



Our Casas Resident Council Inc.

2300 W. Commerce St. Ste. #218

San Antonio, Texas 78207

Phone: (210) 354-2400 Fax: (210) 354-2402 Email: ourcasas@stic.net

DOCUMENTS NEEDED FOR PRE-PURCHASE

- 1. 30-day current verification of income from all household members, including:**
 - **Check Stubs**
 - **SSI Award Letters**
 - **Spousal Support Benefit Letters**
 - **TANF or Food Stamps**
 - **Social Security**
 - **Child Support**
- 2. A List of All Itemized Monthly Expenses (4th page of package)**
- 3. 2 Months of Bank Statements with all pages (even if blank)**
- 4. Last Year's Tax Return (2018)**
- 5. License or ID**

Our Casas Resident Council Sign-In Sheet

Date	Time In	Time Out	Notes





Initial Client Intake Application For Our Casas Resident Council, Inc.

Intake Form

Attended Workshop Yes No

Information	Client A	Client B
Name:		
Address: City, State, Zip		
HOME Phone		
Cell Phone #		
Birth Date	Age: _____	Age: _____
Social Security		
Email		
US Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legally	Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorce <input type="checkbox"/> Separated <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widow <input type="checkbox"/>
Demographics	White <input type="checkbox"/> Black African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islands <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaska <input type="checkbox"/>	White <input type="checkbox"/> Black African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islands <input type="checkbox"/> Asian <input type="checkbox"/> Native American Alaska <input type="checkbox"/>
Language	English <input type="checkbox"/> Spanish <input type="checkbox"/>	English <input type="checkbox"/> Spanish <input type="checkbox"/>
Education	High School <input type="checkbox"/> College <input type="checkbox"/> Primary <input type="checkbox"/> GED <input type="checkbox"/> Vocational <input type="checkbox"/> None <input type="checkbox"/>	College <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Primary <input type="checkbox"/> None <input type="checkbox"/> Vocational <input type="checkbox"/>
Employer		
Position		
Starting Date		
Years Working		

Emergency Contact: _____ Phone: _____ Relationship: _____

Property Information:

Rent \$ _____	How Long _____ yrs _____ months	Delinquent Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 8 <input type="checkbox"/> Yes <input type="checkbox"/> No		Months Delinquent: _____
Mortgage: \$ _____	Bought Home Date: ___/___/___	First Mortgage <input type="checkbox"/> Second Mortgage <input type="checkbox"/>
Mortgage Company: _____		Delinquent: Yes <input type="checkbox"/> No <input type="checkbox"/> Months Delinq _____
Interest Rate: _____	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable	Taxes and Ins Included: Yes <input type="checkbox"/> No <input type="checkbox"/> Delinquent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Income Information:

Total Annual Household Income: \$ _____		Total Number of people in the Household: _____			
Household Income Name:	Age/Sex	Relationship	Type of Income Received	Monthly Amt.	Perm. Disabled
		MY SELF			Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

How did you hear about our services?	<input type="checkbox"/> Agency <input type="checkbox"/> Realtor <input type="checkbox"/> Bank <input type="checkbox"/> Friend/Family
Service Requested:	<input type="checkbox"/> PrePurchase <input type="checkbox"/> Foreclosure <input type="checkbox"/> Post Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Other: _____

