



MAIL TO: P. O. BOX 846, RUSSELLVILLE, AR 72811
OR RETURN IN PERSON TO: 301 EAST 3RD ST., RUSSELLVILLE, AR 72801
PHONE: 479-968-5001 FAX: 479-968-5002

APPLICATION FOR HOME REHABILITATION ASSISTANCE

NAME: _____ ☐ MALE ☐ FEMALE
(HEAD OF HOUSEHOLD) FIRST, MI, LAST

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS _____
(IF DIFFERENT FROM STREET ADDRESS)

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ YEARS

SOCIAL SECURITY #: _____ - _____ - _____ BIRTHDATE _____

HOME PHONE #:(_____) _____ - _____ CELL PHONE #:(_____) _____ - _____

RACE: (CHECK ONE)

☐ WHITE (not of Hispanic origin)

☐ BLACK (not of Hispanic origin)

☐ HISPANIC

☐ AMERICAN INDIAN or ALASKAN NATIVE

☐ ASIAN or PACIFIC ISLANDER

☐ OTHER _____

NOTE: THE INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE GRANTEE IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL DEVELOPMENT, THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND HANDICAP ARE BEING COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE GRANTEE IS REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN AND SEX OF THE INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

HEAD OF HOUSEHOLD'S MARITAL STATUS: ☐ MARRIED ☐ SEPARATED
☐ SINGLE ☐ DIVORCED ☐ WIDOWED

HEAD OF HOUSEHOLD'S EDUCATION (YEARS OF SCHOOL COMPLETED): _____

IS HEAD OF HOUSEHOLD A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? ☐ YES ☐ NO

IS ANYONE IN THE HOME A U.S. VETERAN? [] YES [] NO

IF YES, PLEASE LIST NAME(S): _____

HOW MANY PEOPLE IN THE HOUSEHOLD ARE HANDICAPPED? _____

PLEASE LIST NAME(S): _____

PLEASE LIST THE TOTAL MONTHLY AND YEARLY GROSS INCOME OF EVERYONE IN THE HOUSEHOLD.

PROOF OF INCOME MUST BE ATTACHED TO THIS APPLICATION. (I.E. COPY OF CHECK STUBS, W-2 FORMS, PRINTOUT FROM SOCIAL SECURITY AND/OR SSI, 401K, FOOD STAMPS, ETC.) APPLICATIONS CAN NOT BE PROCESSED WITHOUT PROOF INCOME.

| <u>SOURCE OF HOUSEHOLD INCOME</u> | <u>MONTHLY</u> | <u>YEARLY</u> |
|-----------------------------------|-----------------|-----------------|
| EMPLOYMENT/WORK | \$ _____ | \$ _____ |
| SOCIAL SECURITY/S.S.I. | \$ _____ | \$ _____ |
| PENSION OR RETIREMENT | \$ _____ | \$ _____ |
| V.A. BENEFITS OR PENSION | \$ _____ | \$ _____ |
| T.E.A. | \$ _____ | \$ _____ |
| SNAP (FOOD STAMPS) | \$ _____ | \$ _____ |
| OTHER _____ | \$ _____ | \$ _____ |
| TOTAL HOUSEHOLD INCOME | \$ _____ | \$ _____ |

LIST ALL HOUSEHOLD MEMBERS (**THIS INCLUDES YOURSELF**), DATE OF BIRTH, SOCIAL SECURITY NUMBER, AND RELATIONSHIP OF ALL PERSONS LIVING IN THE HOUSEHOLD.

| FULL NAME | DATE OF BIRTH | SOCIAL SECURITY NUMBER | RELATIONSHIP |
|------------------|----------------------|-------------------------------|---------------------|
| _____ | _____ | _____-_____-_____ | <u>SELF</u> |
| _____ | _____ | _____-_____-_____ | _____ |
| _____ | _____ | _____-_____-_____ | _____ |
| _____ | _____ | _____-_____-_____ | _____ |
| _____ | _____ | _____-_____-_____ | _____ |
| _____ | _____ | _____-_____-_____ | _____ |
| _____ | _____ | _____-_____-_____ | _____ |
| _____ | _____ | _____-_____-_____ | _____ |
| _____ | _____ | _____-_____-_____ | _____ |
| _____ | _____ | _____-_____-_____ | _____ |

NOTE: PLEASE ATTACH A COPY OF YOUR PROPERTY DEED AS PROOF OF OWNERSHIP.

