

CAPITAL AREA HOUSING PARTNERSHIP  
**PRE-PURCHASE COUNSELING  
DOCUMENT CHECKLIST**

**THIS INFORMATION IS REQUIRED FOR SERVICE**

**PLEASE BRING TO FIRST APPOINTMENT:**

***INCOME DOCUMENTATION FOR ALL ADULTS (OVER 18) IN THE HOUSEHOLD***

1. THIRTY (30) DAYS OF CHECK STUBS/RETIREMENT STATEMENTS
2. SOCIAL SECURITY VERIFICATION LETTER(S)
3. PRIOR YEAR TAX RETURN
4. PRIOR YEARS W-2'S AND 1099'S
5. QUARTERLY PROFIT & LOSS STATEMENT FOR SELF-EMPLOYED
6. UNEMPLOYMENT VERIFICATION (from MESC, if applicable)
7. FOOD STAMP AWARD LETTER (IF APPLICABLE)

***BUDGET***

1. A COMPLETE LIST OF MONTHLY BILLS
2. COPIES OF ALL MONTHLY BILLS (Most Recent Month's Utility, Phone, Cable, etc.)
3. TWO MONTHS BANK STATEMENTS (most recent 2 months, w/ letterhead)

***LEGAL AND IDENTIFICATION***

1. SOCIAL SECURITY # FOR ALL ADULTS (OVER 18) IN THE HOUSEHOLD
2. BIRTHDATES FOR ALL HOUSEHOLD MEMBERS
3. BANKRUPTCY DOCUMENTS (if applicable)

**QUESTIONS:**

**517.332.4663**

CAHP UPDATED 12/17



# Capital Area Housing Partnership

## Housing Counseling Client Profile

Section I – To be completed by client and co-client			
Client Name (First, Middle Initial, Last):		County:	
Street Address ( <b>do not</b> use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Gender:	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family	Are you a First-Time Homebuyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you consider yourself the Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Household Dependents (not including yourself):	<input type="checkbox"/> I live in a rural area <input type="checkbox"/> Do not live in a rural area	
Based on current household select appropriate answer:			
English Proficient <input type="checkbox"/> Limited English Proficient <input type="checkbox"/>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language:			
<b>Single Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Respond	<b>Multi-Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <b>and</b> White <input type="checkbox"/> Asian <b>and</b> White <input type="checkbox"/> Black/African American <b>and</b> White <input type="checkbox"/> American Indian/Alaska Native <b>and</b> Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose Not to Respond		<b>Head of Household Type:</b> <input type="checkbox"/> Single adult <input type="checkbox"/> Female-headed single parent <input type="checkbox"/> Male-headed single parent <input type="checkbox"/> Married without children <input type="checkbox"/> Married with children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Other
<b>Education:</b> <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> GED <input type="checkbox"/> Master's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> No High School Diploma			

Co-Client Name (First, Middle Initial, Last):		County:	
Street Address ( <b>do not</b> use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Gender:	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family	Are you a First-Time Homebuyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Based on current household select appropriate answer:			
English Proficient <input type="checkbox"/> Not English Proficient <input type="checkbox"/>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language:			
<b>Single Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Respond	<b>Multi-Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <b>and</b> White <input type="checkbox"/> Asian <b>and</b> White <input type="checkbox"/> Black/African American <b>and</b> White <input type="checkbox"/> American Indian/Alaska Native <b>and</b> Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose Not to Respond		
<b>Education:</b> <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> GED <input type="checkbox"/> Master's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> No High School Diploma			

Section II – For Current Homeowner(s) ONLY			
Do you currently have a Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received Step Forward Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Originating Lender (if available):		Original Loan Number (if available):	
Name of Current Servicer (if available):		Loan number assigned by Servicer:	
When did you purchase your home?	Have you lived at this address for at least two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, list previous address(es):		
Does your name appear on: <input type="checkbox"/> Property Deed <input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract		Total Monthly Payment (including Taxes & Insurance):	
<b>Select type of loan product:</b> <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months			
<input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months <input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months. <input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months <input type="checkbox"/> I don't know			
If type of loan is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a second mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Current status of Loan:</b> <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late		<b>Have you filed bankruptcy in the past two years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you had a Credit Report pulled within the last 6 months:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is your mortgage delinquent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, amount delinquent?</b> \$	<b>Are your property taxes delinquent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, amount delinquent?</b> \$	<b>Is your homeowner's insurance delinquent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, amount delinquent? \$</b>	
<b>Select primary reason for default:</b> <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Increase in Loan Payment <input type="checkbox"/> Medical Issues <input type="checkbox"/> Increase in Expenses <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death of Family Member <input type="checkbox"/> Other			
What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?		Do you feel that you have recovered from the situation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Has there been a Sherriff's Sale of this property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what is/was the date of the Sherriff's Sale?</b>	
<b>Are you currently working with an attorney regarding the delinquency of your mortgage, property taxes or land contract?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, please provide attorney name and contact information?</b>	
<b>If available, please provide the following information for the mortgage servicer or land contract holder that you make your payments to:</b>			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

**Section III – Must be completed by client.**

Enter **ALL** sources of income for adult members of the household (18 year olds not in High School).

