

Housing Counseling

Step 1

Did you know that **Habitat for Humanity of Lee and Hendry Counties, Inc.** is a non-profit HUD approved **housing counseling agency**? Meaning we provide educational workshops and a full spectrum of housing counseling services.

What is Housing Counseling? Our Housing Counseling program provides counseling to consumers on seeking, financing, maintaining, renting, or owning a home. Our HUD-certified Housing Counselors are experienced, trained professionals, who can provide you with one-on-one housing counseling and guidance to help you make the right choices. The guidance you receive is based on your need, plus, your current and future financial capability.



Are you ready for Homeownership? Through the counseling sessions, the Housing Counselor would be able to identify your needs, calculate your income, review your credit report and financial situation, determine how much you can afford, if you are ready to apply for a mortgage loan and evaluate your options.



What if you are not ready for homeownership now? We are here to help! The Housing Counselor would be able to provide the guidance you need to overcome obstacles, help you establish realistic achievable goals, create an action plan and evaluate your options.



How do you get started? If you need housing counseling on seeking, financing, maintaining, renting, or owning a home, complete the **Intake Packet** with forms and required documentation listed on **the next page**. Once we receive your Intake Packet, we will be able to schedule an appointment with one of our Housing Advisors for your one-on-one counseling session.



Where to submit your Intake Packet? You can drop-off your Intake Packet at our administrative office located at <u>12751 New Brittany Blvd</u>, <u>Suite 100</u>, <u>Fort Myers</u>, <u>FL 33907</u> during regular business hours (Monday – Friday from 8:00 am - 4:30 pm). Our Intake Coordinator will review it with you to make sure that your packet is complete. You can also mail it to our administrative office.

If you have questions related to the Intake Packet and how to get started with housing counseling, please contact our Housing Counseling Team by calling at 239-652-1675 or by e-mail: HousingCounseling@habitat4humanity.org



Housing Counseling Intake Packet

This is **NOT** an application for the Habitat Homeownership Program

Please make sure to submit the following forms included in your Intake Packet:



Housing Counseling Intake Form

Fill it out as accurately as possible. This is required for opening your housing counseling file.



Monthly Household Spending Plan

Fill it out as accurately as possible. It will be reviewed during the one-on-one counseling session.



Housing Counseling Disclosure Form

Please be sure to read it carefully. Then, sign to acknowledge you have read and understand the form.



Privacy Statement and Notice

Please be sure to read it carefully. Then, sign to acknowledge you have read and understand the form.

Use the following <u>checklist</u> to help you collect everything you need before submitting your Intake Packet (please make copies of all <u>required documents</u>, if applicable).

- □ \$35 Credit report fee (per individual)
 - Personal check or Money Order, we do not accept cash
 - Soft inquiry, it will not impact your credit score
- ☐ Copies of Photo IDs (Driver's License)
 - Please provide a legible copy of your photo ID in color
- □ Proof of Income

If employed:

- Copies of last 3 months of paystubs
- Copies of two most recent tax returns (including W2 forms)

If self-employed:

- Copies of two most recent tax returns (including 1099 forms and Schedule C)
- Current year-to-date Profit & Loss Statement

Benefits (Social Security, Disability, Retirement), if applicable:

Copy of updated award letter stating the monthly benefit

Alimony/Child Support (if applicable):

- Copy of court order showing amount awarded
- Copy of case history showing amounts disbursed
- If not court ordered, 6 months of payment history
- □ Bank Statements
 - Copies of last 3 months of bank statements for all bank accounts
 - + Other documentation may be requested during the housing counseling process

Note: If we do <u>NOT</u> receive a complete Intake Form along with all the required documentation and credit report fee, we will **NOT** be able to schedule your appointment with a Housing Counselor.



