



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 application package we will provide **FREE housing counseling** that will help you take the steps you need to meet your goal of being a homeowner.

**All of our housing programs require that you have income and are income based programs.**

Inside this packet you will find a **housing counseling application and a checklist of information** that **MUST** be returned to process your application. **This application must be filled out completely and all supporting documentation provided.**

Please contact the **Homeownership Department** at **479-785-2303, ext. 101** for application assistance or **if you need other methods of providing supporting documents. We can provide you other options.**

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 St., PO Box 180070, Fort Smith, AR 72918

479-785-2303

**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 Code	County	
Home Phone	Cell Phone	Marital Status		
Email				
Date of Birth	Age	Social Security No.	Gender	Race
Preferred Language		Education	Hispanic or Non-Hispanic	
<b><u>Answer Yes or No to the following:</u></b>				
Veteran: _____	Active Military: _____	Disabled: _____		
Disabled Dependent: _____		Health Insurance: _____		
<b><u>Health Insurance Source:</u></b>				
Medicaid	Medicare	Employment Based	Direct Purchase	
State Children's Health Insurance		State Adults Health Insurance		
<b><u>Work Status:</u></b>				
Employed Full-Time	Employed Part-Time	Migrant Seasonal		
Unemployed (Not in Labor Force)		Unemployed (6 mo. or less)		
Unemployed (Over 6 mo.)				
Employer	Hire Date	Job Title		

**Client #2 Co-Applicant:**

First Name		Last Name		
Current Residential Address				
City	State	Zip Code	County	
Home Phone	Cell Phone	Relationship to HoH		
Email				
Date of Birth	Age	Social Security No.	Gender	Race
Preferred Language		Education	Hispanic or Non-Hispanic	
<b><u>Answer Yes or No to the following:</u></b>				
Veteran: _____	Active Military: _____	Disabled: _____		
Disabled Dependent: _____		Health Insurance: _____		
<b><u>Health Insurance Source:</u></b>				
Medicaid	Medicare	Employment Based	Direct Purchase	
State Children's Health Insurance		State Adults Health Insurance		
<b><u>Work Status:</u></b>				
Employed Full-Time	Employed Part-Time	Migrant Seasonal		
Unemployed (Not in Labor Force)		Unemployed (6 mo. or less)		
Unemployed (Over 6 mo.)				
Employer	Hire Date	Job Title		

**Client #3 Other Adult** (18 and Over Living in the Household)

First Name		Last Name		
Current Residential Address				
City	State	Zip Code	County	
Home Phone	Cell Phone	Relationship to HoH		
Email				
Date of Birth	Age	Social Security No.	Gender	Race
Preferred Language		Education	Hispanic or Non-Hispanic	
<b><u>Answer Yes or No to the following:</u></b>				
Veteran: _____	Active Military: _____	Disabled: _____		
Disabled Dependent: _____		Health Insurance: _____		
<b><u>Health Insurance Source:</u></b>				
Medicaid	Medicare	Employment Based	Direct Purchase	
State Children's Health Insurance		State Adults Health Insurance		
<b><u>Work Status:</u></b>				
Employed Full-Time	Employed Part-Time	Migrant Seasonal		
Unemployed (Not in Labor Force)		Unemployed (6 mo. or less)		
Unemployed (Over 6 mo.)				
Employer	Hire Date	Job Title		

**Client #4 Other Adult** (18 and Over Living in the Household)

First Name		Last Name		
Current Residential Address				
City	State	Zip Code	County	
Home Phone	Cell Phone	Relationship to HoH		
Email				
Date of Birth	Age	Social Security No.	Gender	Race
Preferred Language		Education	Hispanic or Non-Hispanic	
<b><u>Answer Yes or No to the following:</u></b>				
Veteran: _____	Active Military: _____	Disabled: _____		
Disabled Dependent: _____		Health Insurance: _____		
<b><u>Health Insurance Source:</u></b>				
Medicaid	Medicare	Employment Based	Direct Purchase	
State Children's Health Insurance		State Adults Health Insurance		
<b><u>Work Status:</u></b>				
Employed Full-Time	Employed Part-Time	Migrant Seasonal		
Unemployed (Not in Labor Force)		Unemployed (6 mo. or less)		
Unemployed (Over 6 mo.)				
Employer	Hire Date	Job Title		