Signature: _____
Date: _____

Signature: _____
Date: _____

Funding Source: __ HUD __ COSA __ CRA

Client's Signature: _____		Date: _____	
Client's Signature: _____		Date: _____	
Monthly Expenses		Loan #: _____	
Client's Name: _____			
Address: _____			
Mortgage	\$ _____	Housing Information:	
2nd Mort/HELOC	\$ _____	Rent <input type="checkbox"/>	Own <input type="checkbox"/> Buying <input type="checkbox"/>
Property Taxes	\$ _____	Single <input type="checkbox"/>	Row <input type="checkbox"/> Twin <input type="checkbox"/> Appt <input type="checkbox"/> Duplex <input type="checkbox"/>
Insurance	\$ _____		
Condo Fees	\$ _____	Live in the Home?	
SUB TOTAL	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Household # _____
Electric	\$ _____	Loan Information:	
Gas/Oil	\$ _____	Lender: _____	
Water/Sewer	\$ _____	Purch. Date _____ Conv <input type="checkbox"/> VA <input type="checkbox"/> FHA <input type="checkbox"/>	
Telephone	\$ _____	Interest _____ Fixed <input type="checkbox"/> Arm <input type="checkbox"/>	
Cell Phone	\$ _____	Value _____ Months Behind _____	
Cable/Internet	\$ _____	Amount Behind \$ _____	
Home Maint.	\$ _____	Remaining Balance \$ _____	
Lawn/Alarm Sys.	\$ _____	New Principal \$ _____	
SUB TOTAL	\$ _____	ASSETS:	
Food Groceries	\$ _____	Savings Balance: \$ _____	
Sch/Work Lunch	\$ _____	Checking Balance: \$ _____	
Dinning Out	\$ _____	(1) Car Information	
Personal Items	\$ _____	Year: _____ Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
Cleaning Supply	\$ _____	Model: _____	
Pet Food/Care	\$ _____	Balance: \$ _____ Value: \$ _____	
SUB TOTAL	\$ _____	(2) Car Information	
Gasoline	\$ _____	Year: _____ Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
Car Insurance	\$ _____	Model: _____	
Auto/Tag Inspec.	\$ _____	Balance: \$ _____ Value: \$ _____	
Public Transp.	\$ _____		
Parking Tolls	\$ _____		
SUB TOTAL	\$ _____		
Clothing	\$ _____		
Dependent Care	\$ _____		
Day Care/BabySit	\$ _____		
Diapers/Formula	\$ _____		
Child S/Alimoni	\$ _____		
SUB TOTAL	\$ _____		
Rental Insurance	\$ _____		
Life Insurance	\$ _____		
Health Insurance	\$ _____		
CoPays/ Dr Visits	\$ _____		
Medical Bills	\$ _____		
SUB TOTAL	\$ _____		
Hair Cuts/Barbar	\$ _____		
Religious	\$ _____		
Entertainment	\$ _____		
Cigar/Alcohol	\$ _____		
Union Dues	\$ _____		
Tuition/Books	\$ _____		
SUB TOTAL	\$ _____		
Car Payments	\$ _____		
Credit Cards	\$ _____		
Student Loans	\$ _____		
IRS Payments	\$ _____		
Per/Other Loans	\$ _____		
SUB TOTAL	\$ _____		
Total Expenses	\$ _____		
NET INCOME	\$ _____		
SUR PLUS	\$ _____		

	GROSS	NET	
Paystubs	\$ _____	\$ _____	
SSI	\$ _____	\$ _____	
SSA	\$ _____	\$ _____	
Welfare	\$ _____	\$ _____	
Food Stamps	\$ _____	\$ _____	
Rent	\$ _____	\$ _____	
Child Support	\$ _____	\$ _____	
Alimony	\$ _____	\$ _____	
Self Emp.	\$ _____	\$ _____	
TOTAL	\$ _____	\$ _____	
DTI	#DIV/0!		
FR 31%		\$ _____	PITI
BR 45%	\$ _____	\$ _____	PITI
To Solve For P&I			
Interest Rate:		0.00%	
Term (in years):		0	
Remaining Balance:		\$0.00	
P&I:		Monthly Pmt	
Re-type P&I:			
Escrow:			
NEW PITI		\$ _____	

Agency: _____	Phone: _____
Counselor: _____	Ext: _____

Disclosures

Our Casas Resident Council, Inc. Privacy Policy

Our Casas Resident Council, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “non-public personal information”, such as your total debt information, income, living expenses, and personal information concerning your financial circumstances, will be signature on the Pre-Purchase, Foreclosure Mitigation, and Financial Capabilities Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of Information that we gather from you;

- Information we receive from you orally, 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.

