



Dear Home Buyer,

Thank you for choosing MakingChange for Housing Counseling. We hope to help you make one of the most important purchases of your life.

MakingChange is providing homebuyer education for your benefit and our primary responsibility is to you. While you may learn about homeownership, rental or development opportunities from the housing counseling staff, you are under no obligation to purchase any properties or services as a condition of receiving services from MakingChange. Housing Counselors will offer objective advice, if requested, about loan products for which your household may be eligible. Your household is free to select lenders and lending products of your own choosing. Furthermore, the information provided on this form does not constitute an application for mortgage financing, mortgage insurance or for down payment assistance programs.

We cannot issue certificates to clients who do not provide all required documents and complete an Intake Form.

Questions about Housing Counseling or scheduling your 1:1 appointment?

Please review <http://www.makingchangecenter.org>

If you wish to make a complaint about this agency, you must mail a signed and dated letter to the attention of the Executive Director. Prior to addressing or responding, MakingChange may present this complaint to the Board of Directors for review.

MakingChange is a non-profit agency and tax exempt 501(c) 3 IRS code.

Please consider making a tax deductible donation to MakingChange. All donations are voluntary.

FEE SCHEDULE

- MakingChange charges \$21 credit report fee for individuals and \$42 for joint.

Payment method accepted: Cash, Check or PayPal.

- MakingChange charges \$100 for the E-Home online homebuyer education.

Payment method accepted: Major Credit Cards & Pay Pal

PAYMENT RECEIVED: For: (Circle Service(s) Provided)

Cash/Check/PayPal/Other: _____ Counseling Service: \$100

_____ Credit Report: \$21/\$42

Amount: \$ _____

Received By: _____

(Staff Initials)



SERVICES

MakingChange provides the following Housing Counseling services:

- In Person Home Buyer Education Classes

Before you buy, meet with our HUD-certified housing counselors. Learn how to navigate home buying, lending, incentive programs and more! Receive your homeownership counseling certificate which qualifies you for Maryland State and Howard County down payment and closing cost assistance programs

- On Line Home Buyer Education Classes

EHOME AMERICA provides online Group Home Buyer Education broken into six modules. Work on your course at home, at work, at your favorite hangout—all you need is your computer, a tablet or phone and you can complete the course when it's convenient for you. You can log in and out as many times as necessary. Ehome America is the only online class accepted by MakingChange.

- Pre Purchase One-On-One Counseling

During this appointment you will meet with a counselor to prepare for your home purchase including review of your credit report, determine how much home you can afford and find out what down payment and closing cost assistance programs you may qualify for.

- Non-Delinquency Post Purchase Counseling

After you buy a home, we will review your budget and help you find savings and programs to maintain homeownership.

- Mortgage Delinquency and Default Resolution Counseling

HUD certified counselors will provide you with the information and assistance you need to cure your delinquency and help you to avoid foreclosure.

- Financial Management/ Budget Counseling

MakingChange is here to assist you. You may use services other than those services provided by this agency.

Your services may include the following:

- the gathering of essential demographic and financial information to help resolve your housing need
- an assessment of your housing situation
- a Client Plan that provides instructions and identifies resources
- individual face-to-face, telephone and/or group counseling designed to address your needs
- follow-up calls, emails, texts, and/or letters to track the outcome of our services



HOMEBUYER INTAKE FORM

APPLICANT <i>(Please Print Clearly)</i>		
First Name	M	Last Name
Address	Unit #	City State Zip
Home Number:	Work Number:	
Mobile/Cell:	Fax:	
Email:	Gender:	
Last 4 Digits of SSN:	Birth Date : ____/____/____	

Do you live in a rural area? (Please circle): Yes NO

Race (please circle):

- White
- Black or African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaskan Native and Black
- Other : _____

Ethnicity (please select "yes" or "no" for Hispanic Origin).

Hispanic? (Please circle): Yes No **Where were you born?** _____
(Name of Country)

Parentage: (please circle one):

- You are U.S. born and 1 or both of your parents are foreign born
- You are U.S. born but 1 or both grandparents foreign born
- You are foreign born
- You, your parents and grandparents are all U.S. born

Handicapped/Disabled? (Please circle): Yes No

Handicapped/Disabled Child? (Please circle): Yes No

Are you a United State Veteran? (Please circle): Yes No

Are you Active Military? (Please circle): Yes No

Household Type (please circle the most accurate)?