**Income sources include:** Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support and Alimony.

**Total Monthly Income: \$**

Enter **ALL** total monthly debt for adult members of the household (18 year olds not in High School). Include Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

**Total Monthly Debt: \$**

**Based on your housing needs/goals do you believe you have been discriminated against?**

Yes  No

**Do you believe you have been a victim of Predatory Lending?**

Yes  No

**What is the main purpose for contacting our agency:**

Homelessness Assistance

Home Maintenance and Financial Management

Rental Topics

Reverse Mortgage

Purchase/Home Purchase

Resolving/Preventing Mortgage Delinquency or Default

**How did you learn about our Housing Education Program?**

Agency Outreach

HUD Outreach

Another Person

Lender

Another Agency

Real Estate Agent

Other:

**Section IV – Must be signed and dated by client and co-client.**

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section V – For Agency Use**

Intake/Counselor Name:

Intake Date:

Client ID #:

CM:

Matt 2.0:



CAPITAL AREA HOUSING PARTNERSHIP
HOUSING COUNSELING PROGRAM
TERMS OF SERVICE DISCLOSURE

Capital Area Housing Partnership
Housing Counseling
600 W Maple St, Lansing MI 48909
www.capitalareahousing.org
(517) 332-4663

Capital Area Housing Partnership (CAHP) and its counselors agree to provide the following services:

- Housing Education & Housing Counseling Services, including Home Buyer Education Classes & Financial Education Classes
For One-on-One Housing Counseling Services:
Review your housing goal and your finances, which include your income, debts, assets, and credit history
Create an Client Action Plan that lists the steps you and your counselor will take in order to achieve your goal
Development of a spending plan that will help you manage your debt, expenses, and savings
Identification of and referrals to needed resources, including educational workshops
Timely completion of promised action, confidentiality, honesty, respect, and professionalism in all services

the Client(s), agree(s) to the following terms of service:

- Participate fully in all required components of Housing Education Classes attended
For One-on-One Housing Counseling Services:
Work with the counselor in creating the Action Plan and completing the action steps assigned to you
Provide all necessary current documentation and follow-up information according to the Action Plan
Attend educational workshops as recommended
Acknowledge that my counselor will pull a credit report. I will be provided with a summary of my report.
Always provide accurate and complete information to the Counselor, whether verbally or in writing
Respond to Counselor contacts within 48 hours. Be on time for appointments. If late for an appointment, the appointment will still end at the scheduled time. Call before a scheduled appointment if unable to attend.
Contact the Counselor immediately with any changes to your housing goal or other new information
Termination of Services: Failure to work cooperatively with your housing counselor and/or CAHP, and to follow the Action Plan created with your counselor, will result in the discontinuation of counseling services.

TERMS OF SERVICE DISCLOSURE

By signing this agreement, you certify understanding and acceptance of the following:

- About Us: Capital Area Housing Partnership (CAHP) is a non-profit housing counseling & affordable housing development agency. Under our counseling programs we provide pre-purchase home buyer workshops, financial workshops, mortgage-readiness counseling, mortgage and tax foreclosure counseling, and an Individual Development Account (IDA) program for residents of greater Lansing. 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 anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).
Agency Conduct: No CAHP 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: CAHP has many financial and professional affiliations, including with HUD, the Michigan State Housing Development Authority (MSHDA), the City of Lansing, the City of East Lansing, Ingham County, Ingham County Land Bank, Framework Homeownership, Michigan State University, LBWL, FHLBI, USDA Rural Development, Dart Bank, PNC, MSUFCU, Huntington Bank, Commercial Bank, Union Home Mortgage, Astera Credit Union, Wells Fargo Advisors, the Selling Team KW, RE/MAX, Rathbun Insurance, and CAA in Jackson. As a housing counseling program participant, you are not obligated to use the products and services of Capital Area Housing Partnership or any of our industry partners.