You may opt-out of certain disclosures;

1. You have the opportunity to “opt-out” of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors.

Release of your information to third parties;

1. So long as you have not opted-out, we may disclose 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.
2. We may also disclose any non-public personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to non-public personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with Federal regulations to guard your non-public personal information.

Client Signature

Date

Client Signature

Date



Disclosures

Our Casas Resident Council, Inc

1. I understand that Our Casas Resident Council, Inc. provides Foreclosure Mitigation, Pre-Purchase, Financial Capabilities, Rental and Homeless counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that Our Casas Resident Council, Inc. receives Congressional funds through National Foreclosure Mitigation Counseling and other HUD programs and as such is required to share some of my personal information with HUD and NFMC program administrators and HUD or their agents for purpose of program monitoring, compliance and evaluation.
3. I give permission for NFMC and HUD program administrators to follow-up with me for the purpose of program evaluation.
4. I acknowledge that I received a copy of Our Casas Resident Council's Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred to appropriate assistance.
7. I understand that Our Casas Resident Council, Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Our Casas Resident Council, Inc. in no way obligates me to choose any of these particular loan products or housing programs.
8. I understand if I do not respond when Our Casas Resident Council, Inc. has attempted to contact me after a 30 day period my case will be closed.

Client Signature

Date

Client Signature

Date



IMPORTANT DISCLOSURE TO CONSUMERS

Our Casas Resident Council provides housing counseling to interested consumers at no charge. Our services are on a One on One basis and also in Workshop settings in the following:

·Pre Purchase, Foreclosure, Rental, Shelter and Post Purchase. (Please see our Brochure)

These services are provided to assist you with your housing-related needs. In the course of providing assistance, it may be determined that you are eligible for certain programs, products and services.

Understand, however, that you are free to choose lenders, lending products, home inspectors, home insurance and homes, regardless of any recommendations made by counselors, or other agency members, or personnel.

I/We, _____ have read and received a copy of this disclosure form.

Client's Signature

Date

Client's Signature

Date

INFORMACION IMPORTANTE PARA EL CONSUMIDOR

Nueva Esperanza ofrece servicios de consejeria a los consumidores interesados sin fines de lucro. Nuestros servicios son en forma de cita uno a uno con el consejero y en forma de grupo en lo siguiente:

·Comprar Casa, Ejecucion Hipotecaria, Renta, Asilos de vivienda y Programas para duenos de casa. (por favor vea nuestro panfleto)

Estos servicios son proveidos para asistirle y determinar si usted esta elegible para ciertos programas, productos y servicios. Entienda que usted esta libre de escoger bancos, productos de prestamos, viviendas, Seguros de casa, Inspectores, aunque el consejero(a) le haya dado alguna recomendación, u otro miembro.

Yo/ Nos, _____ hemos leído y recibido una copia de esta forma.

Firma Del Cliente

Fecha

Firma Del Cliente

Fecha



CLIENT / COUNSELOR AGREEMENT

Esperanza and it's counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the Mortgage/Rental/Taxes default, including the amount and cause of default
- Presentation and explanation of reasonable options available
- Assistance communicating with the parties involved in the transaction
- Timely completion of promised action
- Explanation of documentation and process but don't give legal advice
- Identification of assistance resources and referrals (if available)
- Answering your phone calls 24 hours unless the counselor is sick or out in a training
- Confidentiality, honesty, respect, and professionalism in all services

I/We _____, agree to the following terms of service:
(Client's Name)

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will follow the Action Plan and Budget created. I will get a copy
- I/We will provide all necessary documentation and follow-up information within the time frame requested.
- I/We will be on time for appointments and understand that if we are late (30 min +) for an appointment, the appointment will be rescheduled.
- I/We will contact the counselor about any changes in our situation immediately.
- If it is an urgent matter, or received documentations, I/We will make an appointment.
- I/We understand that No Walk Ins or Drop Off Documentation will be aloud.
- I/We understand that breaking this agreement may cause the counseling organization to terminate it's service assistance to me/us.