APPLICATIONS CAN NOT BE PROCESSED WITHOUT PROOF OF CURRENT PROPERTY OWNERSHIP.

INDICATE PROPERTY OWNERSHIP STATUS:

☐ OWN YOUR HOME (NO MORTGAGE/MORTGAGE PAID IN FULL)

☐ OWN YOUR HOME (UNDER MORTGAGE)

☐ LEASE TO OWN CONTRACT (BUYING YOUR HOME/UNDER ESCROW)

IF UNDER MORTGAGE/ESCROW, HOW LONG HAVE YOU BEEN PAYING ON YOUR HOME?
_____ YEARS

ARE YOU A FIRST GENERATION HOME BUYER? ☐ YES ☐ NO

DO YOU OWN (INCLUDING CO-OWN) ANY OTHER REAL ESTATE OTHER THAN THE PROPERTY OF RESIDENCE. ☐ YES ☐ NO

DWELLING CONSTRUCTION TYPE:

☐ BRICK ☐ WOOD FRAME ☐ MOBILE HOME ☐ OTHER

APPROX. AGE OF HOUSE: _____ YRS.

WHAT TYPE OF "SEWER SYSTEM" IS THE HOUSE CONNECTED TO?

☐ CITY SEWER ☐ OUTSIDE SEPTIC TANK

☐ NO SEWER SYSTEM ☐ OTHER _____

WHAT TYPE OF FUEL IS USED TO HEAT THE HOUSE?

☐ ELECTRICITY ☐ BOTTLED GAS OR PROPANE

☐ WOOD ☐ NATURAL GAS ☐ NONE

CHECK ALL REPAIRS NEEDED ON THE HOUSE. (ATTACH SHEETS IF ADDITIONAL SPACE IS NEEDED.) **NOTE:** KEEP IN MIND ANY "HEALTH OR SAFETY" HAZARDS WILL TAKE PRIORITY OVER OTHER REQUESTS.

☐ SEWER SYSTEM

☐ ELECTRICAL

☐ PLUMBING

☐ WINDOWS/DOORS

☐ FLOORS/FOUNDATION

☐ ROOF

☐ SIDING

☐ INSULATION

☐ HEAT/AIR SYSTEM

☐ OTHER (PLEASE EXPLAIN BELOW)

DIRECTIONS TO YOUR HOME: _____

REFERRAL SOURCE: ☐ AGENCY ☐ LENDER ☐ ADVERTISING/MAILER
☐ REALTOR ☐ WALK-IN ☐ WORD OF MOUTH

PLEASE LIST NAME, ADDRESS, AND PHONE NUMBER OF PERSON ASSISTING WITH APPLICATION.

NAME: _____ PHONE NUMBER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

OPTIONAL:

- ☐ I/WE HEREBY AUTHORIZE UNIVERSAL HOUSING DEVELOPMENT CORPORATION TO RELEASE INFORMATION REGARDING MY APPLICATION FOR HOUSING REHABILITATION ASSISTANCE TO THE INDIVIDUAL LISTED ABOVE.

