



DIVISION OF HOMEOWNERSHIP
MSHDA's Homeownership Counseling Program
Household Profile

Section I – Must 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:		Have you been a homeowner within the last three years?		
			<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Yes
			<input type="checkbox"/> Homeless	<input type="checkbox"/> Living w/Family	<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"/>	
				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Single Race:		Multi-Race:		Household Type:	
1. American Indian/Alaskan Native		7. American Indian/Alaskan Native and White		1. Single adult	
2. Asian		8. Asian and White		2. Female-headed single parent	
3. Black/African American		9. Black/African American and White		3. Male-headed single parent	
4. Native Hawaiian/Pacific Islander		10. American Indian/Alaska Native and Black/African American		4. Married without children	
5. White		11. Other Multiple Race		5. Married with children	
6. Choose Not to Respond				6. Two or more unrelated adults	
				7. Other	

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 Co-Client Resides In:	Current Housing Situation:		Have you been a homeowner within the last three years?		
			<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Yes
			<input type="checkbox"/> Homeless	<input type="checkbox"/> Living w/Family	<input type="checkbox"/> No

For statistical purposes circle or check appropriate answer as it applies to Co-Client:					
Ethnicity (You must select one)		Hispanic <input type="checkbox"/>		Non-Hispanic <input type="checkbox"/>	
				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Single Race:		Multi-Race:		Household Type:	
1. American Indian/Alaskan Native		7. American Indian/Alaskan Native and White		1. Single adult	
2. Asian		8. Asian and White		2. Female-headed single parent	
3. Black/African American		9. Black/African American and White		3. Male-headed single parent	
4. Native Hawaiian/Pacific Islander		10. American Indian/Alaska Native and Black/African American		4. Married without children	
5. White		11. Other Multiple Race		5. Married with children	
6. Choose Not to Respond				6. Two or more unrelated adults	
				7. Other	

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.

Name	Date of Birth	✓ If they are pregnant	Gross Annual Income	Primary Source of Income	Relationship to Client
		<input type="checkbox"/>			Client
		<input type="checkbox"/>			Co-Client
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

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

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 a Real Estate Professional | <input type="checkbox"/> Walk in Self-Referral |
| <input type="checkbox"/> Referral from Department of Human Services | <input type="checkbox"/> Referral from a Community Organization | <input type="checkbox"/> Radio/TV PSA |
| <input type="checkbox"/> Referral from Lender | <input type="checkbox"/> Referral from Friend/Relative | <input type="checkbox"/> Other: |

If client is a new homeowner what county do 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 to determine eligibility for MSHDA Homeownership Counseling Program(s).	
Verified Family Income: \$	Family Maximum Income Limit: \$
Family is Eligible for Pre-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Family is Eligible for Post-Purchase Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name:	Agency Phone Number:
Counselor Name:	Counselor Signature Verifying Information: Date:

**MSHDA's Division of Homeownership
Counseling Agreement and Release of Information**

Select Service Type:

- Homeownership Counseling
- Foreclosure Counseling
- NFMC Foreclosure Counseling

MSHDA Approved Counseling Agency:		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.

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 the 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. 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.
4. 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.
5. 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.
6. If I am a NFMC program participant, I give permission to program administrators and/or their agents to pull my credit report up to two (2) additional times between now and June 30, 2010 and to give authorization for program administrators and/or their agents to follow-up with me between now and June 30, 2010 for the purposes of program evaluation.

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.

NOTE: If you or anyone in your family feels as though they 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
Client's Printed Name	Signature	Date
Counselor's Printed Name	Counselor's Signature	Date signed
New Development Corporation Name of Counseling Agency	Grand Rapids City – Location of Agency	616.361.7500 Contact Number