

# RESIDENCY

(Select one!)



- I have lived in St. Johns County for one year or more!
- I have worked in St. Johns County for one year!

# DO YOU QUALIFY

## For A Habitat Home?



# NEED for housing

(Select one!)

- I currently live in an unsafe structure!
- Spending more than 40% of income on housing (rent + utilities)
- The neighborhood I am living in has high crime!
- I recently applied for a mortgage and was denied!
- I am living in overcrowded conditions!
- Other- I have another reason that is not listed!



# WILLINGNESS to partner

I will volunteer 200 "Sweat Equity" hours on a construction site contributing to the building of houses!



# CREDIT score

I have a credit score of 640 or higher.\*

\*credit building programs available through third party

My household income is within these guidelines!

How Many in Household	Gross Yearly Minimum	Gross Yearly Maximum
1	18,600	74,400
2	21,300	84,960
3	24,860	95,640
4	30,000	102,200
5	35,140	114,720
6	40,280	123,240



# ABILITY to pay

# Say yes to all 5?

Fill out your application during the enrollment period and schedule your consultation appointment with our Program Manager.

visit us ● [www.habitatstjohns.org](http://www.habitatstjohns.org)  
 call us ● 904.826.3252  
 email us ● [programmanager@habitatstjohns.org](mailto:programmanager@habitatstjohns.org)



Did you know that **Habitat for Humanity of St. Augustine/St. Johns County** has a partnership with a HUD approved **housing counseling agency**? Meaning we provide educational workshops and a full spectrum of housing counseling services.

**What is Housing Counseling?** The Housing Counseling program provides counseling to consumers on seeking, financing, maintaining, or owning a home. HUD-certified Housing Advisors are experienced, trained professionals, who can provide you with one-on-one housing counseling and guidance to help you make the right choices. The guidance you receive is based on your need, plus, your current and future financial capability.



**Are you ready for Homeownership?** Through the counseling sessions, the **Housing Counselor** would be able to identify your needs, calculate your income, review your credit report and financial situation, determine how much you can afford, if you are ready to apply for a mortgage loan and evaluate your options.



**What if you are not ready for homeownership now?** We are here to help! The **Housing Counselor** would be able to provide the guidance you need to overcome obstacles, help you establish realistic achievable goals, create an action plan and evaluate your options.



**How do you get started?** If you need housing counseling on seeking, financing, or owning a home, complete the **Intake Packet** with forms and required documentation listed on the next page. Once we receive your Intake Packet, we will be able to schedule an appointment with the Housing Counselor for your one-on-one counseling session. Please be aware that the Housing Counselor is available once a month.



**Where to submit your Intake Packet?** You can drop-off your **Intake Packet** at our administrative office located at **7 Hopkins St, St. Augustine, FL 32084** during regular business hours (Monday – Friday from 9:00 am - 5:00 pm). Our Intake Coordinator will review it with you to make sure that your packet is complete. You can also mail it to our administrative office.

If you have questions related to the Intake Packet and how to get started with housing counseling, **please contact our Team by calling at 904-826-3252 or by e-mail: [ProgramManager@habitatstjohns.org](mailto:ProgramManager@habitatstjohns.org)**

visit us ● [www.HabitatStJohns.org](http://www.HabitatStJohns.org)

call us ● 904.826.3252

email us ● [programmanager@habitatstjohns.org](mailto:programmanager@habitatstjohns.org)



# HOUSING COUNSELING INTAKE PACKET

This is **NOT** an application for the Habitat Homeownership Program

Please make sure to submit the following forms included in your Intake Packet:



## Housing Counseling Intake Form

Fill it out as accurately as possible. This is required for opening your housing counseling file.



## Monthly Household Spending Plan

Fill it out as accurately as possible. It will be reviewed during the one-on-one counseling session.



## Housing Counseling Disclosure Form

Please be sure to read it carefully. Then, sign to acknowledge you have read and understand the form.



## Privacy Statement and Notice

Please be sure to read it carefully. Then, sign to acknowledge you have read and understand the form.

Use the following checklist to help you collect everything you need before submitting your Intake Packet (please make copies of all required documents, if applicable).