Signature Client 1 Head of Household (HoH) \_\_\_\_\_ Date \_\_\_\_\_

Signature Client 2 (Co-Applicant) \_\_\_\_\_ Date \_\_\_\_\_

Signature Client 3 Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Signature Client 4 Other Adult \_\_\_\_\_ Date \_\_\_\_\_

**Child #1**

_____		_____		
First Name		Last Name		
_____	_____	_____	_____	_____
Date of Birth	Age	Social Security No.	Gender	Race
_____		_____		
Relationship to HoH		Education Level		Hispanic or Non-Hispanic
Disabled- Yes No	Health Insurance- Yes No		_____	
<u>Health Insurance Source:</u>				
Medicaid Medicare	Employer Based State Children's Health Insurance		Direct Purchase	

**Child #2**

_____		_____		
First Name		Last Name		
_____	_____	_____	_____	_____
Date of Birth	Age	Social Security No.	Gender	Race
_____		_____		
Relationship to HoH		Education Level		Hispanic or Non-Hispanic
Disabled- Yes No	Health Insurance- Yes No		_____	
<u>Health Insurance Source:</u>				
Medicaid Medicare	Employer Based State Children's Health Insurance		Direct Purchase	

**Child #3**

_____		_____		
First Name		Last Name		
_____	_____	_____	_____	_____
Date of Birth	Age	Social Security No.	Gender	Race
_____		_____		
Relationship to HoH		Education Level		Hispanic or Non-Hispanic
Disabled- Yes No	Health Insurance- Yes No		_____	
<u>Health Insurance Source:</u>				
Medicaid Medicare	Employer Based State Children's Health Insurance		Direct Purchase	

**Child #4**

_____		_____		
First Name		Last Name		
_____	_____	_____	_____	_____
Date of Birth	Age	Social Security No.	Gender	Race
_____		_____		
Relationship to HoH		Education Level		Hispanic or Non-Hispanic
Disabled- Yes No	Health Insurance- Yes No		_____	
<u>Health Insurance Source:</u>				
Medicaid Medicare	Employer Based State Children's Health Insurance		Direct Purchase	

**Child #5**

_____		_____		
First Name		Last Name		
_____	_____	_____	_____	_____
Date of Birth	Age	Social Security No.	Gender	Race
_____		_____		
Relationship to HoH		Education Level		Hispanic or Non-Hispanic
Disabled- Yes No	Health Insurance- Yes No		_____	
<u>Health Insurance Source:</u>				
Medicaid Medicare	Employer Based State Children's Health Insurance		Direct Purchase	

**Child #6**

_____		_____		
First Name		Last Name		
_____	_____	_____	_____	_____
Date of Birth	Age	Social Security No.	Gender	Race
_____		_____		
Relationship to HoH		Education Level		Hispanic or Non-Hispanic
Disabled- Yes No	Health Insurance- Yes No		_____	
<u>Health Insurance Source:</u>				
Medicaid Medicare	Employer Based State Children's Health Insurance		Direct Purchase	

**Household Information**

Type of counseling requesting (check All that Apply)  
Rental Homeownership Other

<b><u>Income &amp; Childcare</u></b>			
Total Number in Household: _____			
Gross Yearly Income (Income before taxes from ALL sources) \$ _____			
<b><u>Child Support</u></b>			
I(we) receive child support in the amount \$ _____			
Client receiving _____			
How often do you receive: Weekly Bi-Weekly Monthly			
I(we) do not receive child support			
<b><u>Unemployment</u></b>			
I(we) receive unemployment income in the amount of \$ _____ weekly			
Client receiving _____			
I(we) do not receive unemployment			
<b><u>Childcare</u></b>			
Childcare Expenses (children under age 12) \$ _____			
How often do you pay: Weekly Bi-Weekly Monthly			
I do not have child care expenses			

