

Household Profile

Section I – <u>Must</u> be completed for all clients				Date:	
Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address (do not use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		
County Client Resides In:	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Duration:	Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		
For statistical purposes, circle or check appropriate answer as it applies to Client:					
Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Single Race: 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond		Multi-Race: 7. American Indian/Alaskan Native and White 8. Asian and White 9. Black/African American and White 10. American Indian/Alaska Native and Black/African American 11. Other Multiple Race		Household Type: 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other	
For statistical purposes, please indicate clients highest level of education:					
<input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Postsecondary Non-Degree Award <input type="checkbox"/> Some College, No Degree		<input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Less than High school	

Co-Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address (do not use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		
County Client Resides In:	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Duration:	Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		
For statistical purposes, please circle or check appropriate answer as it applies to Client:					
Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Single Race: 12. American Indian/Alaskan Native 13. Asian 14. Black/African American 15. Native Hawaiian/Pacific Islander 16. White 17. Choose Not to Respond		Multi-Race: 18. American Indian/Alaskan Native and White 19. Asian and White 20. Black/African American and White 21. American Indian/Alaska Native and Black/African American 22. Other Multiple Race		Household Type: 8. Single adult 9. Female-headed single parent 10. Male-headed single parent 11. Married without children 12. Married with children 13. Two or more unrelated adults 14. Other	
For statistical purposes, please indicate clients highest level of education:					
<input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Postsecondary Non-Degree Award <input type="checkbox"/> Some College, No Degree		<input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Less than High school	

List **ALL** Household Members including Client and **ALL** sources of income for adult members of the household. Include unearned income of minor children. **DO NOT** include earned income of minor children. **Income sources:** Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient. List **ALL** sources of revolving credit and installment loan debt. **Debt sources:** Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

Name	Date of Birth	High School Student	Gross Annual Income	Primary Source of Income	Relationship to Client
		<input type="checkbox"/>			Client
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Total Household Income: (Excluding minor children's) \$

Total Household Debt: \$

Section II – Complete this section for Foreclosure or National Foreclosure Mitigation Counseling; otherwise leave blank and go to Section III:

Name of Originating Lender (if available):		Original Loan Number (if available):	
Name of Current Servicer:		Loan number assigned by Current Servicer:	
When did you purchase your home?		Does your name appear on the deed and mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Monthly Payment (PITI) at intake:		What is your current interest rate?	
If type of loan at intake is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does client have a second loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Score at Intake: _____ Source: TransUnion <input type="checkbox"/> EquiFax <input type="checkbox"/> Experian <input type="checkbox"/> Tri-merge <input type="checkbox"/>		Current status of Loan: <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	
Total amount delinquent on Mortgage? \$	Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	
Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the date of the Sherriff's Sale?		Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently working with an attorney regarding the delinquency of your mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide attorney information?			
Have you been a victim of Housing Discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been a victim of Predatory Lending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Select type of first loan product:			
<input type="checkbox"/> Hybrid ARM <input type="checkbox"/> Option ARM <input type="checkbox"/> Interest only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FHA or VA fixed rate loan	<input type="checkbox"/> FHA or VA ARM <input type="checkbox"/> Privately held <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> Unknown	NFMC Foreclosure Mitigation Counseling <input type="checkbox"/> Reporting on First loan <input type="checkbox"/> Reporting on Second loan	
NFMC Foreclosure Mitigation Counseling – must select type of first loan product below: <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 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"/> Client did not disclose		Select primary reason for default: <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Medical issues <input type="checkbox"/> Increase in Expense <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death of Family member <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Increase in loan payment <input type="checkbox"/> Other	

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:	
Please describe the circumstance(s) that occurred which resulted in the mortgage or land contract payments getting behind?			
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 listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section III – Must be completed for ALL Counseling Services		
How did client hear about MSHDA's Homeownership Counseling Programs:		
<input type="checkbox"/> Referral from MSHDA <input type="checkbox"/> Referral from Department of Human Services <input type="checkbox"/> Referral from Lender	<input type="checkbox"/> Referral from a Real Estate Professional <input type="checkbox"/> Referral from a Community Organization <input type="checkbox"/> Referral from Friend/Relative	<input type="checkbox"/> Referral from Habitat <input type="checkbox"/> Walk in Self-Referral <input type="checkbox"/> Radio, TV, or PSA <input type="checkbox"/> Other:
If client is looking to purchase a home, list the county they intend to reside in:		

I hereby certify that the information given above is accurate and complete. I understand that if information I provided is discovered to be false or misleading, my participation may be denied or terminated.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

Section IV – To be completed by Homeownership Counselor for MSHDA Homeownership Counseling Program(s) eligibility.		
Verified Family Income:	Family Maximum Income Limit:	
\$	\$	
Family is Eligible for Pre-Purchase Counseling:	Family is Eligible for Post-Purchase Counseling:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Name:	Agency Phone Number:	
Counselor Name:	Counselor Signature	Verifying Information: Date:

MSHDA's Homeownership Division
Counseling Agreement and Release of Information

Select Service Type:

- ☐ Homeownership Counseling
☐ Foreclosure Counseling
☐ NFMC Foreclosure Counseling

MSHDA Approved Counseling Agency: Metro Community Development		Loan Number:
Address for Foreclosure Counseling:	City:	Zip:

In signing this agreement and release, I am agreeing to actively participate in the Homeownership Counseling Program being offered by this Michigan State Housing Development Authority (MSHDA) counseling agency in order to receive counseling services. Participation in this program is voluntary and requires me to establish the reason for my delinquency and to develop an Action Plan in cooperation with the Counselor, and understand that I will receive a copy of that Plan.

