



Post Purchase - ND Home Study Packet

Home Partnership, Inc.
Rumsey Towers Building
626 Towne Center Drive, Suite 102
Joppatowne, MD 21085

Meredith McAllister, Housing Counselor
410-679-3200 Ext. 18

Steps for obtaining counseling certificates

- Homeowner assembles required documentation and BRINGS PAPER COPIES TO LEAVE WITH COUNSELOR * We cannot copy your originals.
- Homeowner reviews and completes appropriate enclosed worksheets in home study materials
- Homeowner schedules a one on one counseling session. HPI will make reasonable accommodation for your impairment, disability, or language barrier upon request.
- Appointment Counseling Fees (if applicable) are non-refundable but can be transferred to another date or person.
- Homeowner brings home study materials with complete worksheets and copies of required documentation and participates in one on one counseling session
- There is a charge of \$100.00 for the one on one counseling session.

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DOCUMENT CHECKLIST

Please provide COPIES of the following items for your counseling session.

- Completed Home Study Packet (original or copy)
- Credit report with FICO scores (Your lender may be able to provide. Also available through HPI as soft pull trimerge \$22.00 payable by money order or debit card).
- Recent pay stubs for a full 30 days for borrowers (self-employed persons should bring a year to date profit and loss statement)
- Federal income tax returns for 2 years with all schedules for self-employment, other real estate owned, or partnership or corporate income (state tax returns not needed)
- Other income documentation (Child support, SSI, pension, etc. if applicable)
- Bank statements for two most recent months on all accounts
- Bankruptcy discharge documents with the discharged list of creditors (if applicable)
- Loan fees worksheet for Refinance loan
- Current Mortgage statement for all loans on subject property
- HOA statement for subject property (if applicable)

Homebuyer A:

Name: _____

County _____ Address: _____

City, State, Zip: _____

Lives in Rural area: Y or N Primary Phone: _____

Social Security Number: _____ Date of Birth _____

Status: Married Separated Divorced Single Veteran Disabled

Race: American Indian/Alaskan Native Asian Black/African American

Native Hawaiian/Pacific Islander White Hispanic: Y or N

Other, please specify: _____

Limited English Proficient/Preferred Language _____

Education: No High School High School Diploma GED Diploma

Vocational Certificate Some College (Never Completed)

Associates Degree Bachelor's Degree Master's Degree

Doctoral Degree

Homebuyer A:

Name: _____

County _____ Address: _____

City, State, Zip: _____

Lives in Rural area: Y or N Primary Phone: _____

Social Security Number: _____ Date of Birth _____

Status: Married Separated Divorced Single Veteran Disabled

Race: American Indian/Alaskan Native Asian Black/African American

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Other, please specify: _____

Limited English Proficient/Preferred Language _____

Education: No High School High School Diploma GED Diploma

Vocational Certificate Some College (Never Completed)

___ Associates Degree ___ Bachelor's Degree ___ Master's Degree
___ Doctoral Degree

List the names, ages, birth dates and relationship of all other household members

| Name | Age & Birth Date | Relationship |
|-------|------------------|--------------|
| _____ | _____/____ | _____ |
| _____ | _____/____ | _____ |
| _____ | _____/____ | _____ |
| _____ | _____/____ | _____ |

Income

Gross income is before deductions. Net income is take home pay

HomeOwner A

HomeOwner B

Employer: _____

Employer: _____

Start Date: _____

Start Date: _____

Position: _____

Position: _____

Annual Gross Income: \$ _____

Annual Gross Income: \$ _____

Overtime, Bonus, etc: \$ _____

Overtime, Bonus, etc: \$ _____

Employer: _____

Employer: _____

Previous 2nd job, check one

Previous 2nd job, check one

Start Date: _____

Start Date: _____

Position: _____

Position: _____

Monthly Gross/Net Income:

Monthly Gross/Net Income:

\$ _____ / \$ _____

\$ _____ / \$ _____

Additional monthly income for all household members:

Child Support/Foster Care \$ _____

Alimony \$ _____

SSI/Social Security \$ _____

Public Assistance \$ _____

Veterans Benefits/Disability \$ _____

Other \$ _____

Earned Income from all other household members not listed above \$ _____

Total Monthly Gross Household from all Sources listed above: \$ _____

Current Housing:

Assets

| Homebuyer A | Amount | Bank, Credit Union or Investment Firms |
|--------------------|----------|--|
| Savings | \$ _____ | _____ |
| Checking | \$ _____ | _____ |
| CDs/Money Market | \$ _____ | _____ |
| Stocks, bonds, etc | \$ _____ | _____ |
| Retirement account | \$ _____ | _____ |
| Homebuyer B | Amount | Bank Credit Union or Investment Firms |
| Savings | \$ _____ | _____ |
| Checking | \$ _____ | _____ |
| CDs/Money Market | \$ _____ | _____ |
| Stocks, bonds, etc | \$ _____ | _____ |
| Retirement account | \$ _____ | _____ |

