	Yes No If yes, amount delinquent?		delinque	nt? □ No		
Poor budget management skills Medical Issues Divorce/Separation Death of Family Member Other						
Have you been notified of a date for a Sherriff's Sale? Has there been a Sherriff's Sale of this property? Yes No Has there been a Sherriff's Sale of this property? Yes No If yes, what is/was the date of the Sherriff's Sale? Are you currently working with an attorney regarding the delinquency of your mortgage, property taxes or land contract? Yes No If yes, please provide attorney name and contact information? If available, please provide the following Information for the mortgage servicer or land contract holder that you make your payments to: State: Zip:	Poor budget management skills Loss of income	☐ Medical Issues ☐ Increase in Expenses		Divorce/Separation	1	
Yes No Yes No Yes, what is/was the date of the Sherriff's Sale? Are you currently working with an attorney regarding the delinquency of your mortgage, property taxes or land contract? If yes, please provide attorney name and contact information? If available, please provide the following information for the mortgage servicer or land contract holder that you make your payments to: State: Zip:	delinquent mortgage or land contrac	t payments?				
delinquency of your mortgage, property taxes or land contract? Yes No If available, please provide the following Information for the mortgage servicer or land contract holder that you make your payments to: Address: City: State: Zip:	☐ Yes ☐ No	☐ Yes ☐ No				
Address: City: State: Zip:	delinquency of your mortgage, prope contract?					
Phone:	If available, please provide the follow payments to:	ing Information for the mo	rtgage servicer	or land contrac	t holder that you make your	
Phone: Fax: Email:	Address:	City:	S	tate:	Zip:	
	Phone:	Fax:	Er			

UMPORTANTILL

SIGNATURE REQUIRED!

Section III - Must be completed	d by client.			
Enter ALL sources of income for add Income sources include: Wages. Public Assistance, Military, Child Sur	Worker's Comp. Veteran Renefits 1.	ear olds not in High So Inemployment, SSI, S	hool). ocial Security Bene	efits, Retirement,
	Total Monthly I	ncome: \$		
Enter ALL total monthly debt for adultoan, Mortgage, Student Loans, Chil	It members of the household (18 yeard Support, Alimony, etc.	ar olds not in High Sch	ool). Include Cred	dit Cards, Automobi
	Total Monthl	y Debt: \$		
Based on your housing needs/goal discriminated against? Yes No	ls do you believe you have been	Do you bel Predatory I Yes		en a victim of
What is the main purpose for conta	eting our agency:			
☐ Homelessness Assistance ☐ Home Maintenance and Financial Mana	Rental Topics Reverse Mortgage	☐ Purchase/Ho☐ Resolving/Pr	me Purchase eventing Mortgage D	elinquency or Default
How did you learn about MSHDA's	Housing Education Program?			
☐ MSHDA Outreach ☐ HUD Outreach ☐ Agency Outreach	☐ Another Person☐ Lender☐ Another Agency	☐ Re	al Estate Agent er:	
Are you interested in obtaining info Mortgage Products and Down Paym Yes No		Vould you like to be ender? ☐ Yes ☐ No	referred to a MSH	IDA approved
Section IV – <u>Must</u> be signed and	dated by client and co. client			
Client Drinted Name				
Client Printed Name	Signa	lure	Da	te
0-0	Signa Signat		Da — — Dal	
0-00-10-11				
Client Printed Name Co-Client Printed Name	Signat	ure		
0-00-10-11		ure / Use Only		
0-00-10-11	Signat Section V – For Agency	ure / Use Only	Dal Phone Number:	



Michigan State Housing Development Authority HOUSING EDUCATION PROGRAM AGREEMENT and RELEASE OF INFORMATION

In signing this agreement and release, I/We agree to actively participate in the Housing Education Services being offered by this MSHDA approved agency. I/We understand:

- A referral to other services of the organization or another agency (as appropriate) may be made to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
- 2. That this agency receives funds through MSHDA and HUD and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
- 3. That a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
- 4. That this agency may provide information on numerous housing programs and loan products and I further understand that the housing services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.