- Female headed single parent household
- Male headed single parent household
- Single adult
- Two or more unrelated adults
- Married with children
- Married without children
- Other
- Widow

Family/Household Size: _____ **Annual Income:** _____

How many dependents (other than those listed by any co-borrower)? _____

Are you Proficient in English? (Please circle): Yes No

Education (please circle one):

- Below High School Diploma
- H.S. Diploma or Equivalent
- Two-Year College
- Bachelor's Degree
- Master's Degree
- Above Master's Degree

Referred by (Please Circle all that apply)

- Newspaper
- Friend
- Internet/Website
- Walk in
- Government
- REALTOR: _____
- Print Advertisement
- Lender/Bank _____

Current Housing Arrangement (please circle one)

- Rent
- Homeowner with Mortgage Paid Off
- Homeless
- Homeowner with Mortgage
- Living with Family and no rent
- Other: _____

Employment Information Please circle:	
Part-Time or Full Time	Hire Date:
Primary Employer:	Title/Position:
Employer's Address: _____	
Street City State Zip Code	

Employers Phone: (____) _____ - _____ Gross Income (before taxes): \$ _____ (hourly – weekly – bi-weekly) Yes No
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If not employed, please list all sources of income, amount, and frequency Source	Amount (USD\$)		Frequency	
Lender Information	Address		Phone Number	
Name				
Email:				
REALTOR Information	Address		Phone Number	
Name				
Email:				

LIABILITIES/DEBT

If you have a household monthly budget – please bring it with you to your appointment.

BANKRUPTCY Are you currently in Chapter 13 bankruptcy? *Circle One: NO YES*
If yes, when did it begin? _____
If yes, when will it be paid out? _____
If yes, how much is the payment? _____
Have you had a Chapter 7 bankruptcy? *Circle One: NO YES*
If yes, when was it discharged? _____

<i>Please list the approximate value of the following:</i>	Co- Applicant
Applicant	
Checking account	
Savings account	
Cash	
CDs	
Securities	
Retirement account	
Other Liquid Assets	

HOLD HARMLESS

Please initial
_____ I shall not hold MakingChange or any of its directors, officers, employees, agents, or affiliates liable in connection with any activities undertaken or advice given by or on behalf of MakingChange, whether or not it is offered at my request. I assume all risk of such activities and advice and their results and consequences thereof.
_____ I further agree to indemnify and hold harmless MakingChange and its directors, officers, employees, and all others associated with it, in connection with any and all acts or omissions for any reason whatsoever, including but not limited to, negligence, with respect to consultation, technical advice, financial consulting, loan processing, property inspection and any and all other activities and advice.

CO-APPLICANT (Please Print Clearly)		
First Name	M	Last Name

Hire Date:	Primary Employer:
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Title/Position:	Employer's Address:
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Street City State Zip Code	Employers Phone: (____) ____-____
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Gross Income (before taxes): \$ (hourly – weekly – bi-weekly)	Please circle: Part-Time or Full Time
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Length of Employment:	Previous Employer:
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Title/Position:	Employer's Address:
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Street City State Zip Code	Employers Phone: (____) ____-____
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Gross Income (before taxes): \$ _____	(hourly – weekly – bi-weekly)
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MAKINGCHANGE CLIENT DISCLOSURE & PRIVACY POLICY FORM

MakingChange is here to assist you. You may use services other than those services provided by this agency. Your services may include the following:

- The gathering of essential demographic and financial information to help resolve your housing need
- An assessment of your housing situation
- A Client Plan that provides instructions and identifies resources
- Individual face-to-face, telephone and/or group counseling designed to address your needs
- Follow-up calls, emails, texts, and/or letters to track the outcome of our services

MakingChange upholds the highest standards of customer service. As such MakingChange staff will adhere to the following guidelines:

- MakingChange does not offer legal counsel or services.
- MakingChange employs person who are qualified to provide the services rendered.
- MakingChange will provide counseling, group education and/or instructional information only regarding your housing and personal financial management or credit situation under this program.
- MakingChange does not provide debt consolidation services nor will any member of the staff takeover or assume responsibility for the finances of any participating client.
- MakingChange does not pay or receive fees or other consideration for referrals to or from any program administered by us.
- MakingChange will not recommend that clients participate or engage in any services whereby the staff member themselves or any member of their immediate family have a financial interest.
- No staff member of MakingChange will disclose any personal information without proper authorization from the client. MakingChange strongly believes in and promotes housing choice. To that end, MakingChange does not endorse any realtor or lender.
- Clients in MakingChange’s Pre-Purchase Counseling/Down Payment Assistance Programs shop for and select the lender and realtor that best suits their needs.
- In many instances, MakingChange will need to pull your credit report in order to assess the condition of your credit to determine your readiness for ownership or to assist in the resolution of mortgage delinquency. MakingChange has the ability to pull your credit with little to no effect on your credit score.
- MakingChange partners with lenders, real estate agents, home inspectors, mortgage lenders, and home appraisers who by invitation from MakingChange participate in MakingChange home buying workshops. As a client of

MakingChange you are under no obligation to receive, purchase or utilize any services offered by the organization or its exclusive partners in order to receive housing counseling services from MakingChange.

