



Welcome,

Thank you for choosing the **Homeownership Program** to help you fulfill your dream of becoming a homeowner. We have the tools it takes to help make your dream become a reality.

By completing this packet of information we will provide **FREE housing counseling** that will help you take the steps you need to meet your goal.

Inside this packet you will find a **housing counseling application and a checklist of information** that will need to be returned to process your application. This application must be filled out completely. If you have questions, please contact the **Homeownership Department at 479-785-2303** for application assistance.

This **application and supporting documentation** may be dropped off **in a sealed envelope**, marked **HOMEOWNERSHIP** at our office **Monday - Friday 8:00 am - 4:30 pm** at the **drop box in the front of the building**. You may also mail or email this information to the address below. A housing counselor will contact you upon processing your application.

We are excited to take the homeownership journey with you and look forward to helping you reach your dreams. There are so many possibilities ahead!

Congratulations! You just took the first step to becoming a homeowner!

Homeownership & Asset Development Center

CRAWFORD-SEBASTIAN COMMUNITY DEVELOPMENT COUNCIL, INC.
1617 South Zero, P O Box 180070, Fort Smith, AR 72918
479-785-2303 Fax 479-784-9029

Confidentiality Statement
Information shared with C-SCDC
staff will be kept strictly
confidential. These forms will be
maintained in locked files.

Client #1 Head of Household (HoH):

First Name: _____ Last Name: _____
Current Residential Address: _____
City, State, Zip: _____
County: _____ SS#: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Total Persons in Household: _____ Gender: _____ (M/F) Age: _____
Birthdate: _____ Education: _____ Marital Status: _____
Preferred Language: _____
Race: _____ Is Hispanic? (Ethnicity): _____ (Y/N)
Veteran: _____ (Y/N) Active Military? _____ (Y/N) Disabled: _____ (Y/N)
Disabled Dependent: _____ (Y/N) Health Insurance: _____ (Y/N)
Health Insurance Sources:
_____ Medicaid _____ Medicare
_____ State Children's Health Insurance Program _____ State Health Insurance for Adults
_____ Military Health Care _____ Direct-Purchase
_____ Employment Based
Work Status (individuals 18+): _____ Employed Full-Time _____ Empl. Part-Time
_____ Migrant Seasonal Farm Worker _____ Unemployed (not in labor force)
_____ Unemployed (Short-Term 6 months or less) _____ Retired
_____ Unemployed (Long-Term more than 6 months)
Gross Household Yearly Income(Income before taxes from all sources): \$ _____

Client #2 (Spouse/Other Adult only)

First Name: _____ Last Name: _____
SS#: _____ Preferred Language: _____
Education: _____ Race: _____ Is Hispanic? (Ethnicity): _____ (Y/N)
Gender: _____ (M/F) Birthdate: _____ Age: _____
Veteran: _____ (Y/N) Active Military? _____ (Y/N) Disabled: _____ (Y/N)
Disabled Dependent: _____ (Y/N) Health Insurance: _____ (Y/N)
Health Insurance Sources:
_____ Medicaid _____ Medicare
_____ State Health Insurance for Adults _____ Military Health Care
_____ Direct-Purchase _____ Employment Based
Work Status (individuals 18+): _____ Employed Full-Time _____ Empl. Part-Time
_____ Migrant Seasonal Farm Worker _____ Unemployed (not in labor force)
_____ Unemployed (Short-Term 6 months or less) _____ Retired
_____ Unemployed (Long-Term more than 6 months)

Client #3

First Name: _____ Last Name: _____
SS#: _____ Preferred Language: _____
Education: _____ Race: _____ Is Hispanic? (Ethnicity): _____ (Y/N)
Gender: _____ (M/F) Birthdate: _____ Age: _____
Veteran: _____ (Y/N) Active Military? _____ (Y/N) Disabled: _____ (Y/N)
Disabled Dependent: _____ (Y/N) Health Insurance: _____ (Y/N)
Health Insurance Sources:
_____ Medicaid _____ Medicare
_____ State Health Insurance for Adults _____ State Health Insurance for Adults
_____ Direct-Purchase _____ Military Health Care
_____ Employment Based
Work Status (individuals 18+): _____ Employed Full-Time _____ Empl. Part-Time
_____ Migrant Seasonal Farm Worker _____ Unemployed (not in labor force)
_____ Unemployed (Short-Term 6 months or less) _____ Retired
_____ Unemployed (Long-Term more than 6 months)