NOTE: If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related service, please contact MSHDA's Housing Education Program at (517)373-6840.

CONSENT: Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits. For Pre-Purchase Education Services only: ☐ I/We acknowledge the agency provided me/us with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection." For Post-Purchase Education Services only: ☐ I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Housing Education Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies. Client's printed name: Client's signature: Date signed: Client's printed name: Client's signature: Date signed: Client's current address: City: Zip code:

To be completed by MSHDA Hous	ing Education Program Certified Counselor.		
Agency name:	Agency phone number:		
Counselor name:	Counselor signature:	Date:	





NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our housing counseling program, please inform our housing counselor program staff so alternative accommodations may be arranged. Si no puedes leer este document porque usted no lee a Ingles, o desea que esta comunicacion sea interpretada o traducida y nadie que sabe usted puede traducer, por favor llame a nuestra oficina para obtener una lista de interpretes o traductores. Nuestro numero de telefono es 269.385.2916.

Agency Description and Program Purpose: Kalamazoo Neighborhood Housing Services (KNHS) is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide education workshops including fair housing prepurchase, financial budgeting & credit repair, non-delinquency post-purchase, predatory lending education, pre-purchase homebuyer education and a full spectrum of housing counseling including financial management/budget, home improvement & rehabilitation, mortgage delinquency & default resolution, prepurchase. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.

	Client and Counselor R	oles and Responsibilities:
	Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
- 1	Reviewing your housing goal and 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 and education in support of your goal. Neither your counselor nor KNHS employees, agents, or directors may provide egal advice.	 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 KNHS or your counselor when changing housing goal. Attending educational workshop(s) (i.e. prepurchase counseling workshop) as recommended. Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

l Initials

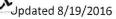
Termination of Services: Failure to work cooperatively with your housing counselor and/or KNHS will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

<u>Agency Conduct:</u> No KNHS 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 agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: KNHS has financial affiliations with HUD, NeighborWorks America, USDA Rural Development, the State of Michigan, MSHDA and professional affiliations with United Way, Roosevelt Hills Limited Partnership and Michigan Lending Solutions.

Alternative Services. Programs, and Products & Client Freedom of Choice: You, as a client of KNHS, are not obligated to participate in any KNHS programs and services while you are receiving housing counseling form our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA) for first-time homebuyer loan programs, and Inner City Christian Federation (616) 336-9333, Telamon Corporation (517) 323-7002 or MSU Extension (269) 944-4126 for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meets your needs. You can find other approved counseling agencies at the Consumer Financial Protection Bureau's (CFPB) website: www.consumerfinance.gov/mortgagehelp or by calling 1-855-411-CFPB (2372). You can also access a list of nationwide HUD-approved counseling intermediaries at https://portal.hud.gove/hudportal/HUD?src=/ohc.nint

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









GHBOXHOOD ROUSING SERVICES, INC. 1219 S. Park, Kalamazoo, MI 49001 | Phone: 269.385.2916 | Fax: 269.385.9912

or products identical to those offered by KNHS and its exclusive partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of KNHS Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree KNHS 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 KNHS counseling; and I hereby release and waive all claims of action against KNHS and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or 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 the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law. Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, KNHS, 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 KNHS' grantors such as HUD, MSHDA or NeighborWorks America.

Authorization for Release of Information & Privacy Act Notice: The undersigned authorize KNHS and/or its contracted agent to contact any agencies, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or MSHDA Housing Resources Fund (HRF) Programs, including authorization to obtain a consumer's credit report.

Privacy Act Notice Statement: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTNACE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMANPY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FORM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INNACURATE.

I/we acknowledge that the agency provided me/us with both a Community Resource List & the hud-1686-1-fheo booklet.

Client Printed Name	Signature	Social Security #	Date	
Co-Client Printed Name	Signature	Social Security #	Date	
For	Agency Use Only:			
	Agency Use Only: cy Name:		Agency Phone Number:	g e transcription













YOU MUST COMPLETE THIS PAGE!