Do you make regular deposits into a savings account? Yes ___ No ___

If yes, for how long? _____ How much per month? \$ _____

1st Mortgage Co. _____ 1st Mortgage Loan No. _____

Housing payment: \$ _____ 2nd Mortgage Company _____ 2nd

Mortgage Loan No. _____ Housing payment: \$ _____

Credit and Household Debt

List any loans and/or credit cards even if they do not appear on your credit report

| Type of Debt | Monthly Minimum | Balance | Interest Rate | Credit Limit |
|---|-----------------|---------|---------------|--------------|
| Mortgage 1 (Incl Escrow) on Primary Residence | | | | |
| Other Mortgages on Primary Residences | | | | |
| Taxes, Insurance, and HOA if applicable and not included in mortgage on primary residence | | | | |
| All Mortgages on Other Properties | | | | |
| Vehicle Loan/Lease | | | | |
| Vehicle Loan/Lease | | | | |
| Student Loans (Deferred Y / N) | | | | |
| Loan (Credit Union, Personal, etc.) | | | | |
| Medical Debt/Payment Plan | | | | |
| Child Support/Alimony | | | | |
| Other Installment Loan | | | | |
| Credit Card: | | | | |
| Credit Card: | | | | |
| Credit Card: | | | | |
| Credit Card: | | | | |
| Credit Card | | | | |
| Total Credit Payments | | | | |
| | | | | |

Housing Ratio = Total Housing Expenses on Prim. Residence/Total Gross Monthly Income (Before Taxes) _____

Debt Ratio = Total Credit Minimum Payments/Total Gross Monthly Income (Before Taxes)

Budget

| Net monthly income (after Taxes) | | | |
|---|---------|--|--------------------|
| Monthly Expenses | Current | | After Loan Closing |
| Utilities | | | |
| Telephone & cell phones & internet access | | | |
| Groceries | | | |
| Household supplies & toiletries | | | |
| Meals and snacks at work | | | |
| Meals and beverages out w/family & friends | | | |
| Day care/baby sitters | | | |
| Loans/credit cards/child support (previous page) | | | |
| Health insurance (not payroll deducted) | | | |
| Doctor and Dentist bills | | | |
| Prescriptions | | | |
| Vehicle insurance | | | |
| Vehicle repairs and maintenance | | | |
| Gas | | | |
| Parking, tolls and mass transit | | | |
| Tuition, books and education | | | |
| Charitable/Religious contributions | | | |
| Cable/Satellite/Video Rentals | | | |
| Entertainment/Vacations/Travel | | | |
| Tobacco/Alcohol/Lottery Tickets | | | |
| Gifts | | | |
| Health club/sports/hobbies | | | |
| Dues/subscriptions/uniforms/equipment | | | |
| Clothes for household | | | |
| Dry cleaning/laundry | | | |
| Hair/nail appointments | | | |
| Repairs and maintenance | | | |
| Savings | | | |
| All other | | | |
| Total | | | |
| | | | |
| | | | |
| Disposable Income (Net Monthly Income – Total Monthly Expenses) | | | |



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626 Towne Center Dr. Suite 102
Joppa, MD 21085
410.679.3200 phone; 410.679.3208 fax
Email: counselor@homepartnershipinc.org
www.homepartnershipinc.org

PRIVACY POLICY

- **What kinds of information we collect:** We collect information about you, (for instance, your name, address, telephone number) and information about your transaction, including identity of the real property that you are buying. We obtain copies of source documentation of your financial status and/or program eligibility (e.g. W-2's, pay stubs, bank statements, etc.) We get this information from you. We also get your social security number, which is disclosed if required per program or funding source requirements or for identification purposes, and we may receive additional information from third parties including appraisals, credit reports, land surveys, escrow account balances, and sometimes account numbers to facilitate the transaction. If you are concerned about the information we have collected, please write to us.
- **How we use this information:** The organization, in giving or specifically adopting this notice does not share your information with marketers outside its own family. There is no need to tell us to keep your information to ourselves because we share your information only to determine your eligibility for OUR Programs, or in other ways permitted by law. The privacy laws permit some sharing without your approval. We may share internally and with nonaffiliated third parties in order to carry out and service your transaction, to protect against fraud or authorized enforcement agencies including the U. S. Department of Housing and Urban Development. Companies within a family may share certain information among themselves in order to identify and market their own products that they think may be useful to you. I understand that Home Partnership Inc. receives federal, state, local, and private grant funds and, as such, is required to share some of my personal information with HUD and other third-party program administrators or their agents for purposes of program monitoring, compliance and evaluation. This information may be shared electronically with said parties.
- **How we protect your information:** We restrict access to nonpublic personal information about you to those employees who need the information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with the law to guard your nonpublic personal information. We enforce the company's privacy policy with our employees.