FOR INTERNAL USE				
Date Received:	CM	#:	Housing Counselor:	

THIS IS NOT AN APPLICATION FOR THE HABITAT HOMEOWNERSHIP PROGRAM



HOUSING COUNSELING INTAKE FORM



for Humanity" Lea and Humanity and complete the require	d information as accurate as possible
WHICH OF THE FOLLOWING HOUSING COUNSELING SERVICES	ARE YOU INTERESTED IN? (CHECK ALL THAT APPLY)
☐ Pre-purchase/Homebuying ☐ Financial management ☐ Discuss a fair housing r	•
☐ Disaster Recovery ☐ Maintain a home ☐ Transition from homele	ssness Rental topics Other
	LIENT
CLIENT 1 C	LIENT 2
Name:	Name:
Birth Date (MM/DD/YYYY) Social Security Number	Birth Date (MM/DD/YYYY) Social Security Number
,	
Phone:	Phone:
Email:	Email:
Address	Address
City State Zip Code	City State Zip Code
Time at current address:	Time at current address:
Race (please select):	Race (please select):
☐ I do not wish to provide this information ☐ American Indian/Alaskan Native	I do not wish to provide this information American Indian/Alaskan Native
<u> </u>	Native Hawaiian/Other Pacific Islander
	American Indian or Alaska Native and White
	Black or African American and White
	American Indian or Alaska Native and Black or African American
Ethnicity (please select "yes" or "no"). Hispanic:	Ethnicity (please select "yes" or "no"). Hispanic: ☐ Yes ☐ No
Hispanic: Yes No	
You should select both a "Race" category and a "yes" or "no" for Hispanic origin)	You should select both a "Race" category and a "yes" or "no" for Hispanic origin)
Are you a U.S. citizen or a Permanent Resident? ☐ Yes ☐ No	Are you a U.S. citizen or a Permanent Resident? ☐ Yes ☐ No
Marital Status (please select):	Marital Status (please select):
☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Gender (please select):	Gender (please select):
☐ I do not wish to provide this information ☐ Male ☐ Female	☐ I do not wish to provide this information ☐ Male ☐ Female
Disabled (please select) ? ☐ Yes ☐ No	Disabled (please select) ?
Education (please select):	Education (please select):
☐ Below High School Diploma ☐ High School Diploma or Equivalent	☐ Below High School Diploma ☐ High School Diploma or Equivalent
☐ Two-Year College ☐ Bachelors Degree	☐ Two-Year College ☐ Bachelors Degree

Intake Form ver05 Page 1

List last 2 years of employment history				
EMPLOYMENT - CLIENT 1	EMPLOYMENT - CLIENT 2			
Current Employer:	Current Employer:			
Title Hire Date (mm/dd/yy)	Title Hire Date (mm/dd/yy)			
Phone:	Phone:			
Address	Address			
City State Zip Code	City State Zip Code			
Please select:	Please select:			
☐ Part-time # Hours per week:	☐ Part-time # Hours per week:			
☐ Full-time # Hours per week:	☐ Full-time # Hours per week:			
Pay Rate: \$	Pay Rate: \$			
Is this amount paid ☐ Hourly ☐ Weekly ☐ Every 2 weeks	Is this amount paid ☐ Hourly ☐ Weekly ☐ Every 2 weeks			
☐ Bi-monthly ☐ Monthly	☐ Bi-monthly ☐ Monthly			
If you have a second jo	ob, please specify:			
Other Employer:	Other Employer:			
Title Hire Date (mm/dd/yy)	Title Hire Date (mm/dd/yy)			
Phone:	Phone:			
	A 11			
Address	Address			
City State Zip Code	City State Zip Code			
Diagnostati				
Please select:	Please select:			
Part-time # Hours per week:	Part-time # Hours per week:			
Full-time # Hours per week:	Full-time # Hours per week:			
Pay Rate: \$	Pay Rate: \$			
Is this amount paid ☐ Hourly ☐ Weekly ☐ Every 2 weeks	Is this amount paid ☐ Hourly ☐ Weekly ☐ Every 2 weeks			
☐ Bi-monthly ☐ Monthly	☐ Bi-monthly ☐ Monthly			
If less than 2 years at c	urrent employment:			
Previous Employer:	Previous Employer:			
Title Hire Date to Last working Date (mm/dd/yy) (mm/dd/yy)	Title Hire Date to Last working Date (mm/dd/yy) (mm/dd/yy)			
Phone:	Phone:			
Address	Address			
City State Zip Code	City State Zip Code			
Please select:	Please select:			
☐ Part-time # Hours per week:	☐ Part-time # Hours per week:			
☐ Full-time # Hours per week:	☐ Full-time # Hours per week:			
Pay Rate: \$	Pay Rate: \$			
Was this amount paid	Was this amount paid ☐ Hourly ☐ Weekly ☐ Every 2 weeks			
☐ Bi-monthly ☐ Monthly	☐ Bi-monthly ☐ Monthly			