I CERTIFY THAT I AM THE RESIDENT AND HOMEOWNER OF THE ABOVE-MENTIONED PROPERTY AND HAVE GIVEN MY PERMISSION TO ALLOW WORK ON MY HOME IN ACCORDANCE WITH HOME REPAIR PROGRAM GUIDELINES. I FURTHER CERTIFY THAT ALL INFORMATION LISTED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(APPLICANT SIGNATURE)

(DATE)

(CO-APPLICANT SIGNATURE)

(DATE)

OFFICE USE ONLY

DATE RECEIVED: _____ TIME RECEIVED: _____

☐ DROP BOX ☐ MAIL ☐ IN PERSON ☐ EMAIL ☐ OTHER: _____

LOGGED IN COUNSELOR MAX _____ (INITIAL)

THIS IS AN EQUAL OPPORTUNITY PROGRAM. DISCRIMINATION IS PROHIBITED BY FEDERAL LAW. COMPLAINTS OF DISCRIMINATION MAY BE FILED WITH USDA, DIRECTOR, OFFICE OF CIVIL RIGHTS, WASHINGTON, D. C. 20250





Housing Counseling Client Intake Form

Last Name: _____ First Name: _____ MI _____

Gender: ☐ Male ☐ Female ☐ Other/Non-Conforming

(Physical) Address _____ City _____ State _____ Zip _____

(Mailing) Address _____ City _____ State _____ Zip _____

Telephone # _____ Email: _____

Date of Birth: _____ Foreign Born: ☐ Yes ☐ No

English Proficient: ☐ Yes ☐ No: If no, what language are you proficient in? _____

Race (may choose multiple):

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Choose not to respond |

Hispanic: ☐ Yes ☐ No ☐ Choose not to respond

Ethnicity: ☐ Mexican ☐ Puerto Rican

Marital Status:

☐ Single (never married) ☐ Married ☐ Divorced ☐ Widowed

Household Type:

☐ Single Adult ☐ Female Single Parent ☐ Male Single Parent
☐ Married with Dependents ☐ Married without Dependents

☐ Two or More Unrelated Adults:

Other Adult(s) Name(s) _____

☐ Other (Specify) _____

Number of Minors in Household _____ Total Household Size (Including Applicant) _____

Housing Arrangement:

| | | |
|--|--|----------------------|
| <input type="checkbox"/> Renter | <input type="checkbox"/> Homeowner with mortgage | (Continue to page 2) |
| <input type="checkbox"/> Does not pay rent | <input type="checkbox"/> Homeowner with <u>no</u> mortgage | |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Other (Specify) _____ | |

Do you or your household receive rental assistance? ☐ Yes ☐ No

Have you owned a residence before? ☐ Yes ☐ No

Are you a first-generation homebuyer? ☐ Yes ☐ No ☐ Unknown

Disabled: ☐ Yes ☐ No

Disabled Dependent: ☐ Yes ☐ No

Military Veteran: ☐ Yes ☐ No

Active Military: ☐ Yes ☐ No

Education Level: ☐ College

☐ Graduate School

☐ High School/GED

☐ Junior College

☐ Junior Highschool

☐ Primary

☐ Vocational

☐ None

☐ Other

Individual Monthly Income: \$ _____
(and/or)

Individual Annual Income: \$ _____

Household Monthly Income: \$ _____
(and/or)

Household Annual Income: \$ _____

How may we help? (May select multiple)

☐ Housing/Financial Education

☐ Home Purchase

☐ Mortgage Default/Delinquency

☐ Rental Counseling/Assistance

☐ Seeking Shelter/Homeless Services

☐ Homeowner Services (i.e., maintenance/repair)

☐ Disaster Preparedness/Recovery

☐ Other (specify): _____

How did you hear about us?

☐ Agency

☐ Lender

☐ Mailer

☐ Walk-in

☐ Word-of-Mouth

☐ Other (specify): _____

Preferred method(s) of contact: ☐ mail ☐ phone ☐ text ☐ email

In order to best serve you, please complete this packet in full and return to UHDC along with
1.) proof of household income and 2.) your photo ID.