- \$20 - Credit report fee (per individual)**
  - Personal check or Money Order, we do not accept cash
  - Soft inquiry, it will not impact your credit score
- Copies of Photo IDs (Driver's License or State ID)**
  - Please provide a legible copy of your photo ID in color for each applicant
  - Social Security Card for every household member
  - Birth certificate for children
- Divorce Decree (if applicable)**
- Proof of Income**
  - If employed:
    - Copies of last 3 months of paystubs
    - Copies of two most recent tax returns (including W2 forms)
  - If self-employed:
    - Copies of two most recent tax returns (including 1099 forms and Schedule C)
    - Current year-to-date Profit & Loss Statement
  - Benefits (Social Security, Disability, Retirement), if applicable:
    - Copy of updated award letter stating the monthly benefit
  - Alimony/Child Support (if applicable):
    - Copy of court order showing amount awarded
    - Copy of case history showing amounts disbursed
    - If not court ordered, 6 months of payment history
  - Bank Statements**
    - Copies of last 3 months of bank statements for all bank accounts and/or any statements from refillable debit cards.

**Other documentation may be requested during the housing counseling process.**

**Note:** If we do **NOT** receive a complete Intake Form along with all the required documentation and credit report fee, we will **NOT** be able to schedule your appointment with a Housing Counselor.

visit us ● [www.HabitatStJohns.org](http://www.HabitatStJohns.org)

call us ● 904.826.3252

email us ● [programmanager@habitatstjohns.org](mailto:programmanager@habitatstjohns.org)





**FOR INTERNAL USE**

Date Received: \_\_\_\_\_

CM#: \_\_\_\_\_

Housing Counselor: \_\_\_\_\_

**THIS IS NOT AN APPLICATION FOR THE HABITAT HOMEOWNERSHIP PROGRAM**



**HOUSING COUNSELING INTAKE FORM**  
Please print clearly and complete the required information as accurate as possible.



**WHICH OF THE FOLLOWING HOUSING COUNSELING SERVICES ARE YOU INTERESTED IN? (CHECK ALL THAT APPLY)**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Pre-purchase/Homebuying | <input type="checkbox"/> Financial management | <input type="checkbox"/> Discuss a fair housing rights violation | <input type="checkbox"/> Rental topics |
| <input type="checkbox"/> Prevent foreclosure     | <input type="checkbox"/> Maintain a home      | <input type="checkbox"/> Transition from homelessness            | <input type="checkbox"/> Other         |

CLIENT 1	CLIENT 2
<b>Name:</b> _____	<b>Name:</b> _____
<b>Birth Date (MM/DD/YYYY)</b> _____ <b>Social Security Number</b> _____	<b>Birth Date (MM/DD/YYYY)</b> _____ <b>Social Security Number</b> _____
<b>Phone:</b> _____	<b>Phone:</b> _____
<b>Email:</b> _____	<b>Email:</b> _____
<b>Address</b> _____	<b>Address</b> _____
<b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____
<b>Time at current address:</b> _____	<b>Time at current address:</b> _____
<b>Race (please select):</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White <input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Black or African American and White <input type="checkbox"/> American Indian or Alaska Native and Black or African American	<b>Race (please select):</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White <input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Black or African American and White <input type="checkbox"/> American Indian or Alaska Native and Black or African American
<b>Ethnicity (please select "yes" or "no").</b> <b>Hispanic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ethnicity (please select "yes" or "no").</b> <b>Hispanic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
You should select both a "Race" category and a "yes" or "no" for Hispanic origin)	You should select both a "Race" category and a "yes" or "no" for Hispanic origin)
<b>Are you a U.S. citizen or a Permanent Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a U.S. citizen or a Permanent Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Marital Status (please select):</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<b>Marital Status (please select):</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
<b>Gender (please select):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gender (please select):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Disabled (please select) ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Handicapped (please select) ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Education (please select):</b> <input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Two-Year College <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters Degree	<b>Education (please select):</b> <input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Two-Year College <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters Degree

**FOR INTERNAL USE**

Date Received: \_\_\_\_\_

CM#: \_\_\_\_\_

Housing Counselor: \_\_\_\_\_

**THIS IS NOT AN APPLICATION FOR THE HABITAT HOMEOWNERSHIP PROGRAM**



**HOUSING COUNSELING INTAKE FORM**

Please print clearly and complete the required information as accurate as possible.