HOUSEHOLD INFORMATION		
Current Housing Arrangement (please select): ☐ Rent ☐ Homeless ☐ Homeowner with mortgage ☐ Livi	ng with a family member and not paying rent	☐ Homeowner with a mortgage paid off
Rural Area Status (please select): ☐ Household lives in a rural area ☐ Household does not live in a rural area	Limited English Proficiency Status (☐ Household is Limited English Proficient ☐ Household is not Limited English Proficient	íplease select):
Are you a first Time Buyer (you do not currently own ☐ Yes ☐ No	a home and have not owned a home	in the past 3 years?
Annual Family or Household Income: \$		
Household Type (please select the most accurate) ☐ Head of household single parent ☐ Married with children ☐ Married without children	? ☐ Two or more unrelated adults ☐ Other, explain:	
Family/Household Size : How many What ages are they?,,,,,,	dependents?	
Are there non-dependents who will be living in the home	e?	If yes, list below:
Relationship Age	Relationship	Age
Referred to by (please select all that apply): ☐ Print Advertisement ☐ Bank ☐ Government ☐ Realton	Radio/TV Newspaper Article S	taff/Board Member 🔲 Walk-in 🔲 Friend
If you were referred by a bank, which one?		
If referred by another source not listed above, which one?		
INCOME		Please Print Clearly
INCOME Type of Income	CLIENT 1 Monthly Amount \$	Please Print Clearly CLIENT 2 Monthly Amount \$
	CLIENT 1 Monthly Amount \$	CLIENT 2
Type of Income		CLIENT 2
Type of Income Primary Employment		CLIENT 2
Type of Income Primary Employment Other Employment (if applicable)		CLIENT 2
Type of Income Primary Employment Other Employment (if applicable) Self-employment Income		CLIENT 2
Type of Income Primary Employment Other Employment (if applicable) Self-employment Income Social Security		CLIENT 2
Type of Income Primary Employment Other Employment (if applicable) Self-employment Income Social Security Retirement Pension		CLIENT 2
Type of Income Primary Employment Other Employment (if applicable) Self-employment Income Social Security Retirement Pension Alimony/Child Support		CLIENT 2
Type of Income Primary Employment Other Employment (if applicable) Self-employment Income Social Security Retirement Pension Alimony/Child Support Public Assistance		CLIENT 2
Type of Income Primary Employment Other Employment (if applicable) Self-employment Income Social Security Retirement Pension Alimony/Child Support Public Assistance Other Income	Monthly Amount \$	CLIENT 2 Monthly Amount \$
Type of Income Primary Employment Other Employment (if applicable) Self-employment Income Social Security Retirement Pension Alimony/Child Support Public Assistance Other Income Please answer the following questions:	Monthly Amount \$ CLIENT 1	CLIENT 2 Monthly Amount \$ CLIENT 2
Primary Employment Other Employment (if applicable) Self-employment Income Social Security Retirement Pension Alimony/Child Support Public Assistance Other Income Please answer the following questions: Can you document your child support/alimony income?	Monthly Amount \$ CLIENT 1	CLIENT 2 Monthly Amount \$ CLIENT 2

Page 3 Intake Form ver05

LIABILITIES/DEBT Please Print Clearly

Please list any debts you have, including credit cards, auto loans, student loans, personal loans and child support.