Client's Signature

Date

Client's Signature

Date

Counselor

Date



HOUSING COUNSELING WAIVERS AND CONSENTS

HUD Approved Agency: Our Casas Resident Council

Phone: (210) 354-2400

Counselor(s)

Borrower's Name: _____

Last 4 Social: _____

CoBorrower's Name: _____

Last 4 Social: _____

Address: _____

Phone: _____

Counseling Type: Home Purchasing

Rental/Tenant Counseling

Homeowner Services (Taxes, Deeds, Prop Rebate)

Mortgage Default/ Early Delinquency

CONSENT TO RELEASE INFORMATION: I/we (client's initials) x [redacted] hereby authorize the above named Housing Counselors' Agency to release information about my case, when appropriate, in any third party negotiations necessary to resolve my case. This authorization allows the Housing Counseling Agency to share information in any third party referrals and/or negotiation with lenders, landlords, credit bureaus, or other appropriate entities in an effort to achieve my housing counseling objectives, including the resolution of current or possible future problems related to my case. I/we understand that Esperanza receives Congressional (NFMC & HUD) and other funding sources that are required to share some of my personal information and follow up with me/us within the next three years for purposes of program monitoring, compliance and evaluation. I/we hereby waive any privacy objections to the sharing of information.

CONSENT TO REQUEST INFORMATION: I/we (client's Initials) x [redacted] hereby authorize the above -named Housing Counseling Agency to obtain information about my case, when appropriate, from any third party in an effort to achieve my housing counseling objectives. I authorize the Housing Counseling Agency to obtain any and all information regarding my employment, savings and bank accounts, mortgage and loans, real estate transactions, utility payments, taxes and other accounts as deemed necessary.

CONSENT TO ACCESS CREDIT REPORT: I/we (client's initials) x [redacted] hereby authorize the above-named Housing Counseling Agency to order a tri-merge consumer credit report. The Housing Counseling Agency has my permission to discuss my personal credit information with third party agencies including lenders, creditors, utilities, and landlords in seeking a solution to my housing and credit-related goals and concerns.

A counselor may answer questions and provide information, but not give legal advice. We maintain physical, electronic and procedural safeguards that comply federal regulations to guard your nonpublic personal information. The Housing Counseling Agency is not responsible for any reason. I/we are not eligible for grants, financing or other programs and are not responsible far any mishandling of information.

Client's Signature

Date

Client's Signature

Date

Counselor

Date





Our Casas Resident Council ACTION PLAN



This housing counseling action plan is an agreement between the client and housing counselor to work together towards resolving A housing issue and/or a housing goal.

I (we) _____ the client(s) agree to:

Attend an appointment on: ___/___/___ at: ___:___ am pm
For: Follow up Missing Documentation Contact Lender/Realtor/City/Person/Attorney
 Complete financial package to be submitted. Other: _____

Missing Documentation:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

ACTION:

<input type="checkbox"/>	Follow up on your action plan and BUDGET prepared today.
<input type="checkbox"/>	Begin or continue paying your bills on time.
<input type="checkbox"/>	MAKE AN APPOINTMENT IF YOU: receive any documentation in the mail (No dropping documents or walk ins).
<input type="checkbox"/>	REFERRED to: _____ (Referral letter attached)
<input type="checkbox"/>	Begin or continue saving for: _____
Increase Income	
<input type="checkbox"/>	Get a steady primary job
<input type="checkbox"/>	Get a part time jobs)
<input type="checkbox"/>	Rent space in the house
<input type="checkbox"/>	Sell Assets
Lower Expenses:	
<input type="checkbox"/>	Utilities
<input type="checkbox"/>	Entertainment
OTHER:	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

The counselor will take the following steps: Provide housing counseling appropriate to the client's goals and Notify the client of any changes or new information received relating to the case.