**WHICH OF THE FOLLOWING HOUSING COUNSELING SERVICES ARE YOU INTERESTED IN? (CHECK ALL THAT APPLY)**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Pre-purchase/Homebuying | <input type="checkbox"/> Financial management | <input type="checkbox"/> Discuss a fair housing rights violation | <input type="checkbox"/> Rental topics |
| <input type="checkbox"/> Prevent foreclosure     | <input type="checkbox"/> Maintain a home      | <input type="checkbox"/> Transition from homelessness            | <input type="checkbox"/> Other         |

**CLIENT 1**

**Name:** \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Time at current address: \_\_\_\_\_

**Race (please select):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White  | <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                         | <input type="checkbox"/> Asian                     | <input type="checkbox"/> Asian and White                |
| <input type="checkbox"/> American Indian or Alaska Native and White                     | <input type="checkbox"/> Other Multiple Race       |   |
| <input type="checkbox"/> Black or African American and White                            |  |   |
| <input type="checkbox"/> American Indian or Alaska Native and Black or African American |  |   |

**Ethnicity (please select "yes" or "no").**

Hispanic:  Yes  No

You should select both a "Race" category and a "yes" or "no" for Hispanic origin)

Are you a U.S. citizen or a Permanent Resident?

Yes  No

**Marital Status (please select):**

- Single  Married  Divorced  Separated  Widowed

**Gender (please select):**

Male  Female

**Disabled (please select) ?**

Yes  No

**Education (please select):**

- |  |  |
|--|--|
| <input type="checkbox"/> Below High School Diploma | <input type="checkbox"/> High School Diploma or Equivalent |
| <input type="checkbox"/> Two-Year College          | <input type="checkbox"/> Bachelors Degree                  |
| <input type="checkbox"/> Masters Degree            | <input type="checkbox"/> Above Masters Degree              |

**CLIENT 2**

**Name:** \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Time at current address: \_\_\_\_\_

**Race (please select):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White  | <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                         | <input type="checkbox"/> Asian                     | <input type="checkbox"/> Asian and White                |
| <input type="checkbox"/> American Indian or Alaska Native and White                     | <input type="checkbox"/> Other Multiple Race       |   |
| <input type="checkbox"/> Black or African American and White                            |  |   |
| <input type="checkbox"/> American Indian or Alaska Native and Black or African American |  |   |

**Ethnicity (please select "yes" or "no").**

Hispanic:  Yes  No

You should select both a "Race" category and a "yes" or "no" for Hispanic origin)

Are you a U.S. citizen or a Permanent Resident?

Yes  No

**Marital Status (please select):**

- Single  Married  Divorced  Separated  Widowed

**Gender (please select):**

Male  Female

**Handicapped (please select) ?**

Yes  No

**Education (please select):**

- |  |  |
|--|--|
| <input type="checkbox"/> Below High School Diploma | <input type="checkbox"/> High School Diploma or Equivalent |
| <input type="checkbox"/> Two-Year College          | <input type="checkbox"/> Bachelors Degree                  |
| <input type="checkbox"/> Masters Degree            | <input type="checkbox"/> Above Masters Degree              |

**List last 2 years of employment history**

EMPLOYMENT - CLIENT 1				EMPLOYMENT - CLIENT 2					
<b>Current Employer:</b> _____				<b>Current Employer:</b> _____					
Title		Hire Date (mm/dd/yy)		Title		Hire Date (mm/dd/yy)			
Phone: _____				Phone: _____					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Please select:				Please select:					
<input type="checkbox"/> Part-time		# Hours per week: _____		<input type="checkbox"/> Part-time		# Hours per week: _____			
<input type="checkbox"/> Full-time		# Hours per week: _____		<input type="checkbox"/> Full-time		# Hours per week: _____			
Pay Rate: \$ _____				Pay Rate: \$ _____					
Is this amount paid <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks				Is this amount paid <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks					
<input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly				<input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly					
<i>If you have a second job, please specify:</i>									
<b>Other Employer:</b> _____				<b>Other Employer:</b> _____					
Title		Hire Date (mm/dd/yy)		Title		Hire Date (mm/dd/yy)			
Phone: _____				Phone: _____					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Please select:				Please select:					
<input type="checkbox"/> Part-time		# Hours per week: _____		<input type="checkbox"/> Part-time		# Hours per week: _____			
<input type="checkbox"/> Full-time		# Hours per week: _____		<input type="checkbox"/> Full-time		# Hours per week: _____			
Pay Rate: \$ _____				Pay Rate: \$ _____					
Is this amount paid <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks				Is this amount paid <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks					
<input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly				<input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly					
<i>If less than 2 years at current employment:</i>									
<b>Previous Employer:</b> _____				<b>Previous Employer:</b> _____					
Title		Hire Date (mm/dd/yy)	to	Last working Date (mm/dd/yy)	Title		Hire Date (mm/dd/yy)	to	Last working Date (mm/dd/yy)
Phone: _____				Phone: _____					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Please select:				Please select:					
<input type="checkbox"/> Part-time		# Hours per week: _____		<input type="checkbox"/> Part-time		# Hours per week: _____			
<input type="checkbox"/> Full-time		# Hours per week: _____		<input type="checkbox"/> Full-time		# Hours per week: _____			
Pay Rate: \$ _____				Pay Rate: \$ _____					
Was this amount paid <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks				Was this amount paid <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks					
<input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly				<input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly					