Photo Release – I, the undersigned, agree to exempt the organization, its principals, employees, clients, subcontractors and all other who may be involved with any photo shoot(s) being undertaken in which I or my property are apart from any liability or responsibility that may be incurred with said photo shoot(s). Also, I agree to allow the organization, to use any photo(s) in which I or my property are pictured for any marketing/advertising/promotional uses it deems suitable and will not seek reimbursement for such usage. I will indicate my preference to opt out of photo release in writing.

Acknowledgement of Alternative Housing and Finance Programs Available- I hereby acknowledge that I am aware that in addition to programs, counseling and homes for sale/rental offered by the organization, alternative finance, counseling and housing programs are available to me for first mortgages, closing cost assistance programs, counseling and homes for sale,.

Acknowledgement of Alternative Formats and Settings Available – I understand that I may make a request for a reasonable accommodation for my impairment, disability, language barrier etc. Such accommodations might include large print materials, interpreter, telephone appointments for example.

No response to this is required, but if you have any questions, please write to us. We will continue to protect the privacy, accuracy and security of customer information given to us.

I hereby _____ request alternative housing programs information or reasonable accommodation to use HPI services.

Client's signature _____ Date _____

Client's signature _____ Date _____



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CLIENT COUNSELING AGREEMENT

I agree to participate in counseling to help accomplish my housing and/or financial goals. I give permission for staff counselors to collect and review information regarding my credit history, financial situation, employment, or family size. Information about my personal circumstances will be treated as totally confidential and no information will be divulged to any party who I have not authorized.

I understand that Home Partnership Inc. receives federal, state, local, and private grant funds and, as such, is required to share some of my personal information with HUD and other third-party program administrators or their agents for purposes of program monitoring, compliance and evaluation. This information may be shared electronically with said parties.

I understand that it may be necessary for the counselors to discuss this information with representatives of other firms or agencies, as is necessary to assess my current situation and make recommendations for next actions.

I authorize Home Partnership, Inc. to release credit, financial, employment, and other information to other agencies or firms as I direct to accomplish my housing goals.

A counselor may answer questions and provide information, but not give legal, accounting, or other advice for which professional licensing is required. If I want such advice, I will be referred for appropriate assistance. In such cases, I give consent for Home Partnership Inc. to share contact and case information with professional service provider.

I understand that Home Partnership Inc. provides information on numerous loan products and housing programs including housing and/or services that we may own, manage, or otherwise materially participate in. Home Partnership Inc. at times also partners with industry professionals who provide related programs or services in order to educate and assist our clients with meeting their housing goals. I further understand that the housing counseling I receive from Home Partnership Inc. in no way obligates me to choose any of these particular loan products, available homes, housing programs, or to use other services of HPI or any of our professional partners.

Client's signature _____ Date _____

Client's signature _____ Date _____



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CLIENT COMPLAINT PROCESS

The Home Partnership Inc. (HPI) is committed to providing fair, accurate, and thorough services to all persons in need of financial education and counseling. The following provisions have been adopted to ensure that all clients are treated fairly, and in the event of a complaint by a client regarding HPI services, that the client has a clear and reasonable method of lodging and having their complaint addressed.

HPI will provide each client a copy of this Client Complaint Process prior to the start of education and counseling services, the receipt of which shall be acknowledged in writing with the client's signature and the date received.

Complaints subject to review

- A failure to protect confidentiality.
- Information not supplied or not supplied in a timely fashion.
- Provision of information that was not objective.
- Provision of false information.
- Unprofessional behavior.

To submit a complaint

- HPI hopes that any client complaints can be resolved between the client and the relevant staff.
- Should the complaint not be resolved by the staff member, the client should submit his or her complaint in writing to:

President, Board of Directors
The Home Partnership Inc.
626 Towne Center Dr. Suite 102
Joppa, MD 21085

It is possible that prior to such a letter, the staff member may request a meeting with the client and the President.

The letter should state the nature of the complaint, stipulating the exact problem, the staff member with which the client has the problem, actions taken by the client to have the problem resolved, the response of the staff member to those actions, the impact of the problem upon the client's home purchase or renovation plans, any additional information that would allow HPI personnel to understand the issue, and what form of redress, if any, the client is requesting. A copy should be sent to the staff member in question.

- After review of the letter, the President will meet with the appropriate staff member, then meet with the client, if necessary. The President's decision regarding the matter will be final.

Client's signature _____ Date _____

Client's signature _____ Date _____