CAPITAL AREA HOUSING PARTNERSHIP

POST-PURCHASE COUNSELING CHECKLIST

THIS INFORMATION IS NECESSARY FOR SERVICE

PLEASE EMAIL TO LEIGHANNA@CAPITALAREAHOUSING.ORG

OR BRING TO FIRST APPOINTMENT:

HOME & MORTGAGE DOCUMENTATION

1. CLOSING DOCUMENTS FOR LOAN(S) ☐
2. MONTHLY STATEMENT FOR LOAN(S) ☐
3. ALL LETTERS FROM THE MORTGAGE COMPANY ☐
4. PROPERTY TAX BILLS (1 YEAR) ☐
5. HOME INSURANCE DECLARATION PAGE ☐
6. COPY OF HOME INSPECTION REPORT (if applicable) ☐

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

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

BUDGET

1. A COMPLETE LIST OF MONTHLY BILLS ☐
2. COPIES OF ALL MONTHLY BILLS (Most Recent Month's Utility, Phone, Cable, etc.) ☐
3. BANK STATEMENTS (most recent 2 months, w/ letterhead) ☐
4. HOME REPAIR RECEIPTS, INVOICES, OR QUOTES ☐

LEGAL AND IDENTIFICATION

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

QUESTIONS: 517.332.4663

CAPITAL AREA HOUSING PARTNERSHIP

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 (**do not** use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	**Gender:**	
Years/months on current job:	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Choose not to respond:	Disabled: ☐ Yes ☐ No Veteran: ☐ Yes ☐ No Migrant Farm Worker: ☐ Yes ☐ No	
Current Housing Situation: ☐ Own ☐ Rent ☐ Homeless ☐ Living with Family	Are you a First-Time Homebuyer? ☐ Yes ☐ No	Have you been a homeowner within the last three years? ☐ Yes ☐ No	
Do you consider yourself the Head of Household: ☐ Yes ☐ No	**Total Number of Household Dependents (not including yourself):**	☐ I live in a rural area ☐ Do not live in a rural area	

Based on current household select appropriate answer:

English Proficient ☐ Limited English Proficient ☐

If not English, preferred language:

☐ Hispanic or Latino
☐ Not-Hispanic or Latino
☐ Choose not to respond

Single Race:
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Choose Not to Respond

Multi-Race:
- ☐ American Indian/Alaskan Native **and** White
- ☐ Asian **and** White
- ☐ Black/African American **and** White
- ☐ American Indian/Alaska Native **and** Black/African American
- ☐ Other Multiple Race
- ☐ Choose Not to Respond

Head of Household Type:
- ☐ Single adult
- ☐ Female-headed single parent
- ☐ Male-headed single parent
- ☐ Married without children
- ☐ Married with children
- ☐ Two or more unrelated adults
- ☐ Other

Education:
- ☐ Doctoral or Professional Degree
- ☐ Master's Degree
- ☐ Bachelor's Degree
- ☐ Associate's Degree
- ☐ Some College, Not Completed
- ☐ Vocational Certificate
- ☐ GED
- ☐ High School Diploma
- ☐ No High School Diploma

Co-Client Name (First, Middle Initial, Last):		County:	
Street Address (**do not** use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	**Gender:**	
Years/months on current job:	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Choose not to respond:	Disabled: ☐ Yes ☐ No Veteran: ☐ Yes ☐ No Migrant Farm Worker: ☐ Yes ☐ No	
Current Housing Situation: ☐ Own ☐ Rent ☐ Homeless ☐ Living with Family	Are you a First-Time Homebuyer? ☐ Yes ☐ No	Have you been a homeowner within the last three years? ☐ Yes ☐ No	

Based on current household select appropriate answer:

English Proficient ☐ Not English Proficient ☐

If not English, preferred language:

☐ Hispanic or Latino
☐ Not-Hispanic or Latino
☐ Choose not to respond

Single Race:
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Choose Not to Respond

Multi-Race:
- ☐ American Indian/Alaskan Native **and** White
- ☐ Asian **and** White
- ☐ Black/African American **and** White
- ☐ American Indian/Alaska Native **and** Black/African American
- ☐ Other Multiple Race
- ☐ Choose Not to Respond

Education:
- ☐ Doctoral or Professional Degree
- ☐ Master's Degree
- ☐ Bachelor's Degree
- ☐ Associate's Degree
- ☐ Some College, Not Completed
- ☐ Vocational Certificate
- ☐ GED
- ☐ High School Diploma
- ☐ No High School Diploma

Section II – For Current Homeowner(s) ONLY

Do you currently have a Mortgage? ☐ Yes ☐ No	**Have you received Step Forward Assistance?** ☐ Yes ☐ 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?** ☐ Yes ☐ No **If not, list previous address(es):**
Does your name appear on: ☐ **Property Deed** ☐ Mortgage ☐ Land Contract	**Total Monthly Payment (including Taxes & Insurance):**

Select type of loan product:

- ☐ 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 loan modification in last six months
- ☐ Fixed rate currently under 8% as a result of loan modification in last six months
- ☐ Fixed rate currently 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 at 8% or greater as a result of loan modification in last six months
- ☐ I don't know

If type of loan is an ARM, has the interest rate already reset? ☐ Yes ☐ No	**Do you have a second mortgage?** ☐ Yes ☐ No

Current status of Loan: ☐ Current ☐ 30-60 days late ☐ 91-120 days late ☐ 61-90 days late ☐ 120 + days late	**Have you filed bankruptcy in the past two years?** ☐ Yes ☐ No	**Have you had a Credit Report pulled within the last 6 months:** ☐ Yes ☐ No
Is your mortgage delinquent? ☐ **Yes** ☐ **No** **If yes, amount delinquent?** **$**	**Are your property taxes delinquent?** ☐ **Yes** ☐ **No** **If yes, amount delinquent?** **$**	**Is your homeowner's insurance delinquent?** ☐ **Yes** ☐ **No** **If yes, amount delinquent? $**

Select primary reason for default:

- ☐ Reduction in income
- ☐ Poor budget management skills
- ☐ Loss of income
- ☐ Increase in Loan Payment
- ☐ Medical Issues
- ☐ Increase in Expenses
- ☐ Business Venture Failed
- ☐ Divorce/Separation
- ☐ Death of Family Member
- ☐ 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?** ☐ Yes ☐ No
Have you been notified of a date for a Sherriff's Sale? ☐ 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:

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?	**Do you believe you have been a victim of Predatory Lending?**
☐ **Yes** ☐ **No**	☐ **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:

1. **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.).

2. **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.

3. **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

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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

CAPITAL AREA HOUSING PARTNERSHIP

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.

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:

To be completed by Counselor:		
Agency Name:		Agency Phone Number:
Counselor Name:	Counselor Signature:	Date Signed:

Updated 3/31/2020

EQUAL HOUSING OPPORTUNITY

CAPITAL AREA HOUSING PARTNERSHIP

Consumer Authorization & Release to Pull Credit Report

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 DISCLIAMS 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**