**Continue listing previous employers on a separate sheet of paper (if needed)**

**HOUSEHOLD INFORMATION**

**Current Housing Arrangement (please select):**

- Rent    Homeless    Homeowner with mortgage    Living with a family member and not paying rent    Homeowner with a mortgage paid off

**Rural Area Status (please select):**

- Household lives in a rural area  
 Household does not live in a rural area

**Limited English Proficiency Status (please select):**

- Household is Limited English Proficient  
 Household is not Limited English Proficient

**Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past 3 years)?**

- Yes    No

**Annual Family or Household Income :** \$ \_\_\_\_\_

**Household Type (please select the most accurate)?**

- Female headed single parent household    Male headed single parent household    Single adult    Two or more unrelated adults  
 Married with children    Married without children    Other, explain: \_\_\_\_\_

**Family/Household Size :** \_\_\_\_\_ **How many dependents?** \_\_\_\_\_

**What ages are they?** \_\_\_\_\_

**Are there non-dependents who will be living in the home?**

- Yes    No

*If yes, list below:*

Relationship \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

**Referred to by (please select all that apply):**

- Print Advertisement    Bank    Government    Realtor    Radio/TV    Newspaper Article    Staff/Board Member    Walk-in    Friend

*If you were referred by a bank, which one?* \_\_\_\_\_

*If referred by another source not listed above, which one?* \_\_\_\_\_

INCOME	Please Print Clearly	
<b>Type of Income</b>	<b>CLIENT 1</b> Monthly Amount \$	<b>CLIENT 2</b> Monthly Amount \$
Primary Employment		
Other Employment (if applicable)		
Self-employment Income		
Social Security		
Retirement Pension		
Alimony/Child Support		
Public Assistance		
Other Income		

**Please answer the following questions:**

**Can you document your child support/alimony income?**

- CLIENT 1**  
 Yes    No

- CLIENT 2**  
 Yes    No

*If yes, how long will it continue?* \_\_\_\_\_

\_\_\_\_\_

*If your child or a family member receives SSI, how many more years will the payments continue?*

\_\_\_\_\_

\_\_\_\_\_

*If you receive disability income, is it for a permanent disability?*

- Yes    No

- Yes    No

**LIABILITIES/DEBT**

Please Print Clearly

Please list any debts you have, including credit cards, auto loans, student loans, personal loans and child support.

Do NOT include rent or utilities.

Paid To	CLIENT 1		CLIENT 2	
	Monthly Payment \$	Current Balance	Monthly Payment \$	Current Balance
1. Auto Loan				
2. Credit Card 1				
3. Credit Card 2				
4. Credit Card 3				
5. Credit Card 4				
6. Student Loan				
7. Personal Loan				
8. Furniture Store				
9. Child Support				
10. Other				

Please use additional sheets if necessary.

Please answer the following questions:

	<b>CLIENT 1</b>	<b>CLIENT 2</b>
Do you make payments on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently in Chapter 13 bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a Chapter 7 bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was it discharged? _____		
Within the past 3 years, have you had a property foreclosed? If yes, specify the date. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ASSETS / SAVINGS / INVESTMENTS**

Please Print Clearly

Please list the approximate value of the following:

	Current balance in \$	
	CLIENT 1	CLIENT 2
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement accounts (e.g. 401k or IRA)		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (select)  Yes  No  
 if yes, how much? \$ \_\_\_\_\_



Please complete **Spending Plan** (Attachment #1)

**REQUIRED DOCUMENTATION** (Please include)

You are required to submit the documentation listed in the "Checklist for your One-on-One Counseling Session"

**ADDITIONAL INFORMATION**

	<b>CLIENT 1</b>	<b>CLIENT 2</b>
Have you owned a home in the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a contract on a house at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Are you currently working with a real-estate agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Most convenient time for an individual appointment?	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

**AUTHORIZATION**

I authorize the Housing Counselor to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) to share my/our personal and financial information with my lender in connection with my pursuit of a loan to purchase a home.

