



Financial, Homebuyer Counseling, and Seminar Programs Intake Form

1357 Home Avenue Akron, Oh 44310

Phone 330.631.0350

Fax 330.631.0355

Participant		
Name		
Social Security Number	Date Of Birth mm/dd/yyyy	
Home Phone (area code)	Cell (area code)	
Work Phone (area code)	Wk Ext	
Home Address		
Street Address		
City, State, Zip		
Email		
Demographics (for statistical purposes only)		
Male	Disabled	
Female	Veteran	
Highest Education Level		
Below HS Diploma	Bachelor's	
HS Diploma or Equivalent	Master's	
Some College/Vocational	PhD/MD	
Ethnicity		
Hispanic	Not Hispanic	
Race (please select if you identify with only one race)		
Caucasian	Asian	Pacific Islander
Black or African American	Native Hawaiian	
American Indian	Alaskan Native	Other
Multiracial (please select if you identify as multiracial)		
Black or AA & Caucasian	American Indian & Caucasian	
Black or AA & Alaska Native	Asian & Caucasian	
Black or AA & American Indian	Other Multiple Race	
Marital Status	Single	Separated
	Married	Divorced

Co-Participant		
Name		
Social Security Number	Date Of Birth mm/dd/yyyy	
Home Phone (area code)	Cell (area code)	
Work Phone (area code)	Wk Ext	
Home Address Write "same" if the same as Participant		
Street Address		
City, State, Zip		
Email		
Demographics (for statistical purposes only)		
Male	Disabled	
Female	Veteran	
Highest Education Level		
Below HS Diploma	Bachelor's	
HS Diploma or Equivalent	Master's	
Some College/Vocational	PhD/MD	
Ethnicity		
Hispanic	Not Hispanic	
Race (please select if you identify with only one race)		
Caucasian	Asian	Pacific Islander
Black or African American	Native Hawaiian	
American Indian	Alaskan Native	Other
Multiracial (please select if you identify as multiracial)		
Black or AA & Caucasian	American Indian & Caucasian	
Black or AA & Alaska Native	Asian & Caucasian	
Black or AA & American Indian	Other Multiple Race	
Marital Status	Single	Separated
	Married	Divorced

Household Composition-Including yourself, list everyone who is living in your home			
Name	Relationship	Date Of Birth mm/dd/yyyy	Social Security #
	Self (participant)		

Income Information-List monthly gross income (before taxes) for all sources from each person		
Source(earnings, SSI, Disability, Food Stamps)	Recipient (who receives income)	Monthly Gross Amount

Assets- please list the most recent balance of your savings			
Type	Bank Name	Recipient (whose account)	Most Recent Balance
Checking			
Savings			
Other:			
Participant's Current Employer Name		Co-Participant's Current Employer Name	
Address _____		Address _____	
Position or title _____	Phone _____	Position or title _____	Phone _____
# of Years with Employer or Hire Date _____		# of Years with Employer or Hire Date _____	
Previous Employer's Name (if less than 3 years w/ current employer)		Previous Employer's Name (if less than 3 years w/ current employer)	
Additional Information			Yes
Have you owned a home in the past three (3) years?			No
Are you delinquent on any federal, state, or local taxes?			
Have you completed homebuyer counseling?			
If yes, what program and when? _____			
Do you currently have a household budget?			
Do you currently have a savings account with an open balance?			
Do you have an open checking account			
If no, what do you use and why? _____			
Do you currently have open balances on credit card accounts?			
Do you have open or closed account balances that you currently do not pay for?			
Have you ever been denied credit due to past credit history?			
Have you ever filed for bankruptcy?			
Do you have outstanding collections, charge offs, liens and/or judgments against you?			
Are you currently being charged late fees and/or NSF fees?			
Have you ever used check cashing agencies?			
Have you ever used pay day loan services?			
Do you have a retirement plan?			
How did you hear about our program? Who referred you? _____			
Friend _____		Radio _____	Newspaper _____
Agency _____		Word Of Mouth _____	
Reference Family or Friend Name _____		Phone # _____	
What Services are you interested in? _____		Foreclosure _____	Homebuyer Counseling _____
What area would you like to purchase or rent in? _____		Financial Management _____	

My (our) signature certifies that all the information in this intake form is true and accurate to the best of my (our) knowledge. This entitles me (us) to one assessment, based upon the information provided at this time, one seminar series and a three-month evaluation.

