



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 as well as checklist of documents you will need to provide copies of. Once your checklist is completed, return the entire packet along with a check or money order, payable to HOPE, which will cover the cost of pulling a credit report. A breakdown of the cost of pulling the report is provided below; if you cannot pay this amount, please contact the program counselor for further assistance.

Credit Report Fee*

Individual Report – unmarried applicant(s)	\$18.40 per applicant
Joint Report – married applicants	\$36.80

*These fees are subject to change.

STEP 2 – Attend an appointment with a housing counselor to develop your individual plan for homeownership.

Once we receive your completed information packet, the counselor will contact you to set up an initial appointment. At this appoint the counselor will review your spending plan and credit report with you and assess your housing goals. The counselor will help you understand any credit problems which may need to be addressed and help you establish a plan to begin to correct those credit issues.

STEP 3 - Attend a Homebuyer Education Workshop.

These workshops are required when participating in the Pre-purchase Homeownership Planning program. Homebuyer Education workshops will be offered in a classroom-style setting at HOPE's Wytheville office on a pre-determined schedule. If you are unable to attend a pre-scheduled workshop, you may complete the required educational components through one-on-one counseling sessions working around your schedule.

STEP 4 – Preparing to purchase a home.

There are several factors that will help determine when you are ready to apply for a loan and begin shopping for a house. Depending on your credit worthiness and income the process can move fairly quickly or may take a bit of time. The chart below will give an idea of what timeframe to expect based on where you are at today.

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



Return completed form to Amanda Romans
 Office: 680 W Main Street, Wytheville VA
 Mail: PO Box 743, Wytheville VA 24382
 Fax: (276) 228-0508
 Email: aromans@wythehope.org

PRE-PURCHASE HOMEOWNERSHIP PLANNING INFORMATION FORM

Contact Information

APPLICANT	CO-APPLICANT
Name:	Name:
Date of Birth:	Date of Birth:
Social Security Number:	Social Security Number:
Home Phone:	Home Phone:
Alternate Phone:	Alternate Phone:
Email Address:	Email Address:
Current Mailing Address:	Current Mailing Address: <input type="checkbox"/> Same As Applicant

Homeownership Interest

Where are you at in the home buying process?

I have a contract to purchase a house.
 I am working with a realtor to find a house.
 I want to repair my credit so I can purchase a house.
 I am interested in one of HOPE's housing developments.
 I want information about the home buying process.
 Other: _____

What type of home are you considering? (Check all that apply)

pre-existing stick built home
 pre-existing modular home
 used manufactured home
 newly constructed stick built home
 new constructed modular home
 new manufactured home

How did you hear about us? (Check all that apply)

Website
 Community Presentation/Speaker
 Flyer/Real Estate Guide
 Housing Fair
 Lender
 Press Release
 Radio/TV/Newspaper Ad
 Real Estate Agent
 Section 8
 Class
 Walk-in
 Other: _____

Residential History

APPLICANT	CO-APPLICANT
Current Physical Address: <input type="checkbox"/> Same As Mailing	Current Physical Address: <input type="checkbox"/> Same As Mailing
Current Living Situation: <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family <input type="checkbox"/> Own <input type="checkbox"/> Other: _____	Current Living Situation: <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family <input type="checkbox"/> Own <input type="checkbox"/> Other: _____
Monthly Rent/Mortgage Payment: \$	Monthly Rent/Mortgage Payment: \$
Length of time at this address? Years Months	Length of time at this address? Years Months
Previous Address within Past Two Years: <input type="checkbox"/> Not Applicable	Previous Address within Past Two Years: Not Applicable
Previous Living Situation: <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family <input type="checkbox"/> Own <input type="checkbox"/> Other: _____	Previous Living Situation: <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family <input type="checkbox"/> Own <input type="checkbox"/> Other: _____

Demographic Information

APPLICANT	CO-APPLICANT
Race: <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	Race: <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
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship: <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?	Citizenship: <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?
Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Education Level Completed: <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	Highest Education Level Completed: <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
Have you owned a home in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you owned a home in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check All That Apply: <input type="checkbox"/> Head of Household <input type="checkbox"/> Female Head of Household <input type="checkbox"/> Single Head of Household	Check All That Apply: <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
Current Employer Name: Address: Contact Number: Position/Title: Start Date: End Date:	Current Employer Name: Address: Contact Number: Position/Title: Start Date: End Date:
Previous Employer within Past Two Years Name: Address: Start Date: End Date:	Previous Employer within Past Two Years Name: Address: Start Date: End Date:
Previous Employer within Past Two Years Name: Address: Start Date: End Date:	Previous Employer within Past Two Years 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
<p>Negative Activity (check all that apply)</p> <p> <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 </p> <p>Potential Credit Barriers</p> <p> <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 </p>	<p>Negative Activity (check all that apply)</p> <p> <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 </p> <p>Potential Credit Barriers</p> <p> <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 </p>

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 _____
 Signature _____

Print Name
 Print Name

Date
 Date



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).

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:	
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	



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

PRIVACY NOTICE

Helping Overcome Poverty's Existence 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 of yourself.

Signature: _____

Date: ____/____/____

Signature: _____

Date: ____/____/____



Consent to Exchange Information and Release of Information

RE: _____

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
---------------------------------	--------------------------------	--	---------------------------------	--------------------------------	---	---------------------------------	--------------------------------	---

(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	Dept of Housing & Urban Development	DHCD – Virginia Department of Housing and Community Development
Other HOPE Partner Agencies	Other:	Other:	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) _____