



improving opportunity.
empowering our community.

Post-Purchase Counseling-Hurricane Harvey

To better assist you with the most effective and efficient counseling service, completely fill out the attached Intake Application and submit all the required documents.

Documents:

- **Picture ID and Social Security Card**
- **Last 30 days of ALL Household Income** (Check Stubs, Child Support, Social Security, Disability, Unemployment, Self-Employment Profit/Loss Statements, etc.)
- **Last 2 years of Tax Returns 1040 & W2/1099**
- **Last 2 months of Bank statements**
(All pages) for all asset accounts (checking, savings, 401(k), etc.)
- **Most recent Mortgage statement** (all pages)
- **Deed, Warranty Deed or Release of Lien**
- **Utility Bill from July 25 -August 25 of 2017**
- **FEMA Application and Decision Letter**
 - Receipts of repairs/materials made with funding received
- **Insurance Policy-** Hazard & Flood

Based on various options that will be discussed with your housing counselor, additional financial documentation may be required. If there are certain documents that you may not have let us know.

Housing Program
2950 Broadway St.
Houston, Texas 77017
713.673.1080 Tel.

TejanoCenter.org



Affordable Housing Program

2950 Broadway Street

Houston, TX 77017

PHONE: (713) 673-1080

EMAIL: housing@tejanocenter.org

Post Purchase Counseling Intake

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Applicant Name _____ **Date of Birth** _____ **Social Security #** _____

Co-Applicant Name _____ **Date of Birth** _____ **Social Security #** _____

Property Address _____ **City** _____ **State** _____ **ZIP** _____

Home Phone (____) _____ - _____ **Cell Phone** (____) _____ - _____ **Work Phone** (____) _____ - _____

Email Address: _____

Applicant Gender: Male Female Disabled Head of Household

Co-Applicant Gender: Male Female Disabled Head of Household **Relationship to Applicant** _____

Family Type: Single Adult Married without Children Married with Children Divorced Widowed

Two or more unrelated adults Female Headed Single Parent Male Headed Single Parent Other

Family Size: _____ **Language Preference:** English Spanish Other: _____

What repairs do you need/What are the damages? _____

Would you be willing to talk to the media about your story? Yes No

EMPLOYMENT INFORMATION

Primary Applicant's Employer _____ **Work Phone** (____) _____ - _____

Occupation/Title _____ **How Long?** _____ yrs. _____ mos. **Self Employed**

Income \$ _____ Weekly Bi-Weekly Bi-Monthly Monthly Year

Co-Applicant's Employer _____ **Work Phone** (____) _____ - _____

Occupation/Title _____ **How Long?** _____ yrs. _____ mos. **Self Employed**

Income \$ _____ Weekly Bi-Weekly Bi-Monthly Monthly Year

Other Household Income Sources (amount per month)

Bonuses/Commission \$ _____ Child Support \$ _____ Spousal Support \$ _____
SSI \$ _____ Unemployment \$ _____ VA \$ _____ Other \$ _____

Household Current Assets (current balance)

Checking \$ _____ Stocks/Bonds \$ _____ Savings \$ _____
401K \$ _____ CD/Money Market \$ _____ Gift Funds \$ _____
Other \$ _____ Other \$ _____ Other \$ _____

Household Monthly Debt Obligations (minimum amount due per month)

Total Credit Card Payments \$ _____ Student Loans \$ _____
Car Payments \$ _____ Personal Loans \$ _____
Child Support \$ _____ Other _____ \$ _____

MORTGAGE LOAN INFORMATION

Date house was purchase? (month/year) _____ / _____ Original Loan Amount \$ _____
Current Lender or Servicer: _____ Loan Number: _____
Current Interest Rate _____% Fixed Adjustable Type of Mortgage Loan: FHA Conventional VA
Current Loan Balance? \$ _____
Monthly Mortgage Payment \$ _____ Does this include Taxes and Insurance? _____
Have you refinanced? Yes No Do you have a Second Mortgage? Yes No
Are your property taxes current? Yes No Do you have homeowners insurance? Yes No
Are you delinquent on your mortgage? Yes No

If yes, please answer the following questions. If no, skip until page 3.

How many months are you delinquent on your mortgage? _____ Total amount delinquent? \$ _____
Date of last payment _____ Have you had a loan modification on the mortgage loan? Yes No
Is there a Foreclosure Sale date? Yes No If so when? _____
Are you currently in Bankruptcy? Yes No Are you discussing your situation with an attorney? Yes No
Do you want to keep the house? Yes No Any savings to pay the delinquent amount? \$ _____
What are your plans to bring this mortgage loan current? _____

Please circle your answer.