I/We understand that the Housing Counselor provide confidential pre-purchase & post-purchase housing counseling after which I will receive a written **action plan** consisting of recommendations for handling my credit and finances, possibly including referrals to other agencies as appropriate;

I/We understand that a housing advisor may answer questions and provide information but not give legal advice. If I want legal advice, I will be referred for appropriate assistance

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

\_\_\_\_\_  
Client 1 - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client 2 - Signature

\_\_\_\_\_  
Date



## **SOCIAL SECURITY INFORMATION PURPOSE STATEMENT**

**HOUSING & COMMUNITY DEVELOPMENT, HOMEOWNERSHIP, AND SHIP (State Housing Initiative Program) DEPARTMENT of St. Johns County collects your Social Security Number for one or more of the following purposes:**

- **Classification of Accounts**
  - **Identification and Verification**
  - **Credit Worthiness**
  - **Billing and Payments**
  - **Data Collection**
  - **Reconciliation**
  - **Tracking**
  - **Benefit Processing Tax Reporting**
  - **Accounts Payable**
  - **Income Verification**
- Other:**
- 

**Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.**

**I acknowledge that I have read the above disclosure and have been informed why I am being asked for my Social Security Number.**

---

**Signature**

---

**Date**

---

**Printed Name**

---

**Witnessed by**



## CLIENT COUNSELING AGREEMENT

I understand that St. Johns Housing and Financial Counseling Program (SJCHFC) will provide confidential, comprehensive housing counseling interview, conducted by a certified housing counselor after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate. I agree to participate in counseling sessions to better improve my ability to address my housing and/or financial needs (this may include Pre-purchase Counseling, Post-purchase Counseling, Budget Counseling, Financial Literacy, Homebuyers Education Workshop, Rental Counseling, Self-Sufficiency Counseling, Fair Housing Counseling, and/or Predatory Lending Counseling). I understand the following:

- A. Staff/Counselors may discuss information on my credit history, personal financial circumstances, employment and/or related matters as it may be necessary to seek a solution to my identified housing/credit matters with representatives of other firms or agencies as is necessary to seek a solution to address my concerns.
- B. Subject to the requirements of Florida's public records law, information about my personal circumstances will be treated with total confidentiality and that at no time will information be released to any third party without my express written consent (i.e. release of information), except as may be required by law. I have read the attached Privacy Policy, and I understand that Florida's public records law may affect the ability of SJCHFCP to keep certain information confidential.
- C. In order to solve my specific housing concerns, I recognize the need for housing counseling and pledge full cooperation with the counselor. I authorize SJCHFCP, its employees, agents, and/or volunteers to, on my behalf, contact, consult with, provide information to and receive information from those third parties that it deems necessary, in order to assist me with my housing situation any additional services recommended by SJCHFCP.
- D. All materials and information obtained in assisting me are the property of the SJCHFCP.
- E. A counselor may not provide legal advice. If I want legal advice, I will be advised to seek appropriate assistance from an attorney. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on an individual circumstance.
- F. In consideration of the counseling provided by SJCHFCP, I agree to hold SJCHFCP, its employees, agents, and volunteers, harmless of any liability, damages, claims, suit, action, or demand asserted against or incurred by SJCHFCP, as a result of any advice or counseling which I receive from SJCHFCP, and do hereby release and discharge SJCHFCP, its employees, agents, and volunteers from any liability, damages, claim, suit, action, or demand asserted against or incurred by SJCHFCP.
- G. I understand that in the event I am dissatisfied with the services I have received, I can request a copy of the complaint resolution process, a copy of which is available upon request.
- H. I understand that many affiliate agencies provide information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from SJCHFCP in no way obligates me to choose any of these particular loan products or housing programs.
- I. I am not obligated to participate in any additional programs and services offered by SJCHFCP.



