



Dakota County CDA – Homebuyer Counseling Program Application

Appointment Information:

Date: _____ Time: _____

Application Checklist:

To better serve you, please provide all required documents 24 hours in advance of your appointment. If documents are not returned, you will be sent a notice to reschedule via email.

Questions? Email me at rfinazzo@dakotacda.state.mn.us or call at 651-675-4473

Required First Appointment Documents

- Completed full Intake Application form
- Monthly Budget worksheet

Optional, but Strongly Encouraged Documents

- Proof of all Household Income
 - Pay stubs: Most recent 30 days
 - Benefit Statement/Letter: I.e. Social Security, Disability, unemployment, and etc.
 - If Self-employed, Profit & Loss Statement for most recent quarter
- Two most recent bank statements for all accounts
- Credit report
 - Note: we offer credit reports here at Dakota County CDA. The report is a soft pull (will not hurt your credit), and will be your full report showing all three credit bureaus and your scores. The cost to pull a credit report is \$21.40 with us. If you would like to pull a report, please fill out the “Optional credit release form”. You are also welcome to bring your own reports.

Send completed application to:

- Email: rfinazzo@dakotacda.state.mn.us
- Fax: 651-287-8021
- Mail: Dakota County CDA
Attn: Rachel Finazzo
1228 Town Centre Drive
Eagan, MN 55123



HOMEBUYER COUNSELING INTAKE FORM

Case Number _____ In- Person counseling
 Date of Intake: _____ Telephone Counseling

Instructions: Please fill out as completely as possible. If you need additional space, please feel free to use the back side or make additional copies as necessary.

Individual #1

Name: _____
 (Please print) First MI Last
 Address: _____
 Zip: _____ City: _____
 State: _____ County: _____
 Home Phone: _____
 Work Phone: _____
 Email: _____

Individual #2

Name: _____
 (Please print) First MI Last
 Address: _____
 Zip: _____ City: _____
 State: _____ County: _____
 Home Phone: _____
 Work Phone: _____
 Relationship to Individual #1: _____
 Email: _____

Individual #1 (only) please continue:

1. How did you hear about this counseling?

- Mailer, Flyer, or Brochure Newspaper Agency (which one: _____)
- Friend or Relative Internet Realtor
- Someone who took a workshop Lender/Mortgage company Other: _____

2. Race: (select one)

Single Race

- American Indian / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Multiple Race

- American Indian / Alaskan Native & White
- American Indian / Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/Other Pacific Islander & Black
- Other race: _____

3. Your ethnicity: Hispanic, Latino, or Spanish Non-Hispanic

4. How many people will live in the house? _____

5. Gender: Male Female

6. Are you a veteran? Yes No

7. Are you a single parent household? Yes No

Information about Individual #1 (continued):

8. Do you need a language interpreter? Yes No

9. Your age: _____ DOB: _____

10. Are you disabled? Yes No

11. Please check the highest education level you completed:

- Some high school Some college or trade school Bachelor's degree
 High school diploma / GED Associates degree Graduate or professional degree

12. Marital Status: Single Married Divorced Widow

13. Are you active military? Yes No

14. Are you a first time home buyer? Yes No (You have not owned a home for the past three years.)

15. Income. Please include income for all individuals from all sources (*work, disability, child support, investment income, etc.*)

Name (person receiving income)	Income Source	Net Monthly Income (after taxes)
		\$
		\$
		\$
		\$

16. Current housing: Rent Own Staying with family / friends

17. Are you a first generation home buyer? Yes No (Your parents did not own their own home.)

18. How many dependent children under 18 years of age live in the house? _____

19. Current household rent / mortgage payment: \$_____ / month.

20. Did you complete a Home Stretch Workshop? No Yes: Location & Dates: _____

21. Have you applied for a mortgage loan or have you signed a purchase agreement? Yes No

22. Have you experienced a home foreclosure within the past 3 years? Yes No

If you answered yes to question 18, please complete the purchase property information for your new home here:

Purchase property address: _____

City: _____ State: _____ Zip: _____ Purchase price: \$ _____

Loan amount: \$ _____ Loan interest rate: _____ % Closing Date: _____

Lender (Bank/Mortgage Co.): _____ Loan program (FHA, RD, etc): _____

HECAT & HUD

Combined Privacy Act Notice

We at Dakota County Community Development Agency value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding collection and disclosure of personal information. The following programs area funded in part by the Homeownership Education Counseling and Training (HECAT) Fund and United States Department of Housing and Urban Development of Housing and Urban Development (HUD): Homebuyer Education (Home Stretch & Pathways Home), Homebuyer Counseling, and Home Equity Conversion Mortgage Counseling or Reverse Mortgage Counseling. The HECAT funders include: Minnesota Housing, Minnesota Homeownership Center, Greater Minnesota Housing Fund, and the Family Housing Fund.

Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Homebuyer Counseling program if you refuse to provide your social security number. If you do not provide your social security number services to you may be more limited, but you will continue to be eligible to receive services we can provide without a social security number.

Other Private Data

Under Minnesota Statutes, your name and address are public data. All other data we may ask about you is private data on individuals. Agreeing to share your public data is mandatory for participation in the HECAT funded programs listed above. Sharing your private data is not mandatory for participation in the program. However, if you do not provide private information (such as income, debts, and assets) services to you may be more limited.

We collect private information for the purposes of program management, compliance monitoring, research, and program evaluation to (check all that apply):

- Support homebuyer education
- Support homebuyer counseling
- Support reverse mortgage counseling
- Support foreclosure counseling

We collect your private information from the following sources: information that we receive from you on applications or other forms, information about your transactions with us, and information we receive from a consumer reporting agency.

We may disclose the following types of private information about you;

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, assets, debts, and income;
- Information about your transactions with us, and
- Information we receive from a consumer credit reporting agency, such as credit bureau reports, your credit history and your creditworthiness.

We may disclose your private information to the following entities or their representatives identified above and to other entities properly authorized under law to review it.

- Staff at this organization who need it to work on your case;
- HECAT funders: Minnesota Housing Finance Agency, Family Housing Fund, Greater Minnesota Housing Fund, and the Homeownership Center.

I acknowledge that I have received this notice and understand and agree to its content. Please indicate your acknowledgement with your signature, below.

Participant Signature

Date

Participant Signature

Date

Verbal acknowledgement is acceptable if information was provided to client in non face-to-face counseling session.

The undersigned verifies that verbal acknowledgement has been given. The client was fully informed of the information contained herein and understood its nature.

Client's Name

Counselor's Signature

Date

NOTE TO COUNSELOR: we recommend sending a copy of the Combined Privacy Act Notice to clients who have given verbal acknowledgement of this notice. At a minimum, clients must provide public data (i.e. name and address) to receive HECAT services. If a client refuses to provide public data the Educator/Counselor may not provide HECAT services.



Disclosure Notice

The Minnesota Home Ownership Center (Center) and the Dakota County Community Development Agency (CDA) require full disclosure of potential and actual conflicts of interest so that you can make a fully informed decision. You are free to choose whom you would like to work with regardless of the recommendations made by the Homeownership Specialist.

Dakota County CDA may offer mortgage products and services, which you may be eligible for. If you choose to use Dakota County CDA's mortgage products the fees and/or commission will be fully disclosed to you in advance. Also, Homeownership Specialists may not have any direct involvement in your application, approval or denial of such programs.

You understand that you are not obligated to receive any service offered by Dakota County CDA or partners. Further, you understand you are free to choose lenders, loan products and homes regardless of the recommendation made by the Homeownership Specialist. Also, it is your responsibility to ensure that you are receiving the best mortgage product or real estate services based on your needs.

By signing below, you acknowledge that you have received and read this disclosure notice.

Name (Please Print)

Signature

Date

Name (Please Print)

Signature

Date