

# Client Intake Form First Name: \_\_\_\_\_ MI\_\_\_ Gender: Female Other/Non-Conforming Male Address City State Zip Telephone #\_\_\_\_\_Email: \_\_\_\_ May UHDC contact you by: mail phone Text email Date of Birth: \_\_\_\_\_\_ Foreign Born: Yes No English Proficient: Yes No: If no, what language are you proficient in? \_\_\_\_\_ If Hispanic, circle the applicable origin below. Cuban - Mexican/Chicano - Latino - Puerto Rican - Other Marital Status: Single (never married) Divorced Married Widowed Household Type: Single Adult Female Single Parent Male Single Parent Two or More Unrelated Adults: Other Adult(s) Name(s) \_\_\_\_\_ Other (Specify) Number of Minors in Household \_\_\_\_\_ Total Household Size (Including Applicant) \_\_\_\_ Housing Arrangement: Renter Homeowner with mortgage Does not pay rent Homeowner with no mortgage Homeless Other (Specify)\_\_\_\_ Do you or your household receive Housing Choice Voucher? 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 Junior College Vocational  Graduate School High School/GED Primary Other		
Household Monthly Income: \$ (and/or) Household Annual Income: \$		
How may we help? (May select multiple)		
Housing/Financial Education  Mortgage Default/Delinquency  Seeking Shelter/Homeless Services  Home Purchase  Rental Counseling/Assistance  Homeowner Services (i.e., maintenance/repair)		
Disaster Preparedness/Recovery Uther (specify):		
How did you hear about us?  Agency Lender Mailer Walk-in  Word-of-Mouth Other (specify):		
Client Signature Date		
OFFICE USE ONLY		
Date ReceivedUHDC 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)		
(MORE		



301 East 3rd Street, Russellville, AR 72801 PH: 479-968-5001 FAX: 479-968-5002 P.O. Box 846, Russellville, AR 72811

Website: www.uhdchousing.org

Rental Assistance Self-Help Housing Housing Counseling Southlawn Apartments Paris Rural Rental Apartments Home Rehabilitation

## AUTHORIZATION TO RELEASE INFORMATION

/WE	(BORROWER(S))
AUTHORIZE	(LENDER) TO RELEASE ANY INFORMATION PERTAINING TO
MY MORTGAGE	(LOAN NUMBER) TO
WITH <u>UNIVERSAL HOUSING DEVELOPMENT CORP</u>	ORATION FOR PURPOSES OF PRE-PURCHASE/NON-
DELINQUENCY POST-PURCHASE/DELINQUENCY/DEF	AULT/FORECLOSURE/CREDIT COUNSELING FOR THE LIFE OF
THE LOAN.	
Borrower Name:	Co-Borrower Name:
Borrower Social Security Number:	Co-Borrower Social Security Number:
Borrower Date of Birth:/	Co-Borrower Date of Birth:/
Current Street Address:	Current Street Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone Number:	Telephone Number:
Borrower Signature:	Co-Borrower Signature:
Date:	Date:

Franklin County Section 8 300 Airport Road #A P.O. Box 526 Ozark, AR 72949 PH: 479-667-4705 Fax: 479-667-4705

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Southlawn Apartments 1701 S. Detroit #51 Russellville, AR 72801

PH: 479-968-4902 Fax: 479-890-4385

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







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## **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 purposes of evaluating our services, gathering valuable research information and designing future programs.

## Types of Information 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 and 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 non-public 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 and 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 file.
- 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 to 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/we have received a copy of and read the Privacy Policy of UHDC. I/we understand that by signing my/our name(s), I/we state that I/we have reviewed the policy in its entirety and understand the terms set forth in this policy.

Client Signature	Date	
Co-Client Signature	Date	

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## 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; prepurchase/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; nondelinquency 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 Department of Housing and Urban Development (HUD), Neighborworks America, Federal Home Loan Bank, and/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 as can be provided.

we have read and received a copy of this disclosure.		
Date		
Date		

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I/We have read and received a convertible disabeture

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## 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 recording 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.

Applicant Name:	Co-Applicant Name:	
Applicant Social Security Number:	Co-Applicant Social Security Number:	
Applicant Date of Birth:/	Co-Applicant Date of Birth:/	
Current Street Address:	Current Street Address:	
City/State/Zip Code:	City/State/Zip Code:	
Telephone Number:	Telephone Number:	
Applicant Signature:	Co-Applicant Signature:	
Date:	Date:	
I would like a copy of my report via (choose one or more):		
· In Person		
Passcode-encrypted email to:		
Mail to:		

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## 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

Cash/Other

**Expenses** 

**TOTAL EXPENSES** 

**Amount** 

DATE		FIXED EXPENSES
		Current Rent
Income	Amount	Car Payment
Job #1		Auto Insurance
		Health Insurance
Job #2		Student Loans
Unemployment		Personal Loans
		Other:
Child Support		VARIBLE EXPENSES
		Heat/ Gas
Pension/Retirement		Electric
Disability Income		Cable
		Water
Public Assistance		Internet
(example: SNAP/EBT)		Phone
Other:		Child Care/Child Support
TOTAL INCOME	1 1	Credit Card Payment #1
		Credit Card Payment #2
TOTAL EXPENSES	_	Credit Card Payment #3
(subtract)	1	Gasoline
LEFT OVER	=	Groceries
		Eating out
		Doctor Visits
ASSETS	<b>_</b>	Prescriptions
Checking Acct(s) Total Balance		Laundry/Dry Cleaning
		Barber/Beauty Shop
Savings Acct(s) Total Balance		Personal Expenses
		Othor