<input type="checkbox"/>	Waiting for documents or Action	<input type="checkbox"/>	Follow up with you
<input type="checkbox"/>	Mail/Fax your documents to: _____	<input type="checkbox"/>	Other _____

Important Disclosure:

Client understands that has the freedom to choose: lenders, loan products, homes, realtors, and Home Inspectors. Housing Counselors can give you a list of them but cannot place you to one particular entity.
ALL OUR SERVICES ARE FREE OF CHARGE EXCEPT FOR THE CREDIT REPORT OF: \$15.00 (money order only).

Client Date

Client Date

Counselor Date



CLIENT'S NARRATIVE

Client's Name: _____

Date: _____

Counselor: _____



Re: Follow Up – Action Plan

(Client's Name, Address)

Date

Dear: Mr. / Mrs. / Ms. _____

I would like to take this opportunity to inquire if we could be in further assistance in supporting you with your housing needs since your last visit. (90 days)

If so, please feel free to contact our Housing Counselor at your earliest convenience in order to serve You.

If we don't hear from you in 30 days of this letter: _____
We will assume you are no longer in need of our services, at which time your case will be closed.

If in the future you still need our Housing Services, please just call us and we gladly make an appointment.

Sincerely,

Housing Counselor
(210) 354-2400



REFERRAL LETTER

SENDING OFFICE		CLIENT REFERRED TO:	
Counselor:		Firm Name:	
Agency Name:		Address:	
Address:		City/State/ Zip	
City/State/Zip		Business Phone:	
Business Phone:		Fax:	
Business Fax:		Contact:	
Counselor's Email:		Email:	

SECTION 2 - CLIENT'S INFORMATION

Client's Name:		Current Credit Score	
Address:		Date of Credit Report	
Home Phone:		House Hold Yr Income	
Cell Phone:		# of Household Members	
Email:		Court Date:	
Waiver Release Signed Date:		Income	

Brief Summary of Case:



Total / Backend Debt-to-Income Ratio Worksheet

The Back-end DTI ratio is the minimum monthly debt obligations (including housing debt and job-related expenses) that must be paid for at least the next 10 months divided by monthly gross income

Client: _____

Monthly Debt Obligations

Housing Debt

PITI _____

Association Fees _____

Mortgage Insurance _____

Junior Liens _____

Payments on Second Homes _____

Installment Debt

Car Loan #1 _____

Car Loan #2 _____

Student Loan #1 _____

Student Loan #2 _____

Student Loan #3 _____

Long-term Medical Debt _____

Other _____

Other _____

Other _____

Required Payments

Child Support _____

Alimony / Separation Maint. _____

Past Due _____

Child Due _____

Car Insurance _____

Life Insurance _____

Health Insurance _____

Revolving Debt

Credit Card #1 _____

Credit Card #2 _____

Credit Card #3 _____

Credit Card #4 _____

Other / Miscellaneous

Other _____

Other _____

Other _____

Total Monthly Debt: _____

Monthly Gross Income

Annual Gross Income

_____ Salary

_____ Commission

_____ Tips

_____ Bonuses

_____ Overtime

Other Annual Income

_____ Child Support

_____ Alimony / Separation Maint.

_____ Public Assistance

_____ Other

_____ Other

_____ Other

_____ Other

_____ : Annual Gross Income

_____ : Monthly Gross Income

DTI Calculation

Total Monthly Debt: _____

Divided By

Monthly Gross Income: _____

Equals

Total Debt-to Income Ratio: _____

Client
Signature: _____

Date: _____

Client
Signature: _____

Date: _____



INDIVIDUAL CLIENT FILE CHECKLIST

Date: _____ Reviewer: _____

Agency Name:	_____		
Address:	_____		
Counselor's Name:	_____		
Client Type:	<input type="checkbox"/> mortgagor	<input type="checkbox"/> potential mortgagor	<input type="checkbox"/> homeless
	<input type="checkbox"/> renter	<input type="checkbox"/> potential renter	<input type="checkbox"/> other _____

