



**Helping Overcome Poverty's Existence, Inc.**

P.O. Box 743 Wytheville, Va. 24382; (276) 228-6280, Fax (276) 228-0508  
Toll Free Phone: 1-877-818-8680

**PRE-PURCHASE HOMEOWNERSHIP PLANNING PROCESS**

**STEP 1 - Complete the Pre-purchase Homeownership Planning Information Packet**

This packet contains several forms that need to be filled out and signed:

- a. Pre-Purchase Homeownership Planning Information Form (pages 1-4)
- b. Monthly Spending Plan (page 5)
- c. Authorization to Obtain Credit Information (page 6)
- d. Privacy Notice (page 7)
- e. Consent to Exchange Information and Release of Information (page 8)
- f. Counseling Disclaimer (page 9)

Once completed, return the entire packet to HOPE.

**STEP 2 – Credit Report**

After receiving your completed packet, the HOPE Pre-Purchase Housing Counselor will pull your credit report to determine your credit worthiness. NOTE: Your first credit report is free; thereafter, you may be required to pay the following fees for additional reports as necessary:

Credit Report Fee\*

Individual Report – unmarried applicant(s)	\$23.05 per applicant
Joint Report – married applicants	\$46.10

\*These fees are subject to change.

The counselor will review your credit report and application to determine when you may be ready to apply for a loan and begin shopping for a house.

**STEP 3 – Attend an appointment with the HOPE Pre-Purchasing Housing Counselor to develop your individual plan for homeownership**

The counselor will contact you to set up an initial appointment to review your credit report and assess your housing goals. The counselor will help you understand any credit problems that may need to be addressed and help you establish a plan to begin to correct those credit issues. If your income and credit are sufficient, the pre-purchase application will be submitted to Just Choice Lending for underwriting to determine what loan amount you might be pre-qualified for. The chart below will give you an idea of what timeframe to expect based on where you are:

Where are you now?	The timeframe you might expect	Your next steps
<ul style="list-style-type: none"> <li>• No credit issues that need to be resolved</li> <li>• Credit score of 640 or higher</li> <li>• Steady, dependable income</li> </ul>	Ready to purchase now	Step 4: Apply for loan pre-approval Step 5: Complete a homebuyer education course* Step 6: Choose a home and make an offer Step 7: Loan approval and closing
<ul style="list-style-type: none"> <li>• No credit history</li> <li>• Small collection accounts that can be addressed quickly</li> <li>• Current on all recent credit accounts</li> <li>• Steady, dependable income</li> </ul>	Ready to purchase within 90 days	Step 4: Do necessary credit repair work Step 5: Apply for loan pre-approval Step 6: Complete a homebuyer education course* Step 7: Choose a home and make an offer Step 8: Loan approval and closing
<ul style="list-style-type: none"> <li>• Several outstanding collections that need to be paid</li> <li>• Some missed payments in the past 12 months</li> <li>• Newly employed or recent job change</li> </ul>	Ready to purchase within 90–180 days	
<ul style="list-style-type: none"> <li>• Unpaid judgments or liens</li> <li>• Recent repossession or bankruptcy (within the past 2 years)</li> <li>• Large collection accounts that will take some time to pay off</li> </ul>	Ready to purchase over 180 days	

\*Offered free through VHDA in person or online at <https://vhda.learn.com/learncenter.asp>.



## Demographic Information

APPLICANT	CO-APPLICANT
<b>Race:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African Amer. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White	<b>Race:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African Amer. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Citizenship:</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Perm. Resident Alien If not US Citizen, what is your country of origin? _____	<b>Citizenship:</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Perm. Resident Alien If not US Citizen, what is your country of origin? _____
<b>Are you Disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you Disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Highest Education Level Completed:</b> <input type="checkbox"/> No High School Diploma, last grade completed _____ <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED Diploma <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College (non-degree) <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctoral Degree	<b>Highest Education Level Completed:</b> <input type="checkbox"/> No High School Diploma, last grade completed _____ <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED Diploma <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College (non-degree) <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctoral Degree
<b>Have you owned a home in the past 3 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you owned a home in the past 3 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a US Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a US Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check All That Apply:</b> <input type="checkbox"/> Head of Household <input type="checkbox"/> Female Head of Household <input type="checkbox"/> Single Head of Household	<b>Check All That Apply:</b> <input type="checkbox"/> Head of Household <input type="checkbox"/> Female Head of Household <input type="checkbox"/> Single Head of Household