I/we have I/we reviewed, received and agree to the MakingChange Program Disclosures and Privacy Policy

Name

COUNSELOR

CREDIT REPORT AUTHORIZATION-APPLICANT

There is a \$21 Credit Report Fee for Individuals and \$42 for a Joint Credit Report
Applicant:
First Middle Last:
Applicant Last 4 Digits of Social Security Number: _____
Applicant Date of Birth: ____/____/____ Month Day Year
Address: _____
Street City State Zip

CREDIT REPORT AUTHORIZATION-CO-APPLICANT

Co-Applicant:
First Middle Last
Co-Applicant Last 4 Digits of Social Security Number (if both named on mortgage): _____
Co-Applicant Date of Birth ____/____/____ (Month Day Year)
Address: _____
Street City State Zip

I (We) hereby give permission to pull/obtain my (our) credit report for the purposes of my (our) application for assistance in regards to my (our) home or my (our) mortgage loan.

Both signatures are required if joint report is requested:

_____/_____

Signature Date

_____/_____

Signature Date

**HOWARD COUNTY Department of Housing and Community Development
Community Development Block Grant (CDBG) Program**

VERIFIABLE SELF-CERTIFICATION OF ANNUAL INCOME

This is a written statement documenting your annual gross income (as applicable based on the activity), the number of members in your family or household and the relevant characteristics of each member. This information is required to determine your eligibility to benefit from some Community Development Block Grant (CDBG) assisted activities. Adult applicants must sign this statement to certify that the information is complete and accurate and that source income documentation will be provided upon request by representatives of Howard County and the U.S. Department of Housing and Urban Development (HUD).

Definitions: Annual Income – total annual gross income of all family or household members as of the date of this statement. **Family** – all persons living in the same household who are related by birth, marriage or adoption. **Household** – all persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any group of related or unrelated persons who share living arrangements. **Head of Household**- have at least one dependent.

Instructions:

- 1). Calculate the family or household gross income** whether or not all members receive assistance. Estimate the annual income by anticipating the prevailing rate of income of each person at the time of assistance is provided for the family or household. Include all sources of income that you would report on a Federal income tax return.
- 2). Write your annual gross income information in the box below.**
- 3). Check** the box that closest equals your total family or household size and total annual gross income. Do not check a box that exceeds either your family/household size or family/household income.
- 4). Sign and date the bottom to certify your family or household size and income.**

Annual gross income (total of all members) = \$ _____

Source: U.S. Department of Housing and Urban Development Data found at:

<https://www.hudduser.gov/portal/ddddatasets/il/il16index.html>

MEDIAN FAMILY INCOME \$86,700	INCOME LIMIT CATEGORY	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON
	Extremely Low Income Limits (30% of Median)	\$19,150	\$21,900	\$24,650	\$27,350	\$29,550	\$32,960	\$37,140
	Low Income limits (50% of Median)	\$31,900	\$36,450	\$41,000	\$45,550	\$49,200	\$52,850	\$56,500
	Moderate Income Limits (80% of Median)	\$47,600	\$54,400	\$61,200	\$68,000	\$73,450	\$78,900	\$84,350
	Over 80% of Median Income	Over \$47,600	Over \$54,400	Over \$61,200	Over \$68,000	Over \$73,450	Over \$78,900	Over \$84,350

APPLICANT CERTIFICATION: I certify that the information given on this form is complete and accurate. I agree to provide, upon request, supporting documentation of all income sources. I understand that there are penalties for knowingly and willfully making a materially, false, fictitious, or fraudulent statement as an applicant for federally funded assistance or services, which may include immediate repayment of funds received and/or prosecution under Federal False Claims Act, 31 U.S.C. §3729 et.seq. Title 18 of the U.S. Code and other applicable laws. I understand that the information on this form is subject to verification by representatives of the Howard County Department of Housing and Community Development, HUD or other Federal agencies.

Applicant Full Name (Please Print): _____

Current Address: _____ Zip _____

Applicant Signature: _____ Date _____

*****STAFF USE ONLY*****

The above information has been reviewed to determine applicant’s eligibility for assistance.

Staff Name (Print): _____ Staff Name (Signature) _____ Date: _____