	CLIENT 1		CLIENT 2		
Paid To	Monthly Payment \$	Current Balance	Monthly Payment \$	Current Balance	
1. Auto Loan					
2. Credit Card 1					
3. Credit Card 2					
4. Credit Card 3					
5. Credit Card 4					
6. Student Loan					
7. Personal Loan					
8. Furniture Store					
9. Child Support					
10. Other					
Please use additional sheets if necessary.					
Please answer the following questions:	01	IFNT 4		OLIENT O	
Do you make payments on time?	☐ Yes	.IENT 1 □ No	☐ Ye	CLIENT 2 es	
Are you currently in Chapter 13 bankruptcy?	☐ Yes	□ No	☐ Ye	es 🗌 No	
Have you had a Chapter 7 bankruptcy? If yes, when was it discharged?	☐ Yes	□ No	☐ Ye	es 🗌 No	
Within the past 3 years, have you had a property foreclosed? If yes, specify the date.	☐ Yes	□ No	☐ Ye	es 🗆 No	
ASSETS / SAVINGS / INVESTMENTS				Please Print Clear	
Please list the approximate value of the following:		Cuma	nt halamaa in C		
	CL	IENT 1	nt balance in \$	CLIENT 2	
Checking account					
Savings account					
Cash					
CDs					
Securities (stocks, bonds, etc.)					
Retirement accountS (e.g. 401k or IRA)					
Other Liquid Funds					
Are you about to receive additional funds (e.g., tax refunds,	property sales, et	c.)? (select) If yes, how m	I Y∈	es 🗌 No	

Page 4 Intake Form ver05

REQUIRED DOCUMENTATION (Please include)		
You are required to submit the documentation listed in the "Che	ecklist for your One-on-One Counselii	ng Session"
ADDI	ITIONAL INFORMATION	
Have you owned a home in the last three (3) years?	CLIENT 1 ☐ Yes ☐ No	CLIENT 2 ☐ Yes ☐ No
Are you a Veteran?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a contract on a house at this time?	☐ Yes ☐ No	☐ Yes ☐ No
Are you currently working with a real-estate agent?	☐ Yes ☐ No	☐ Yes ☐ No
Most convenient time for an individual appointment?	□ АМ □ РМ	☐ AM ☐ PM
	AUTHORIZATION	
 (a) pull my/our credit report to review my/our credit fing my housing needs; (b) pull my/our credit report and review my/our credit (c) send me/us a copy of my/our credit report via section (d) to share my/our personal and financial information purchase a home. I/We understand that the Housing Counselor provides conwhich I will receive a written action plan consisting of recincluding referrals to other agencies as appropriate; I/We understand that a housing counselor may answer qui want legal advice, I/We will be referred for appropriate ass I/We understand that any intentional or negligent representativil liability and/or criminal liability under the provisions of 	t file for informational inquiry purpocured email when virtual counselir on with my lender in connection with my lender in contain the file of the information contain the file of the information contain the contain the file of the information contains the file of the file of the information contains the file of the file of the information contains the file of the file of the information contains the file of the fi	oses; og services are provided; and th my pursuit of a loan to chase housing counseling after edit and finances, possibly ut not give legal advice. If I/We
Client 1 - Signature		Date
Client 2 - Signature		 Date

LIVING EXPENSES (Monthly)

Please complete **Spending Plan** (Attachment #1)