Client Signature

Date

OFFICE USE ONLY

Date Received _____ UHDC Counselor _____

Entered in Database | Date _____ Initials _____

Action Taken:

____ Referred to _____ (Program or Agency)

____ Scheduled Counseling

____ Scheduled for Workshop (Pre-purchase/Mortgage Ready/Post Purchase/FFP)



NOTE: This form (front and back) to be completed and signed by any adult household partner/spouse/co-applicant/co-singer.

Housing Counseling Co-Client Intake Form

Relationship to client:

- | | | |
|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Husband | <input type="checkbox"/> Mother | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Wife | <input type="checkbox"/> Father | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Brother | <input type="checkbox"/> Employer |
| | <input type="checkbox"/> Sister | <input type="checkbox"/> Other (please explain): _____ |

Last Name: _____ First Name: _____ MI _____

Gender: ☐ Male ☐ Female ☐ Other/Non-Conforming

(Physical) Address _____ City _____ State _____ Zip _____

(Mailing) Address _____ City _____ State _____ Zip _____

Telephone # _____ Email: _____

Date of Birth: _____ Foreign Born: ☐ Yes ☐ No

English Proficient: ☐ Yes ☐ No: If no, what language are you proficient in? _____

Race (may choose multiple):

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Choose not to respond |

Hispanic: ☐ Yes ☐ No ☐ Choose not to respond

Ethnicity: ☐ Mexican ☐ Puerto Rican

Marital Status:

☐ Single (never married) ☐ Married ☐ Divorced ☐ Widowed

Household Type:

- ☐ Single Adult ☐ Female Single Parent ☐ Male Single Parent
- ☐ Married with Dependents ☐ Married without Dependents
- ☐ Two or More Unrelated Adults:
Other Adult(s) Name(s) _____
- ☐ Other (Specify) _____

Number of Minors in Household _____ Total Household Size (Including Applicant) _____

Housing Arrangement:

- | | |
|--|---|
| <input type="checkbox"/> Renter | <input type="checkbox"/> Homeowner with mortgage |
| <input type="checkbox"/> Does not pay rent | <input type="checkbox"/> Homeowner with <u>no</u> mortgage |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Other (Specify) _____ (Continue to page 2) |

Do you or your household receive rental assistance? ☐ Yes ☐ No

Have you owned a residence before? ☐ Yes ☐ No

Are you a first-generation homebuyer? ☐ Yes ☐ No ☐ Unknown

Disabled: ☐ Yes ☐ No

Disabled Dependent: ☐ Yes ☐ No

Military Veteran: ☐ Yes ☐ No

Active Military: ☐ Yes ☐ No

Education Level: ☐ College

☐ Graduate School

☐ High School/GED

☐ Junior College

☐ Junior Highschool

☐ Primary

☐ Vocational

☐ None

☐ Other

Individual Monthly Income: \$ _____
(and/or)

Individual Annual Income: \$ _____

Household Monthly Income: \$ _____
(and/or)

Household Annual Income: \$ _____

How may we help? (May select multiple)

☐ Housing/Financial Education

☐ Home Purchase

☐ Mortgage Default/Delinquency

☐ Rental Counseling/Assistance

☐ Seeking Shelter/Homeless Services

☐ Homeowner Services (i.e., maintenance/repair)

☐ Disaster Preparedness/Recovery

☐ Other (specify): _____

How did you hear about us?

☐ Agency

☐ Lender

☐ Mailer

☐ Walk-in

☐ Word-of-Mouth

☐ Other (specify): _____

Preferred method(s) of contact: ☐ mail ☐ phone ☐ text ☐ email

In order to best serve you, please complete this packet in full and return to UHDC along with
1.) proof of household income and 2.) your photo ID.