Client's File Number: _____ FHA Case Number (if applicable): _____

Client's Name: _____

Client's Address: _____

Client's Telephone No: _____ Email Address: _____

Date Counseling Began: _____ Counseling: _____ Phone or In Person

Duration of Session(s): _____

Type of Counseling Received:

- Pre-purchase/Home Buying
- Resolving or Preventing Mortgage Delinquency or Default
- Non-Delinquency Post Purchase
- Locating, Securing or Maintaining Residency in Rental Housing
- Shelter or Services for the Homeless

YES	NO	N/A	DOES THE FILE CONTAIN THE FOLLOWING?	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial, budget, and/or credit analysis of client's income, expenses, and/or spending habits established by client or counselor	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Publications on Home Inspection distributed to pre-purchase purchase counseling clients, if applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity log with date, time, duration and description of each interaction or activity performed on behalf of, and by the client	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Action plan with clear identifiable client's needs and what client/counselor will do to meet the client's housing goals	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow-up communication to ensure client is progressing toward housing goal, to modify or terminate counseling, and to learn and report outcomes, if applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documented the results of counseling.	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disclosure statement or notation and date that disclosure was provided verbally or electronically	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termination cause and/or explanation of counseling with date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding source(s) and amounts to which the counseling activities are attributed, if applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client fees paid by client, lenders & other parties with amount and source of fees and a copy of receipt to client, if applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verbal fee schedule disclosure (note/date) or electronic fee schedule disclosure documentation	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If credit report is in the file, authorization to obtain a credit report and authorization to share information with HUD and third parties.	

DISCUSSION OF ALTERNATIVES: _____

COMMENTS: _____



Agency Name:

Our Casas Resident Council

CFPB FINANCIAL WELL-BEING SCALE

Questionnaire

Part 1: How well does this statements describe you or your situation?

This statement describes me	Completely	Very Well	Somewhat	Very Little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday occasion would put a strin on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me



For Your Protection: Get a Home Inspection

Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information about the overall condition of the home prior to purchase. In a home inspection, a qualified 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 or replaced; and Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

You Must Ask for a Home Inspection

A home inspection will only occur if you arrange for one. FHA does not perform a home inspection.

Decide early. You may be able to make your contract contingent on the results of the inspection.

Appraisals are Different from Home Inspections

An appraisal is different from a home inspection and does not replace a home inspection. Appraisals estimate the value of the property for lenders. An appraisal is required to ensure the property is marketable. Home inspections evaluate the condition of the home for buyers.

FHA Does Not Guarantee the Value or Condition of your Potential New Home

If you find problems with your new home after closing, FHA cannot give or lend you money for repairs, and FHA cannot 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.

Radon Gas Testing and other safety/health issues

The United States Environmental Protection Agency and the Surgeon General of the United States have recommended that all houses should be tested for radon. For more information on radon testing, call the toll-free National Radon Information Line at 1-800-SOS-Radon or 1-800-767-7236.

Ask your home inspector about additional health and safety tests that may be relevant for your home.

Be an Informed Buyer

It is your responsibility to be an informed buyer. You have the right to carefully examine your potential new home with a qualified home inspector. To find a qualified home inspector ask for references from friends, realtors, local licensing authorities and organizations that qualify and test home inspectors.





For Your Protection: Get a Home Inspection

Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information about the overall condition of the home prior to purchase. In a home inspection, a qualified 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 or replaced; and Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

You Must Ask for a Home Inspection

A home inspection will only occur if you arrange for one. FHA does not perform a home inspection.

Decide early. You may be able to make your contract contingent on the results of the inspection.

Appraisals are Different from Home Inspections

An appraisal is different from a home inspection and does not replace a home inspection. Appraisals estimate the value of the property for lenders. An appraisal is required to ensure the property is marketable. Home inspections evaluate the condition of the home for buyers.