Client #4

First Name: _____ Last Name: _____
SS#: _____ Preferred Language: _____
Education: _____ Race: _____ Is Hispanic? (Ethnicity): _____ (Y/N)
Gender: _____ (M/F) Birthdate: _____ Age: _____
Veteran: _____ (Y/N) Active Military? _____ (Y/N) Disabled: _____ (Y/N)
Disabled Dependent: _____ (Y/N) Health Insurance: _____ (Y/N)
Health Insurance Sources:
_____ Medicaid _____ Medicare
_____ State Health Insurance for Adults _____ State Health Insurance for Adults
_____ Direct-Purchase _____ Military Health Care
_____ Employment Based

Client #5

First Name: _____ Last Name: _____
SS#: _____ Preferred Language: _____
Education: _____ Race: _____ Is Hispanic? (Ethnicity): _____ (Y/N)
Gender: _____ (M/F) Birthdate: _____ Age: _____
Veteran: _____ (Y/N) Active Military? _____ (Y/N) Disabled: _____ (Y/N)
Disabled Dependent: _____ (Y/N) Health Insurance: _____ (Y/N)
Health Insurance Sources:
_____ Medicaid _____ Medicare
_____ State Health Insurance for Adults _____ State Health Insurance for Adults
_____ Direct-Purchase _____ Military Health Care
_____ Employment Based

PURCHASE INFORMATION

Address of property being purchased: _____
City/State/Zip: _____
Lender/Bank: _____ Loan Officer: _____ Phone: _____
Realtor Name: _____ Phone: _____ Fax: _____
Title Company: _____ Phone: _____

I/we Certify that _____ persons intent to reside in our residence. _____ persons are over the age of 18. The home we are purchasing will be our principal residence. I also certify that the above person(s) that note "no income" have no income from any source.

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Signature of Head of Household

Date

Signature of Spouse/Other Adult

Date

The Homeownership and Asset Development Center

1617 South Zero Street - P O Box 180070
Fort Smith, AR 72918
Phone: 479-785-2303 Fax: 479-784-9029

Certification of Zero Income

(To be completed by adult household members only, if appropriate)

Household Name: _____

1 I HEREBY CERTIFY THAT I DO NOT INDIVIDUALLY RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

- A. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- B. Income from operation of a business;
- C. Rental income from real or personal property;
- D. Interest or dividends from assets;
- E. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- F. Unemployment or disability payments
- G. Public Assistance Payments;
- H. Periodic allowances such as alimony, child support, or monthly gifts received from persons not living in my household;
- I. Sales from self-employed resources (Avon, Mary Kay, etc);
- J. Any other source not named above.

2 I currently have no income of any kind and there is no imminent change expected in my financial status or employment status.

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENTS OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTICIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTICIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINE UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."

Signature of Household Member

Printed Name

Date

A program of Crawford-Sebastian Community Development Council, Inc.
Affirmative Action/Equal Opportunity Employer



The Homeownership and Asset Development Center

1617 South Zero Street - P O Box 180070
Fort Smith, AR 72918
Phone: 479-785-2303 Fax: 479-784-9029

Certification of No Child Support Income

(To be completed by adult household members only, if appropriate)

Household Name: _____

- 1 I hereby certify that I have ____ child or children under the age of 18, but I do not receive child support from the absent parent.
- 2 Please check the one that applies to your situation:
 - a. _____ I have a court order child support, but I do not receive any child support income.
 - b. _____ I don't have a court ordered child support, and I do not receive any child support income.
- 3 When was the last time you received any child support income from the absent parent?
_____ How much? _____

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENTS OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTICIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTICIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FIND UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."