- J. I understand that SJCHFCP does not guarantee that I will receive mortgage financing from any lender and/or other mortgage financing entity. I further understand that I am not obligated to pursue a loan with a lender and that SJCHFCP does not have any relationship with my current mortgage broker or lender.
- K. I understand that I may be referred to other housing services of the organization or to another agency or agencies as appropriate that may be able 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.
- L. I understand that it is my right and responsibility to decide whether to engage in any course of housing counseling with the SJCHFCP and determine whether counseling is suitable for my housing problem.
- M. I understand that it is in my best interest to maintain regular contact and keep all appointments set by the counselor. The counselor will send notices to me at 30/60/90 day intervals to determine my continued interest in the program. If I do not have direct contact with my counselor for six (6) consecutive months, I understand that my file may be classified as inactive and dropped from the program. I understand that if I am dropped from the program, I will be required to complete another application packet should I decide to enter the program again.
- N. I acknowledge that I have received a copy of the Privacy Policy and Program Disclosure Form.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Client's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Counselor's Signature**

\_\_\_\_\_  
**Date**



## **CLIENT BILL OF RIGHTS**

We pledge that our clients have the right:

- To prompt counseling services for their housing situation;
- To be treated with dignity and respect;
- To be actively involved in a comprehensive assessment of their housing situation including an appropriate action plan;
- To express dissatisfaction through a Complaint Resolution Process;
- To discontinue their relationship in our agency at any time;
- To ask questions and have concerns addressed.

## **NON-DISCRIMINATION POLICY**

Our agency serves all members of the community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or services with respect to age, race, religion, color, gender, national origin, sex, family status, or disability.



## HUD PROGRAM DISCLOSURE FORM

The St Johns County Housing and Financial Counseling Program, (SJCHFCP) is acting on its own behalf and is not under the influence of, control, or direction of any outside party such as a landowner, real estate broker, contractor, builder, lender, or consultant seeking to derive a profit or gain from our housing counseling program clients. St Johns County Housing and Financial Counseling Program has no financial relationships with any other industry partners.

We provide free education workshops and a full spectrum of housing counseling including:

**Pre-Purchase One-on-One Counseling** - The purpose of this counseling is to address issues that may prevent or delay affordable mortgage financing, while offering specific steps to help the client achieve their goal of homeownership.

**Pre-purchase Homebuyer Education Workshops** - Our certified housing counselors will help clients determine if homeownership meets their lifestyle, help them determine mortgage affordability, review their credit report, provide individuals awareness of identity theft, predatory lending tactics and methods to avoid falling prey to predatory lenders, we discuss fair housing and raise awareness about housing discrimination in the community and provide information to those who feel they may have been denied or been treated differently in their attempts to rent or buy housing.

**Financial Literacy Workshops**-The purpose of this counseling is to help clients learn and discuss best practices of financial management. Through these classes, clients learn the basics of banking, credit, financial planning, money management, savings, and goal setting.

**Financial Management and Budget Counseling** - Counselors work with individuals or in groups, to share data and tools to increase self-sufficiency. Budgeting and credit counseling are an integral part of all housing counseling services, Developing a budget, looking at spending habits, reducing existing debt, and developing savings strategies are some of the areas covered in this program.

**Non-Delinquency Post-Purchase One-on-One Counseling**-Counselors work with individuals who have purchased housing and are not delinquent in the payments, on topics such as Homestead Exemption filing, budgeting, predatory lending and scam protection, refinancing options, rehabilitation options.

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.).

### Housing & Community Development

200 San Sebastian View, Suite 2300, St. Augustine, FL 32084  
904.827-6890 | [sjcfl.us](http://sjcfl.us)





The SJCHFCP will ensure and monitor that the agency, its staff, or any member of their immediate family will not take any action that may result in, or create the appearance of: administering the housing counseling program for personal or private gain, providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency's ability to ensure compliance with HUD program requirements, or serve the best interests of its clients.

No counseling client is obligated to accept or receive any services offered by SJCHFCP. You may consider seeking alternative products and services from other entities for first-time homebuyer loan programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

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.

\_\_\_\_\_ I/we acknowledge that I/we received a copy of St Johns County Housing and Financial Counseling's Privacy Policy. I/we acknowledge that I/we received, reviewed, and agree to SJCHFCP Disclosures, including the required HUD documentation on home inspections.