Page 5 Intake Form ver05

Attachment #1

Monthly Household Spending Plan

Na	ame:		1	Da	te:	1
Address:			1	Phone #:		1
	mail:				011c II.	1
Α	good budget is a Spend	ding Plan that incluse control of our ex	udes e opense	evei es,	rything you will spend and stays and can't even figure out where	s within your income the money went.
	Employment]		Auto Insurance	
	Overtime		1		Auto Loan	
	Interest & Dividend				Installments (Affirm, CashApp Loans, ZIP, Klarna)	
	Net Rental Income				Gasoline	
	Bonuses				Child Support / Alimony	
و	Commissions		1		Credit Cards Min Payments	
Income	Social Security				Credit Collections Settlements	
1	Child Support			ses	Housing Payment (Rent/Mortgage)	
	Alimony			Expenses	Payday Loan (CashAdvance)	
	Retirement Pension			EX	Personal Loans	
	Unemployment			Fixed	Student Loans	
	Others			땹	Medical Bills	
	Withholdings				Medications	
	Net Income:		1		Savings/Emergency Fund	
		•	_		IRS Payments	
					Internet	
					Cable TV	
Ne	et Income:				Cell Phone	
То	tal Expenses:				Electricity	
Ne	et Surplus (Deficit)				Water/Sewer	
		-			Sports	
Sa	vings Balance:		1		Miscellaneous	
			_		Charity	
	Stick to your budget an	d track your			Dining	
	expenses each	month.			Food and Groceries	
				ses	Gifts	
				Expenses	Vacations	
Cli	ent 1 - Signature			EX	Pet Expenses	
				Discretionary	Child Care	
				ţi	Clothing	
Cli	ent 2 - Signature			cre	Memberships (Gym, Netflix,	
-			Dis	HULU, Disney+, etc.)		
					Laundry / Cleaning	1
					Entertainment	<u> </u>
Ho	ousing Counselor Signatur	e			Miscellaneous	1
	iousing Counseior Signature			N		•

Total Expenses:



Habitat for Humanity of Lee and Hendry Counties, Inc. Housing Counseling Program Disclosure 12751 New Brittany Blvd, Fort Myers, FL 33907 Ph: (239) 652-4663 / Fax: (239) 652-0386



HOUSING COUNSELING PROGRAM DISCLOSURE FORM

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our housing counseling program, please inform our housing counselor program staff so alternative accommodations may be arranged.

Agency Description and Program Purpose: Habitat for Humanity of Lee and Hendry Counties, Inc. is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention and non-delinquency post-purchase counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

Services Offered

Pre-purchase Counseling – One-on-one homebuyer counseling to clients seeking to achieve homeownership. Assistance is offered in developing an action plan to help homebuyers reach their home buying goal. The client must pay credit report fees as often as needed to assess creditworthiness throughout the housing counseling process.

Financial Management/Budget Counseling – One-on-one counseling designed to help individuals create and manage a budget, manage household debt, and learn ways to reach financial goals.

Home Improvement and Rehabilitation Counseling – One-on-one counseling designed to assist in developing an action plan to help homeowners reach their home improvement or home rehabilitation goals.

Mortgage Delinquency and Default Resolution Counseling – One-on-one counseling designed to help homeowners get current on their mortgage payments, work out a payment agreement with their lender, or navigate the sale or foreclosure process.

Disaster Recovery Assistance Counseling – One-on-one counseling designed to help households navigate the disaster recovery process, access recovery resources, keep their finances in order, manage their credit, develop plans to repair and maintain their home, provide guidance in understanding insurance, and avoid scams.

Rental Housing Counseling – One-on-one counseling designed to help households develop budgets, determine what they can afford to pay for rent, establish eligibility for assistance, apply for rental assistance, and identify an appropriate unit. It also helps households understand tenant rights and responsibilities.

Services for Homeless Counseling – One-on-one counseling designed to help households evaluate their situation, set goals, work to attain and maintain those goals, and locate the resources needed to overcome homelessness.

Non-delinquency Post-Purchase Counseling – One-on-one counseling designed clients who are homeowners and need help in understanding escrow funds, budgeting, refinancing, home equity, home improvements, utility costs, and rights and responsibilities of homeownership.

Pre-Purchase Homebuyer Education Workshops – HUD approved 8-hour group workshop on topics that will prepare the homebuyer to make informed home purchase decisions. Topics include homebuyer readiness, managing money, understanding credit, obtaining a mortgage loan, shopping for a home, and protecting your investment.