<b><u>Rental</u></b>	
<b>I'm currently receiving rental assistance</b>	
Project-Based Voucher: _____	Name of Apartment complex _____
Tenant-Based Voucher: \$ _____	Amount Received _____
<b>I'm NOT currently receiving rental assistance</b>	
I would like to assistance with the application for Housing Voucher.	
I do not need a Housing Voucher	

<b><u>Homeownership</u></b>	
<b>I'm currently a homeowner and in need of counseling</b>	
What type of mortgage do you have- FHA VA USDA Other _____	
I would like to receive counseling for (Check All that Apply)	
Preventing delinquency	Home Maintenance Budgeting
Other _____	
<b>I'm not currently a homeowner</b>	

<b><u>Other</u></b>	
Type of counseling or class are you interested in (Check All that Apply)	
Credit repair	Budgeting Financial
Other _____	

Signature Client 1 Head of Household (HoH)	_____	Date	Signature Client 2 (Co-Applicant)	_____	Date
Signature Client 3 Other Adult	_____	Date	Signature Client 4 Other Adult	_____	Date



# 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:**

- |  |   |
|--|---|
| _____ Credit Review Counseling<br>Assess credit reports and understanding credit scores    | _____ Individual Income Counseling<br>Personalized Financial strategies and goals |
| _____ Prepared a monthly budget<br>Create a spending plan that helps to meet housing goals | _____ Pre-Purchase & DPA<br>Navigate mortgage options and assistance programs     |
| _____ Refresher Homebuyers Course<br>Understanding the homebuying process and your rights  |   |

**\*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

\_\_\_\_\_  
Signature: Head of Household (HoH)

\_\_\_\_\_  
Signature: Co-Applicant



**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.)

\_\_\_\_\_  
Signature: Head of Household (HoH)

\_\_\_\_\_  
Signature: Co-Applicant

\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature: Head of Household (HoH)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Client #3

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Client #4

\_\_\_\_\_  
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 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?

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

Household Name: \_\_\_\_\_

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

<b>Income</b>		<b>Expenses</b>	
Monthly Net Income	\$ _____	<b>Living Expenses</b>	
		Rent	\$ _____
		Gas/Oil	\$ _____
		Electricity	\$ _____
		Water, Sewer	\$ _____
		Phone	\$ _____
		Food	\$ _____
		Cleaning Supplies	\$ _____
		Cable TV/Internet	\$ _____
		Eating Out	\$ _____
		Laundry	\$ _____
		Personal/Toiletries (Diapers, etc)	\$ _____
		Gasoline	\$ _____
		Clothing	\$ _____
		Hair Care	\$ _____
		Magazines/Books	\$ _____
		Tobacco/Alcohol	\$ _____
		Entertainment	\$ _____
		Prescriptions	\$ _____
		Medical Bills	\$ _____
		Church/Charity	\$ _____
		Child Support	\$ _____
		Car Insurance	\$ _____
		Pet Care	\$ _____
		Misc.	\$ _____
		<i>TOTAL LIVING EXPENSES</i>	\$ _____
		<b>Debt Repayments</b>	<b>%</b>
		Car Payment	\$ _____
		Credit Card Payments	\$ _____
		Other	\$ _____
		Student Loans Balance:	<div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></div> \$ _____
		<b>Total Debt with student loan debt</b>	<b>\$ _____</b>
Total Income	\$ _____		
<b>Surplus/Deficit</b>	<b>\$ _____</b>		

# **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

Completed Monthly Household Budget Form

### **ALL Applicants (Including Children)**

Copy of ID or Driver's License

Copy of Social Security Cards

Copy of ALL Household Income ( All that apply)

\* 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.**