## Employment History

APPLICANT	CO-APPLICANT
<b>Current Employer</b> Name: Address:  Contact Number:                      Position/Title: Start Date:                              End Date:	<b>Current Employer</b> Name: Address:  Contact Number:                      Position/Title: Start Date:                              End Date:
<b>Previous Employer within Past Two Years</b> Name: Address:  Start Date:                              End Date:	<b>Previous Employer within Past Two Years</b> Name: Address:  Start Date:                              End Date:
<b>Previous Employer within Past Two Years</b> Name: Address:  Start Date:                              End Date:	<b>Previous Employer within Past Two Years</b> Name: Address:  Start Date:                              End Date:

## Household Information

Identify all Household Members					
Name	Age	Full-time Student Y/N	Disabled Y/N	Receives Income Y/N	Source of Income

## Financial Information

### HOUSEHOLD INCOME

Please list all sources of household income. These would include earned wages, Social Security income, rental income, investment income, pension or retirement income, VA benefit payments, etc. Alimony or child support income does not need to be reported if you choose not to have it considered for repayment of a mortgage loan.

Person Receiving Income (First and Last Name)	Type of Income (Wages, Social Security, Etc.)	Amount of Gross Income (Amount per pay period/check)	Frequency (Monthly, Weekly, Etc.)

### ASSETS

Please list any financial assets you currently possess. These include surplus cash on hand, checking and savings accounts, retirement accounts, stocks and bonds, money market accounts, mutual funds, gift letters, trust funds, etc.

Account Holder	Type of Asset	Institution Name	Account Number	Asset Value	Available Funds

### LIABILITIES

Please list any lines of credit or other financial liabilities which you are currently obligated to pay. These would include credit cards, loans, medical bills, leases, taxes, liens, store charge accounts, and child or spousal support that you are ordered to pay. Do not include monthly expenses such as utility bills, groceries, etc. in this section.

Account Holder	Creditor Name	Type of Account	Account Number	Monthly Payment	Outstanding Balance

## CREDIT HISTORY

Please indicate any negative activity on your credit report or potential credit barriers that you are aware of. We will pull a copy of your credit report for verification and to help determine your readiness for homeownership.

Applicant	Co-Applicant
<b>Negative Activity (check all that apply)</b> <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Foreclosure <input type="checkbox"/> Judgment <input type="checkbox"/> Collection Accounts <input type="checkbox"/> Liens <input type="checkbox"/> Delinquent Federal Debt  <b>Potential Credit Barriers</b> <input type="checkbox"/> No credit history <input type="checkbox"/> Victim of identity theft <input type="checkbox"/> Credit card accounts at or near limit <input type="checkbox"/> 30+ days past due on 1 or more accounts in past 12 months <input type="checkbox"/> Overdraft Fees on checking or savings in past 12 months	<b>Negative Activity (check all that apply)</b> <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Foreclosure <input type="checkbox"/> Judgment <input type="checkbox"/> Collection Accounts <input type="checkbox"/> Liens <input type="checkbox"/> Delinquent Federal Debt  <b>Potential Credit Barriers</b> <input type="checkbox"/> No credit history <input type="checkbox"/> Victim of identity theft <input type="checkbox"/> Credit card accounts at or near limit <input type="checkbox"/> 30+ days past due on 1 or more accounts in past 12 months <input type="checkbox"/> Overdraft Fees on checking or savings in past 12 months

I certify that the information on this form is true and correct to the best of my knowledge. I give permission to include this information in reporting databases utilized by HOPE and its partner agencies.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

# Monthly Spending Plan

## Head of Household Income

Income Source	Monthly Net Amount
Wages	
Social Security Benefits	
Food Stamps	
Child Support	
TANF	
Other	
Total	

## Additional Household Income

Income Source	Monthly Net Amount
Wages	
Social Security Benefits	
Food Stamps	
Child Support	
TANF	
Other	
Total	

## Additional Household Income

Income Source	Monthly Net Amount
Wages	
Social Security Benefits	
Food Stamps	
Child Support	
TANF	
Other	
Total	

