



HOMEOWNERSHIP ENROLLMENT PACKAGE

4532 Jonesboro Road ♦ 2nd Floor ♦ Forest Park, GA 30297 ♦ 770.961.6900 ♦ 770.961.8900 (fax)

Office Use Only

Case #: _____ County: _____
Counselor: _____
Orientation Date: _____ Workshop Date: _____ Track: _____

HOUSEHOLD TYPE

- Single Adult
- Female-Headed Single Parent
- Male-Headed Single Parent
- Married without Children
- Married with Children
- Two or More Unrelated Adults
- Other _____

CLIENT/BORROWER

Name: _____
First MI Last Salutation

Social Security: _____ Birthday: _____

Address: _____
#/Street/ Apt # (if applicable) City/State Zip code

Previous Address: _____
#/Street/ Apt # (if applicable) City/State Zip code

Phone: _____
Home Phone Work Phone Cell Phone E-mail

Ethnicity: Hispanic
 Non-Hispanic

Race: White Hispanic American Indian/Alaskan Native Native Hawaiian or Pacific Islander
 Black Asian Other Multiple Race

Marital Status: Single Married Separated Divorced Widowed

Gender: Female Male Disabled: Yes No Veteran: Yes No

Monthly Gross Income: \$ _____ Base Salary \$ _____ Part-time
 \$ _____ Child Support \$ _____ Other

Yearly Gross Income \$0-\$25,100 \$25,101-\$40,150 \$40,151-60,250 \$60,251 and above

CO-CLIENT/BORROWER

Name: _____
First MI Last Salutation

Social Security: _____ Birthday: _____

Address: _____
#/Street/ Apt # (if applicable) City/State Zip code

Previous Address: _____
#/Street/ Apt # (if applicable) City/State Zip code

Phone: _____
Home Phone Work Phone Cell Phone Pager E-mail

Ethnicity: Hispanic
 Non-Hispanic

Race: White Hispanic American Indian/Alaskan Native Native Hawaiian or Pacific Islander
 Black Asian Other Multiple Race

Marital Status: Single Married Separated Divorced Widowed

Gender: Female Male Disabled: Yes No Veteran: Yes No

Monthly Gross Income: \$ _____ Base Salary \$ _____ Part-time
 \$ _____ Child Support \$ _____ Other

Yearly Gross Income \$0-\$25,100 \$25,101-\$40,150 \$40,151-60,250 \$60,251 and above

Relationship to Borrower: Spouse Sibling Child Engaged Partner Other _____

General Family Household Information

List all persons (*including yourself*) living in the household *starting with the oldest*:

#	Full Name	Social Security Number	Age	Sex	Education Highest Grade Completed	Degree
1						
2						
3						
4						
5						
6						
7						
8						
9						

Do any family members have physical or mental challenges? Yes No

If yes, specify person and the nature of the challenge

Household Income

NAME	SOURCE OF INCOME	START DATE OF EMPLOYMENT OR BENEFITS	MONTHLY GROSS INCOME	MONTHLY NET INCOME
TOTAL MONTHLY INCOME				

Remember to include part-time jobs, income from alimony or child support and benefits—such as retirement pensions, Social Security Disability, SSI, AFDC, Unemployment benefits, Workman’s Compensation and Food Stamps.

Do you expect your household income to change in the next 2-3 months? Yes No

If yes, please indicate how you expect your income will change:

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Expense Type	CURRENT (Spending)
SAVINGS (OUTSIDE OF PAYROLL DEDUCTION)	
TOTAL SAVINGS (OUTSIDE OF PD)	
Mortgage	
• Principle	
• Interest	
• Insurance	
• Taxes	
TOTAL MORTGAGE EXPENSE	
UTILITIES	
• Electric	
• Gas	
• Water	
• Sewage/ Septic Tank	
• Garbage	
TOTAL UTILITY EXPENSE	
TELEPHONE	
• Telephone (including long distance)	
• Cell Phone	
• Pager/Internet Services	
TOTAL TELEPHONE EXPENSE	
FOOD	
• Groceries	
• Carry-out / Lunch /School Lunch	
• Dining Out	
TOTAL FOOD EXPENSE	
CHILD CARE & EDUCATION	
• Child/Day Care/ Before & After School Care	
• Alimony/Child Support/Allowances	
• School Supplies/ Extra Curriculum	
• Tuition/Books/Parking Expense/Etc.	
• Student Loans	
TOTAL CHILD CARE & EDUCATION EXPENSE	
VEHICLE EXPENSE	
• Gasoline	
• Tags/Title	
• Maintenance (Oil, Tune-up, Tires, etc.)	
• Public Transportation/Parking	
TOTAL VEHICLE EXPENSE	

Expense Type	CURRENT (Spending)
INS & MED (Outside of Payroll deduction)	
• Auto	
• Life	
• Medical/Cobra	
• Co-pays or Premiums (non-payroll)	
• Prescriptions (Medicine, Glasses, Etc.)	
• Peach Care, Etc.	
• Braces, Dental Work	
TOTAL INS & MED/LIFE/DENTAL/OPTICAL EXP	
PERSONAL	
• Clothing (Shoes, Coats, Etc.)	
• Laundry & Dry Cleaning	
• Household Cleaning Products/ Toiletries	
• Baby Needs—diapers, etc.	
• Hair Products/Barber/Beauty/Nails	
TOTAL PERSONAL EXPENSE	
ENTERTAINMENT	
• Cable, Direct TV, etc.	
• Subscriptions	
• Movies/Rental/Games/Etc.	
• Vacations/Family Gatherings	
• Tobacco/Alcohol	
• Gambling: Lottery, Bingo, Etc.	
TOTAL ENTERTAINMENT EXPENSE	
GIFT GIVING & MISCELLANEOUS	
• Charity or Religious Institution (Tithes)	
▪ Internal Revenue/State Taxes	
• Holidays	
• Birthday, Anniversary, etc.	
• Banking Fees (ATMs, NSF, etc.)	
• Pets/Upkeep & Food	
• Hobbies/Business Expenses	
• Postage, Shipping, Cards, Etc.	
• Dues (Gym, Professional, Etc.)	
• Business Expenses	
• Other	
TOTAL GIFT GIVING & MISCELLANEOUS EXP	
<i>Total Living Expenses</i>	

Dischargeable Debts [Include appliances, CAR notes, collection accounts, credit cards, delayed payments plans, finance companies, furniture, legal fees, medical bills, personal loans, rent-to-buys, Etc.]—OUTSIDE OF PAYROLL DEDUCTIONS

Creditor	Current Interest Rate	Balance	Monthly Payment	Past Due Amount	In Collections
Total Monthly Debt Repayment					

Total Current Expenses _____ + **Total Monthly Debt Repayment** _____ =
Total Monthly Expenses _____

Amounts	Current Income & Expenses	Future Income & Expenses
Monthly Net Income		
(-) Monthly Expenses		
(=) Discretionary Funds		

Have you ever filed Bankruptcy? Yes No
 If yes, type? _____ when? _____
 discharge date _____ dismiss date _____
 If yes, type? _____ when? _____
 discharge date _____ dismiss date _____

Have you been under a debt repayment plan during the last 5 years? Yes No
 If yes, did you pay off your debt under the plan? Yes No When? _____

Office Use Only Client's Goals



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AUTHORIZATION AND ACKNOWLEDGMENT

This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in resolving a mortgage default. Examples of such entities include mortgage Servicer's, mortgage investors, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

The doctrine of informed consent has been explained to me, and I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire 90 days from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

_____ Social Security Number	_____ Client's Name
_____ Date	_____ Signature of Client
_____ Social Security Number	_____ Client's Name
_____ Date	_____ Signature of Client





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DISCLOSURE

Although the Housing Authority of DeKalb County may have an interest in the home or unit to be purchased, refinanced or rented, the client understands that the counseling given is not specific to these programs and that the client is under no obligation to purchase or rent a property from the aforementioned agency.