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Financial, Budgeting and Credit Workshops – Group workshops to prepare individuals to make wise financial decisions. Topics include preparing and managing a budget, managing, and reducing debt, tips and tools for managing and saving money and preparing for future expenses.

Non-Delinquency Post-Purchase Homeowner Workshops – Group workshops on topics to prepare homeowners for the opportunities and challenges brought about by buying a new home. Topics include benefits of homeownership, money matters, maintaining your home and community involvement.

Additionally, Habitat for Humanity of Lee and Hendry Counties, Inc. has a homebuyer program and an owner-occupied repair program for residents of Lee and Hendry Counties. You are not obligated to participate in this or other Habitat for Humanity programs and services while you are receiving housing counseling from our agency.

As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.

Client and Counselor Roles and Responsibilities in One-on-One Counseling				
Counselor's Roles and Responsibilities	Client's Roles and Responsibilities			
 Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. Preparing a Client Action Plan that lists the steps that you and your counselor will take to achieve your housing goal. Preparing a household budget that will help you manage your debt, expenses, and savings. Maintain contact with you at least every 60 days. Your counselor is not responsible for achieving your housing goal but will provide guidance and education in support of your goal. Neither your counselor nor Habitat for Humanity's employees, agents, or directors may provide legal advice. 	 Completing the steps assigned to you in your Client Action Plan. Providing accurate information about your income, debts, expenses, credit, and employment. Attending meetings, returning calls, providing requested paperwork in a timely manner. Maintain contact with your HUD-certified housing counselor at least every 60 days, and conducting credit review when necessary (credit fee applies) Notifying Habitat for Humanity or your counselor when changing housing goal. Attending educational workshop(s) as recommended. Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection. 			

Termination of Service: Failure to work cooperatively with your housing counselor and/or Habitat for Humanity will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments, failure to provide necessary documents for workout resolution, withholding pertinent information pertaining to your case and failure to inform Habitat for Humanity of assistance received from another agency within the last year.

Agency Conduct: No Habitat for Humanity of Lee and Hendry Counties, Inc. employee, officer, director, contractor, volunteer, 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 agency's compliance with federal regulations and our commitment to serving the best interests of our clients.



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Agency Relationships: Habitat for Humanity of Lee and Hendry Counties, Inc's Counseling Program has professional affiliations with HUD, The State of Florida, Lee County, Hendry County, The City of Fort Myers, The City of Cape Coral, The City of Bonita Springs, the City of Labelle, Florida Housing Coalition, and banks including SunTrust Bank, Iberia Bank, Florida Community Bank, BB&T, FineMark, EverBank, Regions, Bank of America, and Northern Trust. As a housing counseling program participant, you are not obligated to use the products and services of Habitat for Humanity of Lee and Hendry Counties, Inc., or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: Habitat for Humanity of Lee and Hendry Counties, Inc. has a homebuyer program. However, you are not obligated to participate in this or other Habitat for Humanity programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA), Lee County Housing Development Corporation, and USDA for first-time homebuyer loan programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Habitat for Humanity and its exclusive partners and affiliates.