Co-Client Signature

Date

OFFICE USE ONLY

Date Received _____ UHDC Counselor _____

Entered in Database | Date _____ Initials _____

Action Taken:

____ Referred to _____ (Program or Agency)

____ Scheduled Counseling

____ Scheduled for Workshop (Pre-purchase/Mortgage Ready/Post Purchase/FFP)

FINANCIAL & HOUSING AFFORDABILITY ANALYSIS WORKSHEET

Per agency regulations, every housing counseling session requires a financial and housing affordability analysis to help the client achieve their housing goals. The counselor must ensure that their counseling process is appropriate for the circumstances and consistent with HUD requirements. Establishing a budget is a part of conducting the required financial and housing affordability analysis for most types of housing counseling. **Please complete to the best of your ability.**

NAME _____

DATE _____

| Income | Amount |
|--|--------|
| Job #1 | |
| Job #2 | |
| Unemployment | |
| Child Support | |
| Pension/Retirement | |
| Disability Income | |
| Public Assistance (example: SNAP/EBT) | |
| Other: | |
| TOTAL INCOME | ↓ |
| TOTAL EXPENSES (subtract) | — |
| LEFT OVER | = |

| Expenses | Amount |
|------------------------------|--------|
| FIXED EXPENSES | |
| Current Rent | |
| Car Payment | |
| Auto Insurance | |
| Health Insurance | |
| Student Loans | |
| Personal Loans | |
| Other: _____ | |
| VARIABLE EXPENSES | |
| Heat/ Gas | |
| Electric | |
| Cable | |
| Water | |
| Internet | |
| Phone | |
| Child Care/Child Support | |
| Credit Card Payment #1 | |
| Credit Card Payment #2 | |
| Credit Card Payment #3 | |
| Gasoline | |
| Groceries | |
| Eating out | |
| Doctor Visits | |
| Prescriptions | |
| Laundry/Dry Cleaning | |
| Barber/Beauty Shop | |
| Personal Expenses | |
| Other | |
| <u>TOTAL EXPENSES</u> | |

ASSETS

| | |
|-----------------------------------|--|
| Checking Acct(s) Total Balance | |
| Savings Acct(s) Total Balance | |
| Cash/Other | |



Existing Rental Housing Self-Help Housing Counseling
Weatherization Elderly Apartment Complex Land Development
Elderly Apartments Non Elderly Apartments

Phone 479-968-5001 FAX 479-968-5002 P.O. Box 846, Russellville, Arkansas 72811

CREDIT RELEASE FORM

By my signature below I/we authorize Universal Housing Development Corporation to obtain a soft credit report for me/us. This authorization is valid for purposes of verifying information and counseling, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA). Credit scores are not impacted by soft credit checks, unlike hard inquiries. (They may or may not be recorded in your credit reports, depending on the credit bureau.) Since soft inquiries are not connected to a specific application for new credit, they're not visible to creditors.

Applicants Name: _____ Co-Applicant Name: _____

Social Security Number: _____ - _____ - _____ Co-Applicants SS# _____ - _____ - _____

Date of Birth: ____/____/____ Date of Birth: ____/____/____

Current Street Address: _____ Current Street Address: _____

City, State, Zip Code: _____ City, State, Zip Code: _____

Telephone Number: _____ Telephone Number: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

I would like a copy of my report via:

- ☐ in-person
☐ passcode-encrypted email to: _____



Universal Housing Development Corporation
PO Box 846, Russellville, AR 72811 – 479-968-5001
301 East 3rd Street, Russellville, AR 72801

Privacy Policy

Universal Housing Development Corporation (UHDC) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous accumulated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, the Department of Housing & Urban Development (HUD), USDA Rural Development, lenders/creditors, etc.; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures. *Opt-out option does not apply to the Department of Housing & Urban Development (HUD) and their reviews of files.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 479-968-5001 and do so. It will be noted in your files.
3. Please indicate at the bottom of this form if you choose to “opt-out” of disclosures of your nonpublic personal information to third parties.

Release of your information to third parties

So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, or would aid us in counseling you.

We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process) or as a requirement of grant awards which make our services possible.

Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.