Participant Signature

Date

Co-Participant Signature

Date

Financial Assessor (office use only)

HUD ID # (office use)

CREDIT AUTHORIZATION AND CERTIFICATION FOR MUSTARD SEED DEVELOPMENT CENTER

Certification

The undersigned certifies the following:

HUD ID # (office use only)	
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- I/We understand and acknowledge that MSDC is a financial/HUD housing counseling service offering services to assist in a financial/credit evaluation and not a broker and/or lending institution. I/We also understand that MSDC is not responsible for the ability or inability to obtain/maintain an installment/mortgage loan from my lender/creditor of your choice.
- I/We understand and acknowledge that this program is not a request by the undersigned to remove, change and/or alter current (and/or future) contracts, credit reporting ratings, and/or payment schedules with credit obligations. MSDC may represent participant by engaging in negotiations with community partners to facilitate repayment plans and all other transactions that do not represent the participant in the form of a legal binding contract. I/We understand that this authorization is only for the purpose of obtaining information required by MSDC in order for the undersigned to participate in the counseling program(s).

I/We also acknowledge that MSDC has our permission to use our information (excluding names, creditors, and account numbers that identify) in promotions, classroom and advertisement material at their discretion free to MSDC, to mean we understand we will not receive compensation in any way from such acts.
- I/We understand that this is not an application for credit. If we wish to submit a request for credit we must do so by contacting lender/creditor institutions with a separate written document request. I/We understand that MSDC collaborates with other public/private community institutions and that MSDC is not legally responsible for error and/or loss that results from transactions of our *Community Partners* and/or lenders of choice and that these agencies are independently responsible for their individual loan performance, product specifics, and/or services. We understand that we have the right to choose a lender, realtor, Public Project/Program, Title Company, Home Inspector and/or Insurance agent of our choice which must be kept in compliance with the program requirement and guidelines. We grant permission to MSDC to discuss our information with their partners to achieve better products/services on our behalf knowing we have the right to turn down any offer/product/service made available to me (us) in my (our) behalf by MSDC and/or their partners.
- I/We understand and acknowledge that MSDC will have housing programs that are offered for sale to purchase from MSDC owned properties that produce revenue for MSDC. We understand that at no time are we obligated to purchase these properties and have the right to select of our own free will to participate and/or not participate in such programs. We acknowledge that we fully understand our right of choice and have not been coerced in any way to purchase MSDC Properties.

Credit Authorization to Release Information

To Whom It May Concern:

- I/We have enrolled in the Financial/Credit Housing Counseling program counseling program offered by Mustard Seed Development Center. As part of the counseling process, MSDC may verify information provided by me/us any documents required in connection with the program.
- I/we authorize you to provide to MSDC and to its *Community Partners* (community-based organizations) who assist in the recruitment and delivery of the counseling program, any and all information and documentation that they request. Such information includes but is not limited to, employment history and income: bank, money markets, stocks, bonds, mutual funds, and similar account balances; credit history/reporting and credit approval status; and copies of income tax returns. MSDC has an unlimited time frame for obtaining any and all of this information specifically in the pulling of credit reports. MSDC also has authorization to act in my/our behalf for correcting information only.
- MSDC and its *Community Partners* (community-based organizations) who assist in the recruitment and delivery of the counseling program may address this authorization to any party having pertinent information in the delivery of the counseling program.
- A copy of this authorization may be accepted as an original.