Signature	Client Printed Name	Date
I/we acknowledge that I/we received, re Counties, Inc's Housing Counseling Prog		ımanity of Lee and Hendry
Quality Assurance: In order to assess click Habitat for Humanity of Lee and Hendry Cocompletion of your housing counseling service your client experience. Your survey data may Counties, Inc. grantors such as HUD or one	ounty, Inc., or one of its partners, may one. You may be requested to complete any be confidentially shared with Habitat fo	contact you during or after the survey asking you to evaluate
Errors and Omissions and Disclaimer of Linc., its employees, agents, and directors are omissions by such parties or related to my parties and I hereby release a Hendry Counties, Inc., and its affiliates. I have rights by signing it, and have signed it freely to be a complete and unconditional release this document is unenforceable, it shall be meand the remainder of this document shall related.	e not liable for any claims and causes of articipation in Habitat for Humanity of Le nd waive all claims of action against Ha ave read this document, understand the and without any inducement or assurated all liability to the greatest extent allowed to the extent necessary to make the articipation of the strength of the extent necessary to make the articipation of the extent necessary to the extent necessary to the extent necessary the extent necessary to the extent necessary to the extent necessary to the extent necessary to the extent necessary the extent neces	of action arising from errors or se and Hendry Counties, Inc's. abitat for Humanity of Lee and at I have given up substantial nce of any nature and intend it wed by law. If any provision of the provision valid and binding,
Habitat for Humanity of Lee and Her "Know the Signs of Housing Discrimi "For Your Protection: Get a Home In: "Ten Important Questions to Ask You "Protect Your Home From Lead in You	ination" sheet spection" sheet ur Home Inspector" sheet	O THE STATE OF THE
	_	SCAN HERE:



Habitat for Humanity of Lee and Hendry Counties, Inc. Privacy Statement and Notice

At Habitat for Humanity of Lee and Hendry Counties, Inc., we are committed to keeping your information private. We recognize the importance clients, applicants, partner families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving client, applicant, partner family, tenant, and homeowner data —such as tax returns, pay stubs, credit reports, employment verifications and payment history—internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on intake forms, applications or other forms;
- Information about your transactions with us, our affiliates, or others;
- Information we receive from a consumer reporting agency;
- Information we receive from you during interviews

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on intake forms, applications or other forms, such as name, address, social security number, income, age, assets, family size, ethnicity, and other information from the intake form/application;
- Information about your transactions with us, our affiliates, or others such as your payment history or amounts due to us;
- Information we receive from a consumer reporting agency such as your credit history;
- Information gathered from interviews with us, such as family size

Habitat for Humanity of Lee and Hendry Counties, Inc., employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents or banks providing loan funding;
- Nonprofit organizations, public sector agencies or governments

We may also disclose nonpublic information about you to nonaffiliated third parties as permitted by law, in connection with our normal operating practices.

We do not disclose any nonpublic personal information about you to anyone, except as permitted by law. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I acknowledge that I have received a copy of Habitat for Humanity of Lee and Hendry Counties, Inc. Privacy Statement and Notice.

Client Signature	Date	Client Signature	Date
Print Name		Print Name	

DUPLICATION OF BENEFITS CERTIFICATION FORM HOUSING COUNSELING SERVICES AND EDUCATION

Participant Information

Name:		
Address:		
Phone Number:	E-n	ail:
Program Information		
Program/Service:	One-on-one housing counseling	Pre-purchase Homebuyer Education Workshop
Type of Counseling:	Financial Management/Budgeting Pre-purchase Rental Services of Homeless	Home Improvement and Rehabilitation Mortgage Delinquency and Default Resolution Disaster Recovery Assistance
Section 1: Disclosure of A	<u>Assistance</u>	
1. Are you currently receiving Yes No	ing, or have you received any other housing c	ounseling or similar services from another provider?
	Services:	iption of the services received:
Section 2: Certification of	Non-Duplication of Benefits	
1. I understand th	ant, hereby certify and affirm the following: nat the services provided through the Housin nancial assistance from this program.	g Counseling Program are non-monetary in nature and that I am r
	I have fully disclosed any other assistanc similar services, as outlined above.	e I am currently receiving or have received in relation to housi
	nat it is my responsibility to inform Habitat for strom other providers during my participation	or Humanity of Lee and Hendry Counties, Inc. if I begin receiving an in this program.
4. I certify that the	e information provided in this form is true and	accurate to the best of my knowledge.
5. I understand th	nat this certification is a requirement to ensu	e compliance with CDBG-DR requirements.
Section 3: Participant Sig	<u>nature</u>	
Participant Signature (Clie	nt 1):	Date:
Participant Signature (Clie	nt 2):	Date:
For Internal Use Only Reviewed by:		Date of Review:
Verification Completed:	Yes No	