**Total Income**  
(All 3 Totals From Above)

**Total Expenses**

**Deficit/Surplus**  
(Total Income Minus Total Expenses)

Expense	Monthly Amount
Rent/Mortgage	
Real Estate Taxes	
Property Insurance	
Natural Gas	
Electric	
Water/Sewer/Garbage	
Heating fuel (divide yearly amount by 12)	
Telephone: Landline	
Telephone: Cellular	
Groceries	
General Household Supplies	
Monthly Education Expenses	
Health Insurance	
Prescription Medications	
Health Care	
Car Payment 1	
Car Payment 2	
Gasoline	
Auto Insurance	
Vehicle tax/registration	
Taxi or Bus Fare	
Other transportation:	
Child Day Care	
Child Support (if not deducted from paycheck)	
Credit Card	
Credit Card	
Credit Card	
Personal Loan	
Payday Loan	
Other debt	
Other:	
Other:	
Salon appointments/Barber Shop	
Cable or Satellite Television	
Internet Service	
Entertainment and General Recreation	
Clothing Purchases (divide yearly amount by 12)	
Laundromat & Dry Cleaning Expenses	
Pet Care	
Tobacco Products	
Alcohol	
Donations and/or Tithing	
Gifts (divide yearly amount by 12)	
Rental Storage Unit	
Other:	
Other:	
TOTAL	



## Authorization to Obtain Credit Information

I hereby grant permission for Helping Overcome Poverty's Existence, Inc. (HOPE) and the Federation of Appalachian Housing Enterprises, Inc. (FAHE) to obtain any and all information deemed necessary to process my mortgage loan application, to obtain any payoffs necessary, and to make changes to the mortgagee clause in my homeowners insurance upon approval of my loan. This information includes, but is not limited to, my present employment status, my federal income tax returns, if required, my deposit account, my past and present consumer credit record, my mortgage record and/or my rental record.

### Re-verification Authorization to Obtain Credit Information

HOPE, their successors and/or assigns, as their interest may appear, may re-verify the information or documents used in processing this loan. I hereby authorize release of information to the lender or its designee, by my employer, bank, accountant, mortgage lender, landlord, creditors, and other sources to verify the accuracy of documents and credit information the lender used in deciding whether to approve the loan.

I also grant permission to use a photographic copy of this form containing my signature to obtain any information regarding the items mentioned above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Name (Printed)

*Privacy Act Notice: The information to be obtained will be used by the lender and any federal agency insuring, guaranteeing or purchasing the mortgage to determine whether you qualify as a prospective borrower under the lender's and agency's underwriting standards. The information will not be disclosed outside the lender and the federal agency without your consent except to the person or company verifying the information including, but not limited to, your employer, bank, lender and any other credit reference as needed to verify other credit information and as permitted by law. You do not have to give us this information, but if you do not your mortgage loan application may be delayed or rejected. The information we will obtain is authorized by Title 38, U.S.C., Chapter 37 (if VA); and 12 U.S.C., Section 1701 et seq. (if HUD/FHA).*



## PRIVACY NOTICE

Helping Overcome Poverty's Existence, Inc. (HOPE) is committed to assuring the privacy of individuals who have contacted us for assistance. We realize the concerns you bring to us are highly personal in nature. We assure you that all information shared both verbally and in writing will be managed within legal and ethical consideration. Your personal information may be provided to HOPE staff, program monitors, creditors (i.e., mortgage lenders or servicers, landlords, utility service providers) and others only with your authorization and signature. We may also use anonymous aggregate case file information for the purpose of evaluation our services, gathering valuable research information, and designing future programs.

### Types of information that we gather about you

- Information we receive from you verbally, on applications, or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency such as your credit history.

### Release of information to third parties

- In order to provide effective services you will be requested to authorize disclosure of 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, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any information about you or former customers to anyone if it is required by law (e.g. if we receive a court order for the information).
- Within the organization, we restrict access to your personal information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your personal information.

### You may choose at any time to "opt-out" of certain disclosures

- You have the opportunity to "opt-out" of disclosures of your personal information to third parties (such as creditors), that is, direct us not to make those disclosures.
- If you choose to "opt-out" we will not be able to contact or answer questions from your creditors. However, if at anytime, you wish to change your decision to "opt-out", you may contact us at (276) 228-6280 and do so.