1. I may be referred to other housing services of the organization or another agency 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.
2. I understand that this Agency receives funds through MSHDA, HUD and NFMC Programs 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. If the services received from this agency are funded by the NFMC Program, I give permission for NFMC program administrators and/or evaluators to follow-up with me for up to three (3) years from the date of this signed form for the purposes of program evaluation.
4. I understand 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.
5. I understand that this Agency provides both pre-purchase and post-purchase counseling services and I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies or organizations as appropriate.
6. I understand that this Agency provides information and education on numerous housing programs and loan products and I further understand that the housing counseling I receive from this Agency in no way obligates me to choose any of these particular housing programs or loan products.

Failure to sign the consent form may result in denial of program assistance or termination of counseling program benefits.

CONSENT: I/We hereby allow this Agency its agents, employees, or its affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Homeownership Counseling Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

For Pre-Purchase Counseling Services only:

☐ I acknowledge the agency provided me with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

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

_____ Client's Printed Name	_____ Signature	_____ Date
_____ Client's Printed Name	_____ Signature	_____ Date
_____ Counselor's Printed Name METRO COMMUNITY DEVELOPMENT Name of Counseling Agency	_____ Counselor's Signature FLINT, MI 48502 City – Location of Agency	_____ Date signed 810-767-4622 Contact Number

Household Budget

Name (Last):		Name (First)		
Address Number		STREET Name		
City		Zip Code		
Phone		Other Phone		Current Interest Rate
e-mail:			Property Taxes	
Current Mortgage			Homeowner Insurance	

ESTIMATED BUDGET AND PROPOSED CHANGES

Household Cost	Current Monthly Expense		Income Source	Monthly Gross Income	Monthly Net Income		
Savings			Wages				
HOME	Mortgage/Rent		Pension				
	Property Taxes		Social Security				
	Homeowner Insurance		SSI	\$ -	\$ -		
	Gas/Electric		Part Time wages	\$ -	\$ -		
	Water		Child Support	\$ -	\$ -		
	Home Phone		Rental Income	\$ -	\$ -		
	Internet		Business Income	\$ -	\$ -		
	Cable/Satellite		Other Income	\$ -	\$ -		
	Household/Lawn Supplies		DHS	\$ -	\$ -		
VEHICLE	Car Loan(s)	\$ -	FOOD STAMPS				
	Vehicle Tags/Plates		Monthly Gross	\$ -			
	Vehicle Insurance		Total Monthly NET Income		\$ -		
	Gasoline					DEBT	
	Oil Changes/Maint					Car Loan Payments	
	Other Transportation					Car 1	
FOOD	Groceries					Car 2	\$ -
	School/Work	\$ -				Car 3	\$ -
	Credit Card Payments	\$ -				TOTAL car	\$ -
INSURANCE	Medical					Credit Card & Other Payments	
	Co-Pay	\$ -				Credit Card 1	\$ -
	Life insurance	\$ -				Credit Card 2	\$ -
DISCRETIONARY	Income tax estimated monthly liability					Credit Card 3	
	Prescriptions					Credit Card 4	\$ -
	Childcare	\$ -				Student Loan	\$ -
	Cleaners	\$ -				Credit Total:	\$ -
	Clothing					Combined Loan Total:	\$ -
	Cell Phone						
	Hair/Barber/Beauty						
	Gifts/Celebrations						
	Christmas/Holidays						
	Entertainment						
	Pet						
	Savings for Settling Collections						
	Tithe/Offering	\$ -					
	Other monthly subscriptions	\$ -					
Misc	\$ -						
Total Expenses	\$ -						



GENERAL AUTHORIZATION TO RELEASE INFORMATION AND CREDIT RELEASE

Applicant	Co-Applicant
Name:	
Address:	
City/State/Zip:	
Phone Number:	
Alternate phone:	
E-mail address:	
Date of Birth:	
Social Security:	

GENERAL AUTHORIZATION: I hereby authorize my lender and/or mortgage servicer or the designated agent:

_____ account number _____ to release

- Release any and all information regarding my loan to my Metro Community Development. Such information may include, but is not limited to, the amount due on my loan, payment and credit history, loan payoff(s) and any credit transactions.

CREDIT RELEASE: I, further authorize Metro Community Development, its employees, agents, or affiliates, to obtain

- Credit report(s) from credit repository via Credco for the qualification process needed for MSHDA and FHA loan programs, and to discuss this information with partner lenders and/or funding sources.

RELEASE OF INFORMATION: I, further authorize Metro Community Development to release the information to the following parties

- _____ relationship _____
- _____ relationship _____

REPORTING TO FUNDING AGENCIES:

The information that Metro Community Development obtains will be used to process my request for assistance; and to collect the required demographic data that MCD is required to report to HUD, MSHDA, Neighborworks®, and other **funding agencies. I understand this authorization will expire 12 months after the date it is signed, unless I request otherwise in writing.**

X.....

Applicant

Date

X.....

Co-Applicant

Date

Metro Community Development - Counseling Staff

- *Kahlia Moore – 810 767-4622 x 29*
- *Chennelle Dismond – 810 767-4622 x 33*
- *Stephanie Goralski – 810-767-4622 x 32*
- *Shakesha Barrett – 810 232-4660*