LIST ALL HOUSEHOLD MEMBERS

	Name	Date of Birth		Relation	Monthly Income Amount	Income Source
					\$/mo	
					\$/mo	
			***************************************		\$/mo	
					\$/mo	
			WW selections		\$/mo	
					\$/mo	
					\$/mo	
Ready Time	Mortgage Ready, you line and identify act old's starting place:	<i>ion steps</i> to achieve	l edu	icator will a ir <i>housing g</i>	ssess & establish your goal. Use this checklist	<i>Mortgage</i> to identify
	ge ready now or nea			l am Moi	rtgage long-term ready	v. I have:
☐ 2 yea	Credit Score Irs verified employm e a bank account			□ 1	300-600 Credit Score . year or less verified en do not have a bank acc	
state	of 'Not Sufficient F ments for 6 months				ate payments in last 12 Oo not save regularly ar	nd consistently
☐ Save	te payments for 12 regularly and consis osit my savings into	tently		S	keep savings outside o ave it at home o not have safe & secu	
	safe & secure renta			ty	pe of housing	
Home	ratulations! You are buyer Education: Mness Workshop.				lations! You are ready ver Education: Financia p.	

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KNHS Household Budget

YOU MUST COMPLETE THIS PAGE!

EXPENSES

TYPE	MONTHLY PAYMENT	BALANCE IF APPLICABLE	ТҮРЕ	MONTHY PAYMENT	BALANCE IF APPLICABLE
Auto Insurance	\$	\$	Lawn Care	\$	\$
Auto Loan	\$	\$	Rent	\$	\$
Auto Loan	\$	\$	PMI / MIP	\$	\$
Total Monthly Payment for Auto Loans	\$		Installment Loan	\$	\$
Auto Repairs/Maintenance	\$	\$	Installment Loan	\$	\$
Gasoline	\$	\$	Payday Loan	\$	\$
Child Support/Alimony	\$	\$	Personal Loan	\$	\$
Credit Card Minimum Payment	\$	\$	Student Loan	\$	\$
Credit Card Minimum Payment	\$	\$	Student Loan	\$	\$
Credit Card Minimum Payment	\$	\$	Student Loan	\$	s
Credit Card Minimum Payment	\$	\$	Total Monthly Payment for Student Loans	*	1.4
Total Monthly Payment for Credit Cards	\$		Accident & Disability Insurance	\$	\$
Credit Collections/ Bankruptcy	\$	s	Health Insurance	\$	\$
School Lunches	\$	\$	Life Insurance	\$	\$
School Tuition	\$	\$	Dentist	\$	\$
Evenings Out/Fun/Hobbies	\$	\$	Doctor Visit / Co-Pay	\$	\$
Other	\$	\$	Vision / Glasses / Contacts	\$	\$
Alcoholic Beverages	\$	\$	Medical Bills	\$	\$
Allowance for Children	\$	\$	Medications	3	\$
Child care	\$	\$	Other	\$	\$
Tobacco	\$	\$	Other	\$	\$
Cleaning Supplies	\$	\$	Rental Property	\$	\$
Other	\$	\$	Savings	\$	\$
Personal Items/Toiletries	\$		State or Federal Back Tax Payment	\$	\$
aundry/Cleaning	\$		Internet	\$	\$
Other Home Maintenance	\$		Cable TV	\$	\$
lousing Payment 1st Mortgage	\$		Cell Phone	s	\$
ousing Payment 2 nd Mortgage	\$		Electricity	\$	\$
ther Mortgages	1		Trash Services	\$	\$
ome Owners Association		-	Heat – (Natural Gas, Propane or Oil)	\$	\$
			Water / Sewer	\$	\$
			Telephone	\$	\$
roperty Tax			Garnishments	\$	\$

DISCRETIONARY EXPENSES

TYPE	MONTHLY PAYMENT	TYPE	MONTHLY PAYMENT	TYPE	MONTHLY PAYMENT
Charity	\$	Birthday Gifts	\$	Public Transportation	\$
Dining	\$	Household	\$	Other	\$
Food & Groceries	\$	Pet Expense	\$	Other	\$

IMPORTANTIII

YOU MUST COMPLETE THIS PAGE!