APPLICANT

CO-CAPPLICANT

Is the Property Title under your name?

Yes No

Yes No

Ethnicity:

Hispanic Non-Hispanic

Hispanic Non-Hispanic

Race:

American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other
 I do not wish to furnish this information

American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other
 I do not wish to furnish this information

Do you intend to occupy the property as your primary residence?

Yes No

Yes No

Did you receive FEMA assistance?

Yes No

Yes No

Did you apply for SBA loan?

Yes No

Yes No

Did you file a claim with your insurance?

Yes No

Yes No

What is your citizenship?

US Citizen
 Permanent Resident
 Non-Perm. Resident

US Citizen
 Permanent Resident
 Non-Perm. Resident

Active Military?

Yes No

Yes No

Highest Level of Education?

Below High School High School Diploma
 Two Year College Bachelor's Degree
 Master's Degree Above Master's Degree

Below High School High School Diploma
 Two Year College Bachelor's Degree
 Master's Degree Above Master's Degree

Please list contact persons in case we cannot contact you to leave a message.

Name _____ Phone Number (____) _____ - _____ Relationship to you _____

Name _____ Phone Number (____) _____ - _____ Relationship to you _____

Name _____ Phone Number (____) _____ - _____ Relationship to you _____

Agreement

By signing below, I (we) acknowledge that a copy of this form is as valid as the original. I (we) acknowledge that the information I (we) have provided in this form is true and accurate to the best of my (our) knowledge. This Intake Application and all financial documents submitted will be retained by the Affordable Housing Program of Tejano Center for Community Concerns (counseling agency) even if I (we) do not obtain the result I (we) desired or decide to withdraw from their services.

I (We) understand that this form may be provided to any source deemed necessary to process my (our) homeowner counseling service. The counseling agency also owns and sells real estate; however, I (we) are under no obligation to purchase real estate through this agency.

Authorization to Verify Credit

I (We) hereby authorize the counseling agency to obtain a soft pull credit report through the agency's partnership with CoreLogic Credco. (Passed on Cost to the client.) The counseling agency also has my (our) authorization to verify my/our bank accounts, employment, credit history, outstanding debt, including my present or previous mortgages as needed.

Privacy Policy

The Affordable Housing Program at Tejano Center for Community Concerns values your trust and is committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed. Your personal information will be provided to creditors, program monitors, and others only with your authorizations and signature on the Foreclosure Intervention Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Information We Collect

We collect personal information to support our housing counseling and to aid you in the services you desire. We collect personal information about you from the following sources:

- Information that we receive from you orally, on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

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

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your-transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.
- We may also disclose personal information about you to third parties as permitted by law.

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know the information to provide services to you and to help them do their jobs aiding you in obtaining housing counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. Our safeguards comply with federal regulations to guard your personal information.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). **If you chose to “opt-out” please request the Affordable Housing staff provide you with the Privacy Choices form.** Once you filled out the form please send it back to the Affordable Housing Program office at 2950 Broadway Street, Houston, TX 77017. Please allow approximately 30 days from our receipt of your Privacy Choices form for it to become effective.

Project Reinvest Financial Capability Authorization *(only applicable to clients receiving this service)*

1. I understand that Tejano Center Affordable Housing Program provides financial capability counseling/coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand that Tejano Center Affordable Housing Program submits client-level information relating to the Project Reinvest: Financial Capability grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.
3. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
4. I give permission for Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
5. I acknowledge that I have received a copy of Tejano Center Affordable Housing Program’s Privacy Policy.
6. I may be referred to other services of the organization, another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
7. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
8. I understand that **Tejano Center for Community Concerns** provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Tejano Center for Community Concerns in no way obligates me to choose any of these particular loan products or housing programs.

Print Applicant’s Name

Print Co-Applicant’s Name

Primary Applicant’s Signature

Date

Co-Applicant’s Signature

Date





Affordable Housing Program
2950 Broadway Street
Houston, TX 77017
PHONE: (713) 673-1080
EMAIL: housing@tejanocenter.org

Authorization to Disclose

Borrower's Name: _____ **Last Four Social Security Numbers:** _____

Co- Borrower's Name: _____

Property Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____

Lender/Servicer: _____

Mortgage Loan Number: _____

HOUSING COUNSELORS: Gabriela Hernandez

I authorize Tejano Center for Community Concerns Affordable Housing Program staff and NFMC Grantee; UnidosUS employee Jorge Rivera to speak on my behalf regarding my loan with my lender and with whoever has servicing responsibilities for my loan.