Your prompt reply to Mustard Seed Development Center is greatly appreciated.

Participant Print Name

X

Participant Sign Name_____
Date_____
Social Security Number_____
Co-Participant Print Name

X

Co-Participant Sign Name_____
Date_____
Social Security Number

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- I/We understand and acknowledge that this program is not a request by the undersigned to remove, change and/or alter current (and/or future) contracts, credit reporting ratings, and/or payment schedules with credit obligations. MSDC may represent participant by engaging in negotiations with community partners to facilitate repayment plans and all other transactions that do not represent the participant in the form of a legal binding contract. I/We understand that this authorization is only for the purpose of pulling unlimited credit reports to obtain information required by MSDC in order for the undersigned to participate in the counseling program(s). I/We understand that a pull of my credit report is a soft pull and not a hard pull on my credit report.

I/We also acknowledge that MSDC has our permission to use our information (excluding names, creditors, and account numbers that identify) in promotions, classroom and advertisement material at their discretion free to MSDC, to mean we understand we will not receive compensation in any way from such acts.
- I/We understand that this is **not an application for credit**. If we wish to submit a request for credit we must do so by contacting lender/creditor institutions with a separate written document request. I/We understand that MSDC collaborates with other public/private community institutions and that MSDC is not legally responsible for error and/or loss that results from transactions of our *Community Partners* and/or lenders of choice and that these agencies are independently responsible for their individual loan performance, product specifics, and/or services. We understand that we have the right to choose a lender, realtor, Public Project/Program, Title Company, Home Inspector and/or Insurance agent of our choice which must be kept in compliance with the program requirement and guidelines. We grant permission to MSDC to discuss our information with their partners to achieve better products/services on our behalf knowing we have the right to turn down any offer/product/service made available to me (us) in my (our) behalf by MSDC and/or their partners.

Please Initial Here: Participant: _____ Co-Participant: _____

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Participant Print Name

X

Participant Sign Name_____
Date_____
Social Security Number_____
Co-Participant Print Name

X

Co-Participant Sign Name_____
Date_____
Social Security Number



ACKNOWLEDGEMENT (Home Today)

I (being each of the parties executing this document below) am participating in the Home *Today* Program offered by Third Federal Savings and Loan Association of Cleveland (“Third Federal”)

I understand that Third Federal does not benefit financially from any referral partner or partnership contacts. Through participation in the Home *Today* Program, I acknowledge that I will be able to gain access to training partners or referral partners who offer additional personal money management education, counseling and home ownership training.

I have received a copy of the Third Federal Privacy Promise.

AUTHORIZATION

I authorize Third Federal to forward my name, address, e-mail address and telephone numbers to training partners, referral partners or program evaluators who may choose to contact me.

To facilitate the origination, processing and servicing of my loan, I authorize Third Federal to interact with any training partner, referral partner, or program evaluator with whom I’ve dealt. Such interaction can take the form of oral conversations or written correspondence relating originating, servicing or working out problems or issues relating to my mortgage loan as well as providing copies of documents from my mortgage loan file such as, but not limited to:

- A completed Third Federal Mortgage Application
- Mortgage Payment History
- A copy of the Mortgage Deed and Promissory Note
- Default Notices
- Any documentation provided to verify income
- HUD1 Settlement Statement
- Pre-approved Loan Amount

I understand that Third Federal will not share a copy of my credit report. Training partners or referral partners will be responsible for obtaining credit reports independently if needed.

Signature

Street Address

Print Name

City, State and Zip Code

Social Security Number

(Area Code) Daytime Phone Number

e-mail address

Training Partner or Referral Partner Name



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- Any documentation provided to verify income
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- Pre-approved Loan Amount

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Signature

Street Address

Print Name

City, State and Zip Code

Social Security Number

(Area Code) Daytime Phone Number

e-mail address

Training Partner or Referral Partner Name