Signature of Household Member

Printed Name

Date

A program of Crawford-Sebastian Community Development Council, Inc.
Affirmative Action/Equal Opportunity Employer



MONTHLY BUDGET WORKSHEET

Client: _____

Date: _____

EXPENSES		ESTIMATED MONTHLY
Rent		\$
UTILITIES:	Gas/Oil	\$
	Electricity	\$
	Water, Sewer	\$
	Phone	\$
Food		\$
Cleaning Supplies		\$
Cable TV/Internet		\$
Eating Out		\$
Laundry		\$
Personal/Toiletries (Diapers, etc)		\$
Gasoline		\$
Clothing		\$
Hair Care		\$
Tobacco/Alcohol		\$
Entertainment		\$
Prescriptions		\$
Medical Bills		\$
Church/Charity		\$
Child Support		\$
Car Insurance		\$
Pet Care		\$
Misc.		\$
Debt Repayments		\$
Car Payment		\$
Credit Card Payments		\$
Personal Loans/Student Loans		\$
Other Expenses		\$

TOTAL INCOME: \$ _____

MINUS TOTAL EXPENSES \$ _____

BALANCE SURPLUS (+) \$ _____

OR DEFICIT (-) \$ _____

The Homeownership and Asset Development Center

Housing Counseling Disclosure

Crawford-Sebastian Community Development Council, Inc. is a non-profit HUD approved housing counseling agency. These counseling services such as homebuyer education courses, one-on-one credit review and loan preparation counseling are at no charge to you. We recommend different mortgage options or programs to you as a result of this counseling; however, YOU are free to choose your lender, lending products, home and down payment assistance program if you qualify, regardless of the recommendation made by your counselor.

While C-SCDC does offer several programs such as down payment assistance, homes that we have for sale and partnerships with lenders for special loan products, you are at no obligation to use any of those additional services. Some of our down payment assistance programs do require administrative fees that are paid at closing. These fees are paid out of grant funds given to you at closing and are only charged if you close on your home. HUD may look at your file when C-SCDC has their annual review by HUD.

Counseling Program: HUD

Date: _____

***I acknowledge receipt of this disclosure and verify that I/we are receiving counseling from C-SCDC in the following areas:**

<input checked="" type="checkbox"/> Credit Review Counseling	<input checked="" type="checkbox"/> Individual Income Counseling
<input checked="" type="checkbox"/> Prepared a monthly budget	_____ Pre-Purchase & DPA
_____ Refresher Homebuyers Course	

***I acknowledge that I/we are receiving information from C-SCDC in the following areas:**

- ☒ For Your Protection: Get a Home Inspection & Ten Important Questions to ask your Home Inspector:
- ☒ Privacy Policy and Practices of C-SCDC
- ☒ Housing Services & Fees Price List

Print Name

Signature

**PRIVACY POLICY AND PRACTICES OF
Crawford-Sebastian Community Development Council, Inc.**

Home Ownership and Asset Development Center

We at Crawford-Sebastian Community Development Council, Inc – Home Ownership and Asset Development Center value your trust and are 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.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you 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 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:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as 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 that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial 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. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box below to indicate your privacy choice.

I do _____, or do not _____ allow disclosure of my personal information to unaffiliated 3rd parties (Lenders, Realtors, etc.)

Client #1

Client #2

Date

CONSUMER AUTHORIZATION AND RELEASE

I hereby authorize CoreLogic Credco, LLC ("CREDCO" or "FAC") to obtain my/our tri-merged consumer report, credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my counseling agency, Crawford-Sebastian Community Development Council (hereinafter collectively referred to as "Counselor") for Counselor to review for the purposes of providing housing counseling services, and/or information inquiry purposes. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

I acknowledge that the Report is provided "AS IS" and that CREDCO makes no representation or warranty, express or implied, including, but not limited to, implied warranties of merchantability or fitness for a particular purpose and implied warranties arising from a course of dealing or a course of performance with respect to the accuracy, validity or completeness of the report or that it will meet my needs and CREDCO expressly disclaims all such representations and warranties.

I recognize that the accuracy, validity or completeness of the Report provided by CREDCO is not guaranteed by CREDCO and I hereby release CREDCO and CREDCO's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "CREDCO's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss damages, expenses, costs or obligation of any kind of nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

If one or more of the provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity or illegality or unenforceability will not affect any provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

I authorize the Counselor to discuss with my lender my qualifications and terms of loan. I also, authorize Counselor to release information regarding my credit, income, or qualification assistance to lenders where I have applied for a home mortgage and to funders which provide assistance to homebuyers.

Please check one: I do ☐ or I do not ☐ authorize C-SCDC to give specific information about my loan to my realtor.