I also authorize the lender/servicer handling my loan/escrows/insurance settlements to discuss my loan with Tejano Center for Community Concerns Affordable Housing Program staff and NFMC Grantee. This authorization is good until revoked in writing by the client.

I authorize Tejano Center for Community Concerns to pull my credit report 2 to 3 times within the next 3 yrs. To evaluate my credit for housing counseling purposes.

I authorize the lender and/or servicer to notify Tejano Center for Community Concerns in the event that my loan payments become delinquent in the future, if the lender or servicer chooses to provide this service.

This authorization expires one year from date signed.

Primary Client's Signature

Date

Co-Client's Signature

Date





Affordable Housing Program

2950 Broadway Street

Houston, TX 77017

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Statement of Non Obligation

The Affordable Housing Program at Tejano Center for Community Concerns is a HUD Approved nonprofit counseling agency. Tejano Center for Community Concerns offers an array of services to meet the needs of our clients and the community at large. These are the services Tejano Center for Community Concerns provides, but not limited to:

Affordable Housing Program:

Pre Purchase Homebuyer Education Workshop: Eight hour group education class which covers the home buying process.

Pre Purchase Counseling: Private individual counseling to assess mortgage readiness & assistance eligibility.

Financial Management/ Budget Counseling: Private individual counseling to address any issues related to homeownership.

Mortgage Delinquency and Default Resolution Counseling: Private individual counseling to address retention and/or disposition housing options.

- Baylor College of Medicine Teen Health Clinic
- Nueva Vida Elderly Housing
- Juvenile Justice Diversion Program
- Raul Yzaguirre Schools for Success
- Child Placing Agency
- Adult Education Services

Tejano Center for Community Concerns also has financial arrangements, but not limited to:

- Bank of America
- BBVA Compass
- Community Bank
- Capital One
- Chase
- eHomeAmerica
- National Council of La Raza
- NeighborWorks America
- OCWEN Loan Servicing
- Wells Fargo Bank

Tejano Center's Affordable Housing Program is an impartial service provider and will in no way pressure clients to purchase Tejano Center homes, utilize an affiliate or any of our current or future services. You may find other housing agencies offering similar services by visiting www.hud.gov/housingcounseling

Client Agreement

I (We) understand that participation in any of Tejano Center for Community Concerns services does not obligate me (us) to receive any of the other Tejano Center for Community Concern services or from any of their exclusive partners. I (We) also understand that I (we) have the right to freely choose my own house, lender, and/or any other type of service related to my counseling process. I (we) also understand that Tejano Center for Community Concerns is not obligated to sell a home or provide any of the other services to me(us).

Print Applicant's Name

Print Co-Applicant's Name

Applicant's Signature

Date

Co-Applicant's Signature

Date



Housing	Amount
Mortgage Payment	
Homeowner's Association	
Other: _____	
Utilities	
Electric	
Natural Gas	
Water/Sewer/Trash	
Telephone	
Cell Phone	
Cable/Satellite	
Internet	
Transportation	
Car Payment #1	
Car Payment #2	
Gasoline	
Car Insurance	
Car Repair & Maintenance	
Public Transportation	
Parking & Tolls	
Food	
Groceries	
Eating Out	
School Lunches	
Work Related (lunches and snacks)	
Insurance	
Health (medical/dental if not payroll deducted)	
Life	
Disability/Accidental	
Medical	
Doctor	
Dentist	
Prescriptions	
Other: _____	
Child Care	
Childcare or babysitter	
Child support/Alimony	
Children Allowance	
Other: _____	

Applicant

Entertainment	Amount
Movies, Concerts, etc.	
Video Rentals	
Clothing	
Clothing	
Laundry/Dry Cleaning	
Donations	
Tithe/Church	
Charity	
Education	
Tuition & Lessons	
Books, papers, & supplies	
Newspapers & magazines	
Other: _____	
Gifts	
Birthdays	
Holidays	
Family \$ Contributions	
Personal	
Barber & Beauty Shop	
Personal Care Products	
Tobacco/wine/liquor	
Household/Cleaning Products	
Other: _____	
Miscellaneous	
Home Maintenance/Furnishings	
Checking/Saving acct. fees	
Pet Care & Supplies	
Debts	
Student Loans	
Credit Card #1	
Credit Card #2	
Credit Card #3	
Credit Card #4	
Credit Card #5	
Personal Loans	
Other: _____	
Other: _____	
Other: _____	

Co-Applicant