



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 shawthorne@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 \$10 per person 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: shawthorne@dakotacda.state.mn.us
- Fax: 651-287-8021
- Mail or Drop off: Dakota County CDA
Attn: Sheila Hawthorne
1228 Town Centre Drive
Eagan, MN 55123



HOME BUYER ADVISING INTAKE FORM

For Office Use Only:

Case Number _____ In- Person counseling

Date of Intake: _____ Telephone Counseling

If phone, provide reason: _____

Do you need a language interpreter? Yes No Language: _____

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: _____

Individual #1 (only) please continue:

1. How did you hear about this counseling?

- Mailer, Flyer, or Brochure
- Friend or Relative
- Someone who took a workshop
- Newspaper
- Internet
- Lender/Mortgage company
- Agency (which one: _____)
- Realtor
- 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. What do you identify as your 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. Were you born outside of the U.S.? 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	Gross Monthly Income (before taxes)	Net Monthly Income (after taxes)
		\$	\$
		\$	\$
		\$	\$
		\$	\$

16. Current housing: Rent Own Staying with family / friends **Current rent payment \$** _____

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. Do you currently have a checking or savings account? Yes No Both

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

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

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

If you answered yes the previous question, 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): _____

Dakota County Community Development Agency Combined Privacy Act Notice and Tennesen Warning

We at Dakota County CDA 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 are funded in part by state, federal government agencies and local agencies:

- Financial Wellness Counseling
- Homeownership Capacity
- Homebuyer Education (Home Stretch & Pathways Home);
- Homebuyer Counseling;
- Home Equity Conversion Mortgage Counseling or Reverse Mortgage Counseling;
- Post Purchase and/or Refinance Counseling;
- Foreclosure Counseling.

These agencies receive the information described below.

Social Security Numbers

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

Other Private Data

Under Minnesota Statutes, your name and address may be 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 above referenced programs. 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 data for the purposes of service delivery, program management, compliance, monitoring, research, and program evaluation.

We collect your private information from the following sources:

- Information we receive from you on applications or other forms,
- Information about your transactions with us, and
- Information we receive from a consumer credit reporting agency..

We may disclose private information about you which may include your name, address, social security number, employer, assets, debts, income, credit bureau reports, your credit history and your creditworthiness.

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

- Staff at this organization and its partners operating in this program who need it to work on your case;
- Staff of the HECAT funders: Minnesota Housing Finance Agency, Family Housing Fund, Greater Minnesota Housing Fund, and the Minnesota Homeownership Center;
- Staff of the United States Department of Housing and Urban Development (HUD);
- Staff of the Homeownership Capacity funder: Minnesota Housing Finance Agency.

By signing below you agree to allow us to collect and share information as described above; please indicate your approval with your signature, below.

Client Signature

Date

Client Signature

Date

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

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained in this document and understood its nature and intended use of the released information.

Client Name

Homeownership Advisor/Coach's Signature

Date

NOTE: A copy of this notice with Homeownership Advisor/Coach's signature has been mailed to the client.

Dakota County Community Development Agency Housing Counseling Program Disclosure

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please communicate with your Homeownership Advisor about arranging alternative accommodations.

About Us and Program Purpose: Dakota County CDA is a HUD-approved housing counseling organization. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, familial status, marital status, disability, status with regard to public assistance, sexual orientation or gender identity. We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.), title VIII of the Civil Rights Act, as well as the Human Rights Act.

Description of Services:

Financial Wellness In depth, comprehensive program designed to increase successful homeownership and household stability through intensive financial empowerment and homeowner training.

Home Buyer Education A course designed to prepare you for the process of purchasing a home.

Homebuyer Counseling Homeownership Advisors work one-on-one with you to look at what you can afford, explain mortgage terms, and how to prepare and what to expect at closing. They'll help analyze your current financial situation, review your credit report and assist in overcoming barriers to help you become mortgage-ready.

Closing Cost and Down Payment Assistance A program designed to help clients fulfill the entry cost requirements of home buying.

Foreclosure Counseling Assists homeowners who have fallen behind or are in danger of falling behind on their mortgage. Homeownership Advisors guide homeowners through workout options relevant to the particular situation. In cases where foreclosure is unavoidable, Homeownership Advisors help organize an effective exit strategy.

Organization Conduct: No Dakota County CDA employee, director, volunteer, contractor or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our organization's compliance with federal or state regulations and our commitment to serving the best interests of our clients.

Organization Relationships: Dakota County CDA has financial affiliation or professional affiliation with The US Department of Housing and Urban Development (HUD), Minnesota Housing Finance Agency, and Minnesota Homeownership Center

It is our duty to inform you that Dakota County CDA can and may receive payment from you for the following services: Homebuyer education, down payment and closing cost assistance, and rehab/home improvement loans. You are NOT obligated to receive, purchase or utilize any of these services in order to receive housing counseling services. If you choose to utilize any of these services, Dakota County CDA will disclose any associated fees prior to your commitment. You further understand that the above described fee may be paid by you and may be included in your loan amount or real estate purchase agreement. However, you are not obligated to receive any services offered by our organization or exclusive partner(s).

Alternative Services, Programs, and Products & Client freedom of Choice: You are not obligated to participate in any mortgage and/or home buying program to receive housing counseling services from our organization. You are encouraged to seek alternatives for any products or services discussed. Our organization is required to provide you with information on other affordable mortgage products and/or real estate services available in our area. It is your responsibility to ensure that you are receiving the best mortgage product and/or real estate services for your individual or family needs.

Referrals and Community Resources: You may be provided information regarding local and regional services available to meet a variety of needs, including but not limited to, utility assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. Dakota County CDA will also provide information identifying alternative organizations that provide services, programs, or products identical to those offered by Dakota County CDA and its exclusive partners and affiliates.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Dakota County CDA, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Dakota County CDA funders such as HUD, the Minnesota Homeownership Center or the Minnesota Housing Finance Agency.

Errors and Omissions and Disclaimer of Liability: I/we agree Dakota County CDA, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in Dakota County CDA counseling; and I hereby release and waive all claims of action against Dakota County CDA and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

I/we acknowledge that I/we received, reviewed, and agree to Dakota County CDA Program Disclosure.

Client Signature/Date

Signature/Date

Please print Client Name(s)

If Program Disclosure was given verbally:

Homeownership Advisor Signature _____

Date Program Disclosure Given _____