Client Signature

Date

Client Signature

Date





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CONSENT OF CLIENT

I/We, _____, hereby give my/our permission to **D&E, The Power Group** to present certain information for publicity of **D&E, The Power Group's** programs. I/we reserve the right to determine the degree of publicity as indicated below.

D&E, The Power Group may use the following information about my/our situation in its publicity except (please check only those pieces of information you do not wish to be used):

- _____ My/Our name and the names of those in the household
- _____ The address of my/our home purchase
- _____ The apartments/homes where I/we reside (applicable for D&E's rental properties)
- _____ Pictures/videotape of persons in my/our household
- _____ Pictures/videotape of the home I/we purchased with D&E's assistance

I/We understand that D&E will not use any of this information without first notifying me/us by phone. I/We understand that confidential information will not be made available to the public under any circumstances.

Signature of Borrower

Signature of Co-Borrower

Type or Print Name

Type or Print Name

Date

Date

Witness

Date



Conflict of Interest Policy

D&E, A Financial Education and Training Institute, Inc.

D&E, A Financial Education and Training Institute, Inc. is committed to ensuring that our business is conducted in an honest and professional manner. All employees are obliged to refrain from doing anything that could be reasonably regarded as creating a conflict of interest in line with their professional responsibilities.

It is the policy of D&E, A Financial Education and Training Institute, Inc. to avoid any conflict of interest when providing business services to its customers. From time to time D&E, A Financial Education and Training Institute, Inc. may however have interests which conflict with our customers' interests, our policy is to identify such instances and manage them accordingly.

Identifying and Managing Conflicts of Interest

D&E, A Financial Education and Training Institute, Inc. have internal procedures to enable conflicts of interest to be identified. D&E, A Financial Education and Training Institute, Inc. have administrative and organizational arrangements in place to ensure that our employees act independently and in a way to safeguard the interest of our customers. These arrangements include:

- Internal procedures for handling conflicts of interest, should they arise;
- Internal rules to ensure that confidential information is dealt with appropriately;
- Procedures for governing personal dealings by D&E, A Financial Education and Training Institute, Inc. employees;
- Procedures in relation to internal D&E, A Financial Education and Training Institute, Inc. code of conduct and ethics; and
- Procedures in relation to giving and receiving of gifts, entertainment or hospitality.

If a Conflict of Interest Arises

Where an unavoidable conflict of interest arises, the customer will be advised of this in writing. A response must then be received in writing from the customer, indicating that the customer is aware of the conflict and wishes to proceed with the business before the business can be progressed further. If the customer has not been advised of any such conflict of interest they are entitled to assume that none arises. D&E, A Financial Education and Training Institute, Inc. monitors the compliance of its conflicts of interest policy and related procedures on an ongoing basis.



Program Disclosure

Purpose of Housing Counseling. I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers fix those problems that prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in management with the preparation of a monthly and manageable budget plan. I/We further understand that it will be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

Eligible Criteria. I/We understand that the counseling agency provides housing counseling assistance to customers whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I/We will be referred to a long-term housing counseling program.

Homeownership Education Classes. I/We understand that as part of the housing counseling program, I/We will be required to attend group homeownership education classes.

Customer's Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments or not submitting documentation in a timely manner.

Our Services are:

Pre-Purchase One-on-One Counseling
Fair Housing Pre-Purchase Education Workshops
Predatory Lending Education Workshop
Pre-Purchase Homebuyer Education Workshop
Mortgage Delinquency and Default Resolution One-On-One Counseling
Resolving/Prevention Mortgage Delinquency Workshops
Financial Management/Budget One-On-One Counseling for Homeowners

The client also is not obligated to receive any additional other services offered by this agency or its exclusive partners.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____