\_\_\_\_\_ I/we agree SJCHFCP, 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 SJCHFCP counseling; and I hereby release and waive all claims of action against SJCHFCP 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.

\_\_\_\_\_ In order to assess client satisfaction and in compliance with grant funding requirements, SJCHFCP 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 SJCHFCP grantors such as HUD.

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

Date Received \_\_\_\_\_

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

Date Received \_\_\_\_\_

### **AUTHORIZATION TO VERIFY & RELEASE INFORMATION**

I/We authorize St Johns County Housing and Financial Counseling (SJCHFC) program to check any and all information

**Housing & Community Development**  
200 San Sebastian View, Suite 2300, St. Augustine, FL 32084  
904.827-6890 | sjcfl.us





## AUTHORIZATION FORM

I \_\_\_\_\_ hereby authorize St Johns County Housing and Financial Counseling (SJCHFC), to obtain information from my creditors on my behalf. This authorization shall become effective immediately and shall continue in effect until revoked by me by providing written notice to SJCHFC.

I certify that the information I have given to SJCHFC is true and correct to the best of my/our knowledge. I authorize this organization to negotiate on my/our behalf with my/our creditors.

Furthermore, I understand that by giving SJCHFC authorization to obtain information and to negotiate on my/our behalf in no way guarantees that my/our foreclosure will not be stopped nor is there any guarantee that I will receive housing or that any item, will be removed from my/our credit file.

I understand that SJCHFC is a counseling agency which provides assistance to individuals in understanding the Fair Credit Reporting Act and to those who are possibly facing foreclosure. SJCFHC cannot remove any item from my/our credit file that is true and accurately reported.

I hereby authorize SJCFHC to contact my creditors and/or credit reporting agencies on my/our behalf for the sole purpose of negotiating a repayment plan and/or settlement of a debt or to dispute items reflected on my/our credit file which are incorrectly reported.

In addition, I \_\_\_\_\_ understand that I could perform these actions on my own however, I have elected to contract the services of SJCHFC.

---

NAME (SIGNATURE)

Social Security #

DATE



## CREDIT REPORT AUTHORIZATION

### HOUSING CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct St Johns County Housing and Financial Counseling, hereinafter (SJCHFC) to obtain and review my credit report. My credit report will be obtained from an industry leading, trusted credit-reporting agency chosen by SJCHFC. I understand and agree the SJCHFC intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home, engage in pre-purchase counseling activities, financial literacy, homebuyer education, credit counseling, and/or engage in post-purchase non-delinquent counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to SJCHFC in connection with such evaluation. Authorization is further granted to the credit-reporting agency to use a copy of this form to obtain information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

\_\_\_\_\_ authorize

\_\_\_\_\_ do not authorize

St Johns County Housing and Financial Counseling to share with potential mortgage lenders my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information..

I understand that I may revoke my consent to these disclosures by notifying St Johns Housing and Financial Counseling in writing.

\_\_\_\_\_  
**Applicant Signature - Date**

\_\_\_\_\_  
**Applicant Social Security Number**

\_\_\_\_\_  
**Co-Applicant Signature - Date**

\_\_\_\_\_  
**Co-Applicant Social Security Number**

Housing & Community Development  
200 San Sebastian View, Suite 2300, St. Augustine, FL 32084  
904.827-6890 | sjcfLus



**Habitat for Humanity of St. Augustine/St. Johns County  
Privacy Statement and Notice**

At Habitat for Humanity of St. Augustine/St. Johns County we are committed to keeping your information private. We recognize the importance clients, applicants, partner families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving client, applicant, partner family, tenant, and homeowner data –such as tax returns, pay stubs, credit reports, employment verifications and payment history– internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on intake forms, applications or other forms;
- Information about your transactions with us, our affiliates, or others;
- Information we receive from a consumer reporting agency;
- Information we receive from you during interviews

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on intake forms, applications or other forms, such as name, address, social security number, income, age, assets, family size, ethnicity, and other information from the Intake form/application;
- Information about your transactions with us, our affiliates, or others such as your payment history or amounts due to us;
- Information we receive from a consumer reporting agency such as your credit history;
- Information gathered from interviews with us, such as family size

Habitat for Humanity of St. Augustine/St. Johns County, employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents or banks providing loan funding;
- Nonprofit organizations, public sector agencies or governments

We may also disclose nonpublic information about you to nonaffiliated third parties as permitted by law, in connection with our normal operating practices.