I have received a copy of and read the Privacy Policy of UHDC. I understand that by signing my name, I state that I have reviewed the policy in its entirety and understand the terms set forth in this policy.

Client Signature

Date

Co-Client Signature

Date

☐ **Please check this box if you wish to “opt out” of disclosures of your nonpublic personal information to third parties other than for reporting and monitoring of grants and funding.**



UNIVERSAL HOUSING DEVELOPMENT CORPORATION

301 East 3rd Street, P.O. Box 846, Russellville, AR 72811-0846 Tel.: 479-968-5001, Fax: 479-968-5002



Website: www.undhousing.org

Disclosure to Client for HUD Housing Counseling Services

Services Offered:

Our agency provides the following HUD one-on-one housing counseling services: homeless assistance; rental topics; pre-purchase/homebuying; non-delinquency post-purchase; home maintenance and financial management for homeowners; and resolving or preventing mortgage delinquency or default counseling.

Our agency also provides the following services and group education workshops: financial literacy; predatory lending, loan scam, or other fraud prevention; fair housing; homelessness prevention; rental; pre-purchase/homebuyer education; non-delinquency post-purchase; and resolving or preventing delinquency.

Relationships with Industry Partners:

Our agency has financial or exclusive relationships, or both, with specific industry partners, including HUD, Neighborworks America, Federal Home Loan Bank, or U.S. Department of Agriculture Rural Housing Service.

No Client Obligation:

There is no obligation to receive, purchase, or use any product or service offered by this agency or any services of its industry partners or other party in exchange for your receiving HUD housing counseling services.

Alternatives:

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff.

Financial Analysis:

Every housing counseling session requires a financial and housing affordability analysis of the client's financial situation. This includes but is not limited to:

1. The establishment of a household budget customized to a client's current situation including any adjustments the client should make to achieve their housing goals;
2. A review of the client's income, expenses, spending history, assets and use of credit; and
3. The financial analysis and budget should include as much full and accurate information

I have read and received a copy of this disclosure.

Client Signature

Date

Co-Client Signature

Date

Franklin County Section 8
320 N. 2nd Street
Ozark, AR 72949

Tel.: 479-667-4705
Fax: 479-667-4705

Yell County Section 8
507 N. 4th St. Suite E
P. O. Box 438
Dardanelle, AR 72834
Tel.: 479-229-5112
Fax: 479-229-5112

Pope County Section 8
301 E. 3rd Street
P. O. Box 846
Russellville, AR 72811-0864
Tel.: 479-968-5001
Fax: 479-968-5002

Southlawn Apts.
1701 S. Detroit #51
Russellville, AR 72801
Tel.: 479-968-4902
Fax: 479-890-4385

Paris Rural Rental Apts.
1125 S. 3rd Street
P. O. Box 489
Paris, AR 72855
Tel.: 479-963-6166
Fax: 479-963-6166





UNIVERSAL HOUSING DEVELOPMENT CORPORATION

301 East 3rd Street, P.O. Box 846, Russellville, AR 72811-0846 Tel.: 479-968-5001, Fax: 479-968-5002



Website: www.uhdhousing.org

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Franklin County Section 8
320 N. 2nd Street
Ozark, AR 72949

Tel.: 479-667-4705
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Yell County Section 8
507 N. 4th St. Suite E
P. O. Box 438
Dardanelle, AR 72834
Tel.: 479-229-5112
Fax: 479-229-5112

Pope County Section 8
301 E. 3rd Street
P. O. Box 846
Russellville, AR 72811-0864
Tel.: 479-968-5001
Fax: 479-968-5002

Southlawn Apts.
1701 S. Detroit #51
Russellville, AR 72801
Tel.: 479-968-4902
Fax: 479-890-4385

Paris Rural Rental Apts.
1125 S. 3rd Street
P. O. Box 489
Paris, AR 72855
Tel.: 479-963-6166
Fax: 479-963-6166