*Please sign that you have read and received this privacy notice and please keep a copy for yourself.*

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





# Consent to Exchange Information and Release of Information

Applicant: (Last Name, First Name, Middle Initial) \_\_\_\_\_

Co-applicant: (Last Name, First Name, Middle Initial) \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

(1) I want the following confidential information about the Applicant(s) (except drug or alcohol diagnoses/treatment) to be exchanged:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Must check yes or no) Assessment Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Must check yes or no) Financial Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Must check yes or no) Benefits/Services
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(2) I want the staff of HOPE, 680 W. Main Street, P.O. Box 743, Wytheville, VA 24382 and the following other agencies to be able to exchange this information: (MARK OUT any agencies you DO NOT wish to be contacted)

Banks/Mortgage Co.	VHDA – Virginia Housing Development Authority	HUD – United States Department of Housing and Urban Development	DHCD – Virginia Department of Housing and Community Development
Other HOPE Partner Agencies	USDA RD – United States Department of Agriculture Rural Development	Just Choice Lending	Other:

(3) I want this information to be exchanged ONLY for the following purpose(s) (check all that apply):

Service Coordination and Treatment Planning  Eligibility Determination  Other (write in): \_\_\_\_\_

(4) I want information to be shared (check all that apply):  In Writing  In Meetings or By Phone  By Computerized Data (email)

(5) I want to share additional information received after the date this consent is signed (must check):  YES  NO

(6) This consent is good until: \_\_\_\_\_ Revoked by Applicant \_\_\_\_\_

**Informed consent:** HOPE attempts, to the greatest extent possible, to protect the confidentiality of information I provide. However, I understand that staff must report to Department of Social Services all suspected child, aged or incapacitated adult abuse and neglect as required by law. Private contractors of HOPE may also have access to confidential information in the performance of their contract duties.

### GIVING YOUR CONSENT TO SHARE INFORMATION

- When you are asked to sign a "consent to exchange information" form, you have the right to know the name(s) of any agencies, department or individuals who will receive this information.
- The information collected may be used to secure funding and/or reporting. In this case, no identifying information will be used, only aggregate data (exception: CHIP of Virginia).
- The information may be used for the purpose of accessing services or to verify eligibility.
- Any information not essential to the stated purpose will not be shared with other agencies.
- You have the right to update, correct or explain any information in your file.
- You may withdraw consent at any time or limit consent for a specific period of time.
- You have the right not to sign any form to share or exchange information. Please be advised that you may limit the agency's ability to provide services.
- HOPE is not a covered entity under the Health Portability and Accountability Act of 1996 (HIPAA). The law protects medical and health information and is designed for healthcare providers and insurance agencies and their business partners.

I certify that the information provided for HOPE Intake is true and correct to the best of my knowledge. I give permission to include this information in the HOPE Community Information System (HCIS), a computerized database utilized by HOPE and local partner agencies to identify other services and resources that may be of interest to me and to improve service coordination between these agencies. I understand that some partner agencies may require participation in HCIS to be eligible for services. I also give permission to include this information in other reporting databases utilized by HOPE and its partner agencies.

Signature of Applicant \_\_\_\_\_

Signature of Co-applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of HOPE Staff Explaining Form: \_\_\_\_\_ (276) 228-6280

**Office Use Only** Consent has been:  Revoked in entirety  Partially revoked as follows: \_\_\_\_\_ HCIS # \_\_\_\_\_  
Revocation was:  In person  Written (attach copy)  Telephone Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by: \_\_\_\_\_ (Initials)



## Counseling Disclaimer

As a customer of Helping Overcome Poverty's Existence, Inc.'s (HOPE) housing counseling services, I/we understand that the assistance provided will be free of charge, with the exception of a fee for pulling a credit report if necessary.

I/we understand that the staff providing the counseling services will not:

- Break their pledge of confidentiality.
- Accept fees from the services they recommend.
- Recommend services in which they or the agency has a financial interest.
- Terminate their counseling relationship without giving the reasons for such termination.
- Provide legal counsel or services, nor any debt consolidation services.
- Steer clients into a loan or contract, and that clients will be given choices of the type of loan and house they may purchase, from this organization, or others.

In consideration for receiving assistance from HOPE's housing counseling services, I/we hold their staff and board to be free and harmless from any claims, damages, liabilities or injuries arising from these services.

When or if HOPE needs to pull your credit report in order to assess your financial condition either to determine your readiness for homeownership or to assist in the resolution of mortgage delinquency, it is possible that action will have a negative impact on your credit score. HOPE will use this option sparingly and will work to minimize any negative effect on your credit report.

HOPE employs persons who are qualified to provide the services rendered. Please be advised that all HOPE counselors are required to become certified as Housing Counselors, and that HOPE undergoes a biennial performance review to maintain our certification as a U.S. HUD Housing Counseling agency.

HOPE believes strongly in and promotes housing choice. To that end, HOPE does not endorse any realtor, lender or landlord.

**Further, I understand that I am not obligated to receive, purchase or utilize any other services offered by HOPE, its exclusive partners, in order to receive housing counseling services.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant

\_\_\_\_\_  
Date