We do not disclose any nonpublic personal information about you to anyone, except as permitted by law. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I acknowledge that I have received a copy of Habitat for Humanity of St. Augustine/St. Johns County Privacy Statement and Notice.

Client Signature

Date

Client Signature

Date

\_\_\_\_\_

\_\_\_\_\_

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

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

**Privacy Policy and Relevant Information:** I/we acknowledge that I/we received a copy of the following:

- \_\_\_\_\_ Habitat for Humanity of St. Augustine/St. Johns County's Privacy Policy
- \_\_\_\_\_ "Know the Signs of Housing Discrimination" sheet
- \_\_\_\_\_ "For Your Protection: Get a Home Inspection" sheet
- \_\_\_\_\_ "Ten Important Questions to Ask Your Home Inspector" sheet
- \_\_\_\_\_ "Protect Your Home From Lead in Your Home" sheet

**Errors and Omissions and Disclaimer of Liability:** I/we agree Habitat for Humanity of St. Augustine/ St. Johns County, its employees, agents, directors, and partners are not liable for any claims and causes of action arising from errors or omissions by such parties or related to my participation in Habitat for Humanity of St. Augustine/St. Johns County's counseling program, and I hereby release and waive all claims of action against Habitat for Humanity of St. Augustine/St. Johns County, 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, Habitat for Humanity of St. Augustine/St. Johns County, 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 Habitat for Humanity of St. Augustine/St. Johns County grantors such as HUD or one of our professional affiliates.

**I/we acknowledge that I/we received, reviewed, and agree to Habitat for Humanity of St. Augustine/ St. Johns County's Housing Counseling Program Disclosures.**

_____ <b>Signature</b>	_____ <b>Client Printed Name</b>	_____ <b>Date</b>
_____ <b>Signature</b>	_____ <b>Client Printed Name</b>	_____ <b>Date</b>





## Request for Rent Verification

Privacy Act Notice: This information is to be used by Habitat of St. Augustine and St. Johns County in determining whether you qualify as a prospective Habitat homeowner. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval for a Habitat home may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 VAJ; by 12 USC, Section 1701 et. seq HUD/FHAJ; 42 USC, Section 1452b HUD/CPD; and Title 42 USC, et. seq or 7 USC, 1921 et. seq.

**Please return using one of the two options**

**E-mail: [programmanager@habitatstjohns.org](mailto:programmanager@habitatstjohns.org)**

**Mail: Habitat for Humanity of St. Augustine/St. Johns County  
7 Hopkins Street, St. Augustine, FL 32084**

Applicant(s) Name: \_\_\_\_\_

Landlord Name and Address: \_\_\_\_\_

**I applied for a Habitat Home. My signature authorizes verification of rent information.**

Applicant(s) Signature(s) : \_\_\_\_\_

### **Information to be Verified**

Property Address: \_\_\_\_\_

Account in the Name(s) of: \_\_\_\_\_

### **To Be Completed by the Habitat for Humanity Office:**

I certify that this verification has been sent directly to the landlord and has not passed through the hands of the applicant or any other party.

Inquirer's Signature \_\_\_\_\_ Inquirer's Printed Name: **Carolina Morrow**

Title: **Program Manager** Date: \_\_\_\_\_

### **To Be Completed by The Landlord:**

We received an application for a Habitat Home from the above, to which we understand you rent.

Tenant rented from \_\_\_\_\_ to \_\_\_\_\_.

Amount of rent is \$ \_\_\_\_\_ per \_\_\_\_\_.

Number of late payments is \_\_\_\_\_. Is the account satisfactory?  Yes  No

Comments: \_\_\_\_\_

Date account opened \_\_\_\_\_ Original account amount \_\_\_\_\_

Current account balance \_\_\_\_\_ is account current?  yes  no

Next payment date \_\_\_\_\_ Number of late payments \_\_\_\_\_

Please add any additional information that may be of assistance in determining credit worthiness.

### **Landlord Authorized Signature:**

Landlord Signature \_\_\_\_\_

Title \_\_\_\_\_

Print or type name signed above \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

**Federal statues provide severe penalties for any fraud, intentional misrepresentation or criminal connivance or conspiracy purposed to influence the issuance of any guarantee.**