FHA Does Not Guarantee the Value or Condition of your Potential New Home

If you find problems with your new home after closing, FHA cannot give or lend you money for repairs, and FHA cannot 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.

Radon Gas Testing and other safety/health issues

The United States Environmental Protection Agency and the Surgeon General of the United States have recommended that all houses should be tested for radon. For more information on radon testing, call the toll-free National Radon Information Line at 1-800-SOS-Radon or 1-800-767-7236.

Ask your home inspector about additional health and safety tests that may be relevant for your home.

Be an Informed Buyer

It is your responsibility to be an informed buyer. You have the right to carefully examine your potential new home with a qualified home inspector. To find a qualified home inspector ask for references from friends, realtors, local licensing authorities and organizations that qualify and test home inspectors.



Signature: _____

Date: _____

HUD-92564-CN (6/14)



CAUTION

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THE LEAD DISCLOSURE RULE

Congress passed the Residential Lead-Based Paint Hazard Reduction Act of 1992, also known as Title X, to protect families from exposure to lead from paint, dust, and soil. Section 1018 of this law directed HUD and EPA to require the disclosure of known information on lead-based paint and lead-based paint hazards before the sale or lease of most housing built before 1978.

What is Required?

Before ratification of a contract for housing sale or lease, sellers and landlords must:

- Give an EPA-approved information pamphlet on identifying and controlling lead-based paint hazards ("Protect Your Family From Lead In Your Home" pamphlet, currently available in English, Spanish, Vietnamese, Russian, Arabic, Somali).
- Disclose any known information concerning lead-based paint or lead-based paint hazards. The seller or landlord must also disclose information such as the location of the lead-based paint and/or lead-based paint hazards, and the condition of the painted surfaces.
- Provide any records and reports on lead-based paint and/or lead-based paint hazards which are available to the seller or landlord (for multi-unit buildings, this requirement includes records and reports concerning



Related Information

"Protect Your Family from Lead in Your Home" pamphlet

[In English](#)

[In Spanish](#)

[In Vietnamese](#)

[In Russian](#)

[In Arabic](#)

[In Somali](#)

[Don't see what you need?](#)

Sample Lead Disclosure Rule Documents

[Sale: English; Spanish](#)

[Rental: English; Spanish](#)

HUD Resources

common areas and other units, when such information was obtained as a result of a building-wide evaluation).

- Include an attachment to the contract or lease (or language inserted in the lease itself) which includes a Lead Warning Statement and confirms that the seller or landlord has complied with all notification requirements. This attachment is to be provided in the same language used in the rest of the contract. Sellers or landlords, and agents, as well as homebuyers or tenants, must sign and date the attachment.
- Sellers must provide homebuyers a 10-day period to conduct a paint inspection or risk assessment for lead-based paint or lead-based paint hazards. Parties may mutually agree, in writing, to lengthen or shorten the time period for inspection. Homebuyers may waive this inspection opportunity.

Types of Housing Covered?

Most private housing, public housing, Federally owned housing, and housing receiving Federal assistance are affected by this rule.

Effective Dates

The regulations became effective on September 6, 1996 for transactions involving owners of more than 4 residential dwellings and on December 6, 1996 for transactions involving owners of 1 to 4 residential dwellings.

Recordkeeping

Sellers and lessors must retain a copy of the disclosures for no less than three years from the date of sale or the date the leasing period begins.

What Can You Do?

If you did not receive the Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards form when you bought or leased pre-1978 housing, contact **1-800-424-LEAD** (5323).

Lead Based Paint
Disclosure Rule

Rule Interpretive
Guidances

Part I, August 21,
1996

Part II, December
5, 1996

Part III, August 2,
2000

Lead Safe Housing
Rule Fact Sheet

Fair Housing and
Lead-based Paint

Fair Housing (FHEO)
Website

Helpful Tools

Updated PIH
Guidance on the
Lead-Safe Housing
Rule and Lead
Disclosure Rule for
Field Office Staff,
Public Housing
Agencies, and
Property Owners