Initials



**CAPITAL AREA HOUSING PARTNERSHIP  
HOUSING COUNSELING PROGRAM  
TERMS OF SERVICE DISCLOSURE**

Capital Area Housing Partnership  
Housing Counseling  
600 W Maple St, Lansing MI 48909  
www.capitalareahousing.org  
(517) 332-4663

- 4. **Alternative Services:** CAHP provides information and education on numerous loan products and housing programs. The housing counseling received from CAHP does not obligate you to choose any of the services, loan products, or housing programs offered to you.

You are not obligated to receive, purchase or utilize any other services offered by CAHP or its exclusive partners, in order to receive housing counseling services. You may consider taking seeking alternative products and services from other entities, including the Federal Housing Administration (FHA) or HUD for other first time home buyer programs. You are entitled to choose whichever real estate professionals, lenders, and lending products that best meet your needs.

- 5. After three (3) unsuccessful attempts to communicate with you, CAHP will close your case. You may have the opportunity to open a new request for assistance and for reasonable requests for a copy of your file (copy fees may apply). Requests for a copy of your file must be scheduled at least 3 business days in advance. Preferred form(s) of written contact:

Email    and/or     US mail

- 6. **Counselors Do Not Provide Legal Advice:** Counselors may answer questions and provide information but cannot give legal advice. If legal advice is needed, recommendations will be given to seek legal assistance from appropriate entities, including referral to Legal Aid if applicable.
- 7. **Referrals and Community Resources:** You will be provided a list of community resources with county and regional services available for a variety of needs. CAHP will provide me a list of agencies and you will make your own choice of providers.
- 8. **Quality Assurance:** In order to assess client satisfaction, and incompliance with grant funding requirements, CAHP 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 share with CAHP grantors such as HUD, MSHDA, or local city and county partners.
- 9. **Errors and Omissions and Disclaimer of Liability:** I agree that Capital Area Housing Partnership, its employees, agents, 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 Capital Area Housing Partnership housing counseling. I hereby release and waive all claims of action against Capital Area Housing Partnership and its affiliates. I have read this document, and 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. It any provisions 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.

**I/we acknowledge that I/we received, reviewed and agree to abide by Capital Area Housing Partnership’s Counseling Program Terms of Service.**

_____ Client Printed Name	_____ Signature	_____ Date
_____ Client Printed Name	_____ Signature	_____ Date
_____ Counselor Printed Name	_____ Signature	_____ Date
_____ Counselor Printed Name	_____ Signature	_____ Date



## 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 agency. I/We understand:

1. 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.

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**For Pre-Purchase Education Services only:**

\_\_\_\_\_ By initialing I/We acknowledge the agency has provided me/us with (1) **For Your Protection Get a Home Inspection** (HUD-92564), (2) **Ten Important Questions to Ask a Home Inspector**, and (3) **Disclosure of Lead-Based Paint Hazards in Housing** (EPA-747-F-96-002)

**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 the housing counseling received. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

**CONSENT:** Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits.

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:

<b>To be completed by Counselor:</b>		
Agency Name:	Agency Phone Number:	
Counselor Name:	Counselor Signature:	Date Signed:





## CAPITAL AREA HOUSING PARTNERSHIP

### Consumer Authorization & Release to Pull Credit Report

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I hereby authorize ACRANET to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my housing counseling agency, Capital Area Housing Partnership ("Counselor") for Counselor to provide housing counseling services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

In accordance with the agreement between ACRANET and Capital Area Housing Partnership ("Counselor"), I understand that I will not receive a copy of the ACRANET credit report.

I acknowledge that the Report is provide "AS IS" AND THAT ACRANET MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND IMPLIED WARRANTIES ARISING FROM A COURSE OF DEALING OR A COURSE OF PERFORMANCE WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT, OR THAT IT WILL MEET MY NEEDS AND ACRANET EXPRESSLY DISCLIAIMS ALL SUCH REPRESENTATIONS AND WARRANTIES.

I recognize that the accuracy, validity, or completeness of the Report provided by ACRANET is not guaranteed by ACRANET and I hereby release ACRANET and ACRANET's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees, and independent contractors (collectively, 'ACRANET's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss, damages, expenses, costs, or obligations of any kind and natures whatsoever suffered by me, resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

I covenant not to sue or maintain any claim, cause of action, demand, cross action, counterclaim, third party action or other form so pleading against ACRANET or ACRANET's Affiliates for damages based upon the inaccuracy, invalidity or incompleteness of any Report provided by ACRANET hereunder.

If one or more of the provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity, illegality or unenforceability will not affect any other provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Client Social Security Number

\_\_\_\_\_  
Counselor Name

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