My Realtor's name is (if applicable): _____

There is no expiration date to this form. Copy is deemed as original.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Client #1:

Date:

Client #2: _____ Date _____

A program of Crawford-Sebastian Community Development Council, Inc.
Affirmative Action/Equal Opportunity Employer



For Your Protection Get a Home Inspection

You must make a choice on getting a Home Inspection. It is not done automatically.

You have the right to examine carefully your potential new home with a professional home inspector. But a home inspection is not required by law, and will occur only if you ask for one and make the arrangements. You may schedule the inspection for before or after signing your contract. You may be able to negotiate with the seller to make the contract contingent on the results of the inspection. For this reason, it is usually in your best interest to conduct your home inspection as soon as possible if you want one. In a home inspection, a professional home inspector takes an in-depth, unbiased look at your potential new home to:

- ☒ Evaluate the physical condition; structure, construction, and mechanical systems;
- ☒ Identify items that need to be repaired and
- ☒ Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

The Appraisal is NOT a Home Inspection and does not replace an inspection.

An appraisal estimates the market value of the home to protect the lender. An appraisal does not examine or evaluate the condition of the home to protect the homebuyer. An appraisal only makes sure that the home meets FHA and/or your lender's minimum property standards. A home inspection provides much more detail.

FHA and Lenders may not Guarantee the Condition of your Potential New Home

If you find problems with your new home after closing, neither FHA nor your lender may give or lend you money for repairs. Additionally, neither FHA nor your lender may buy the home back from you. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

Your Home Inspector may test for Radon, Health/Safety, and Energy Efficiency

EPA, HUD and DOE recommend that houses be tested and inspected for radon, health and safety, and energy efficiency, respectively. Specific tests are available to you. You may ask about tests with your home inspection, in addition to the structural and mechanical systems inspection. For more information: Radon - call 1-800-SOS-Radon; Health and Safety - see the HUD Healthy Homes Program at www.HUD.gov; Energy Efficiency - see the DOE Energy Star Program at www.energystar.gov.

Selecting a Trained Professional Home Inspector

Seek referrals from friends, neighbors, other buyers, realtors, as well as local listings from licensing authorities and local advertisements. In addition, consult the American Society of Home Inspectors (ASHI) on the web at: www.ashi.org or by telephone at: 1-800-743-2744.

I/We have read this document and understand that if I/we wish to get a home inspection, it is best to do so as soon as possible. The appraisal is not a home inspection. I/we will make a voluntary choice whether to get a home inspection. A home inspection will be done only if I/we ask for one and schedule it. Your lender may not perform a home inspection and neither FHA nor your lender may guarantee the condition of the home. Health and safety tests can be included in the home inspection if I/we choose.

(Signed) Homebuyer

Date

(Signed) Homebuyer

Date

Public reporting burden for this collection is estimated at an average of 30 minutes to review the inspections, find the information, and complete this form. This agency cannot conduct or sponsor a collection of information unless a valid OMB number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB numbers can be located on the OMB Internet page at <http://www.whitehouse.gov/library/OMBINVC.html> - HUD if desired you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



HUD-92564-CN (expiration)

Housing Counseling Application Check List

Homeownership and Asset Development
Center 1617 South Zero Street
Fort Smith, AR 72901
(479) 785-2303

ALL ADULTS OVER THE AGE OF 18 MUST SIGN THESE DOCUMENTS
AND REPORT ALL INCOME

- ☐ Completed, Signed, and Dated Application
- ☐ Completed and Signed Privacy Policy and Practices Form
- ☐ Signed Housing Counseling Disclosure Form
- ☐ Signed and Dated Consumer Authorization and Release Form
- ☐ Signed and Dated For Your Protection: Get a Home Inspection Form
- ☐ Completed Monthly Household Budget Form

ALL Applicants

- ☐ Copy of ID or Driver's License for ALL Applicants
- ☐ Copy of Social Security Cards for ALL Applicants
- ☐ Copy of ALL Household Income
 - * Last 4 pay stubs
 - *Last declaration letter for Social Security/SSI or VA Benefits
 - *Child Support/Court Order/Divorce Decree/or Bank Statements showing proof of Child Support received.
 - *Self-Employment - last 2 years tax returns
 - *Any other form of income

Your application will not be processed until, we have all of the forms thoroughly completed, signed, dated, attached with copies of ALL household income, I.D. or Driver's License, and Social Security Cards for ALL applicants.