INCLUDE EMPLOYMENT OR INCOME INFORMATION FOR APPLICANT.



INCLUDE EMPLOYMENT OR INCOME INFORMATION FOR CO-APPLICANT.

ENAMED AND AND TO LINES	APPLICANT
EMPLOYER/INCOME SOURCE:	HIRE DATE:
EMPLOYER ADDRESS:	JOB TITLE.
EMPLOYER PHONE #	HOW OFTEN ARE YOU PAID? (WEEKLY, BI-MONTHLY, MONTHLY, SALARY):
ARE YOU FULL TIME OR PART TIME?	GROSS INCOME PER PAY PERIOD (HOW MUCH ARE YOU P) BEFORE TAXES): \$
SECONDARY EMPLOYER OR OTHER INCOME SOURCE:	HIRE DATE:
EMPLOYER ADDRESS:	IOB TITLE:
EMPLOYER ADDRESS.	HOW OFTEN ARE YOU PAID? (WEEKLY, BI-MONTHLY, MONTHLY, SALARY):
ARE YOU FULL TIME OR PART TIME?	HOW OFTEN ARE YOU PAID? (WEEKLY, BI-MONTHLY, MONTHLY, SALARY):
lave you been employed less than 2 years? If yes, pleas	e provide the name and phone number of your previous employer:
CCC	
	e provide the name and phone number of your previous employer:
CCC	e provide the name and phone number of your previous employer: D-APPLICANT
CC MPLOYER OR SOURCE OF INCOME:	Provide the name and phone number of your previous employer: D-APPLICANT HIRE DATE: JOB TITLE: HOW OFTEN ARE YOU PAID? (WEEKLY, BI-MONTHLY,
CC MPLOYER OR SOURCE OF INCOME: MPLOYER ADDRESS: MPLOYER PHONE # IE YOU FULL TIME OR PART TIME?	Provide the name and phone number of your previous employer: D-APPLICANT HIRE DATE: JOB TITLE: HOW OFTEN ARE YOU PAID? (WEEKLY, BI-MONTHLY, MONTHLY, SALARY): GROSS INCOME PER PAY PERIOD (HOW MUCH ARE YOU PAID
MPLOYER OR SOURCE OF INCOME: MPLOYER ADDRESS: MPLOYER PHONE #	Provide the name and phone number of your previous employer: D-APPLICANT HIRE DATE: JOB TITLE: HOW OFTEN ARE YOU PAID? (WEEKLY, BI-MONTHLY, MONTHLY, SALARY):
CC MPLOYER OR SOURCE OF INCOME: MPLOYER ADDRESS: MPLOYER PHONE # IE YOU FULL TIME OR PART TIME?	Provide the name and phone number of your previous employer: D-APPLICANT HIRE DATE: JOB TITLE: HOW OFTEN ARE YOU PAID? (WEEKLY, BI-MONTHLY, MONTHLY, SALARY): GROSS INCOME PER PAY PERIOD (HOW MUCH ARE YOU PAID BEFORE TAXES): \$
MPLOYER OR SOURCE OF INCOME: MPLOYER ADDRESS: MPLOYER PHONE # IE YOU FULL TIME OR PART TIME? CONDARY EMPLOYER OR OTHER INCOME SOURCE:	Provide the name and phone number of your previous employer: D-APPLICANT HIRE DATE: JOB TITLE: HOW OFTEN ARE YOU PAID? (WEEKLY, BI-MONTHLY, MONTHLY, SALARY): GROSS INCOMIE PER PAY PERIOD (HOW MUCH ARE YOU PAID BEFORE TAXES): \$ HIRE DATE:

APPLICANT: Have you filed Bankruptcy?	CO-APPLICANT: Have you filed Bankruptcy?
CHAPTER 13 OR 7?	CHAPTER 13 OR 7?
Discharge Date:	Discharge Date:







FOR INFORMATIONAL **PURPOSES ONLY**

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.



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US Department of Housing And Urban Development (HUD) Federal Housing Administration

FOR INFORMATIONAL PURPOSES ONLY

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.

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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.