



Enrollment Application

Date:	Contact Information			
Please Print Legibly	Applicant (Borrower)		Co-Applicant (co-borrower)	
Name				
Social Security #				
Home Phone #:				
Cellular Phone #:				
Work Phone #:				
Fax Number:				
Email:				
Best Time To Call:				
Street Address:				
City, State, Zip Code				
County				
Residency Status	<input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent	<input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent
Length of Occupancy	Months	Years	Months	Years
<i>If less than two years (previous address)</i>				
Street Address:				
City, State, Zip Code				
County				
Residency Status (circle one)	<input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent	<input type="checkbox"/>	<input type="checkbox"/> Rent
Length of Occupancy	Months	Years	Months	Years
Race:				
Ethnicity Type*:	<input type="checkbox"/> Hispanic/Latino Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Hispanic/Latino Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino
Date of Birth:				
Gender::				
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married <input type="checkbox"/> Widowed
Citizenship	<input type="checkbox"/> Non-Resident Alien Citizen <input type="checkbox"/> Permanent Resident Alien	<input type="checkbox"/> US	<input type="checkbox"/> Non-Resident Alien Citizen <input type="checkbox"/> Permanent Resident Alien	<input type="checkbox"/> US
List Dependents:	Birth Dates:		Ages:	
1.				
2.				
3.				
4.				
5.				
6.				
Country of Origin:				
Preferred Language*:				

Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Education Level*:	<input type="checkbox"/> No high school diploma <input type="checkbox"/> High school diploma <input type="checkbox"/> GED® diploma <input type="checkbox"/> Vocational certificate <input type="checkbox"/> Some college – Never completed <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Masters degree <input type="checkbox"/> Doctoral degree	<input type="checkbox"/> No high school diploma <input type="checkbox"/> High school diploma <input type="checkbox"/> GED® diploma <input type="checkbox"/> Vocational certificate <input type="checkbox"/> Some college – Never completed <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Masters degree <input type="checkbox"/> Doctoral degree	
Please Print Legibly	Applicant (Borrower)	Co-Applicant (co-borrower)	
First Time Home Buyer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment History			
Employer:			
Street Address			
City, State, Zip Code			
Contact Phone:			
Position/Title:			
Dates:	Start: End:	Start: End:	
Income:	Amount: _____ Frequency: <input type="checkbox"/> Hourly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly	Amount: _____ Frequency: <input type="checkbox"/> Hourly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly	
# of hours per week:			
<i>If employed less than two year or second job</i>			
Employer:			
Street Address			
City, State, Zip Code			
Contact Phone:			
Position/Title:			
Dates:	Start: End:	Start: End:	
Income:	Amount: _____ Frequency: <input type="checkbox"/> Hourly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly	Amount: _____ Frequency: <input type="checkbox"/> Hourly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly	
Household Monthly Income Gross Net Verification Document			
Homeowner (A) Employer (1)	\$	\$	
Homeowner (A) Employer (2)	\$	\$	
Homeowner (B) Employer (1)	\$	\$	
Homeowner (B) Employer (2)	\$	\$	
Other Employment Income	\$	\$	
Other Employment Income	\$	\$	
Social Security /SSI / SSDI	\$	\$	
Child Or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Monies From Rental Properties	\$	\$	
Household Members Over Age 18 Wages	\$	\$	

Food Stamps	\$	\$	
Governmental Income Assistance	\$	\$	
Child Care Assistance	\$	\$	
Housing Assistance	\$	\$	
Other	\$	\$	
Other	\$	\$	
Total Household Income	\$	\$	

***Information for Government Monitoring Purpose Only**

The following information is requested by the Federal Government for certain types of loan application related to dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to finish this information but are encourage to do so.

Signature of Applicant _____ Date: _____

Signature of Co-applicant _____ Date: _____

Privacy Policy

NOTE: *If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

Community Foundations, Inc. (Community Foundations) 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

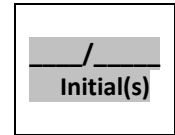
What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does Community Foundations collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or other
- Information we receive from your creditors or employment references
- **Credit Reports (by signing this release, you are authorizing us to pull your credit as a soft hit)**



What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or theirs; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is our personal information secured?

We restrict access to your nonpublic personal information to Community Foundations employees who need to know that information in order to perform their financial wellness (housing counseling) duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct Community Foundations to **not** disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from lenders, creditors or closing attorneys which may limit Community Foundations ability to provide services such as administration of down payment assistance or assistance with closing coordination between your lender, down payment providers and attorneys. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you chose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that Community Foundations make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that Community Foundations will NOT be able to answer any questions from lenders, down payment assistance providers, creditors or attorneys related to home purchase. I understand that I may change my decision any time by contacting Community Foundations.					
Name 1 (printed)	Signature	Date	Name 2 (printed)	Signature	Date

RELEASE: I hereby authorize Community Foundations to release nonpublic personal information it obtains about me from lenders, down payment assistance providers, creditors or attorneys and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.					
Name 1 (printed)	Signature	Date	Name 2 (printed)	Signature	Date

Program Disclosure

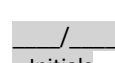
NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about housing counseling, please talk with your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: Community Foundations, Inc. (Community Foundations) is a nonprofit, HUD approved housing counseling agency. We provide free financial literacy workshops and various counseling services including: pre-purchase, budgeting, non-delinquency post-purchase, rental and counseling for those who are homeless or currently in transitional housing. We provide Homebuyer education classes. We are a Community Housing Development Corporation and we act as developer for single family homes and multifamily housing by participating in tax credit projects. We build, rehabilitate, sell and potentially rent single family homes. We administer various down payment and closing cost assistance programs. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a financial wellness (housing counseling) client, please affirm your roles and responsibilities along with the following disclosures and initial, sign and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> Reviewing your housing goals and your finances; which include your income, debts, assets, and credit history. Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. Preparing a household budget that will help you manage your debt, expenses, and savings. Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. Neither your counselor or Community Foundations, employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> Completing the steps assigned to you in your Client Action Plan. Providing accurate information about your income, debts, expenses, credit, and employment. Attending meetings, returning calls, providing requested paperwork in a timely manner. Notifying Community Foundations or your counselor when changing housing goal. Attending educational workshop(s) (i.e. financial literacy workshops or homebuyer education classes) as recommended. Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Termination of Services: Failure to work cooperatively with your housing counselor and/or Community Foundations will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

 Initials

Agency Conduct: No Community Foundations employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any persons or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: Community Foundations has financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, NeighborWorks America, USDA Rural Development, The Town of Mooresville, City of Concord, NC Housing Finance Agency, Mooresville Christian Mission, Wells Fargo, Bank of America and NC Housing Coalition. As a housing counseling program participant, you are not obligated to use the products and services of Community Foundations or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: Community Foundations has a first-time homebuyer program supported in part by all of our affiliations. We are also a Community Housing Development Corporation. We provide housing counseling, financial literacy classes, homebuyer education classes, serve as developer as it relates to single family home construction and support local tax credit initiative. However, you are not obligated to participate in this or any other Community Foundations program and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA) for first-time homebuyer loan programs, HUD maintains a list of HUD certified housing counseling agencies, Statesville Housing Authority or Salisbury CDC also have first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products similar to those offered by Community Foundations and its exclusive partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of Community Foundations Privacy Policy.

/
Initials

Errors and Omissions and Disclaimer of Liability: I/we agree Community Foundations, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in Community Foundations counseling; and I/we hereby release and waive all claims of action against Community Foundations and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Community Foundations, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Community Foundations grantors such as HUD or NeighborWorks America.

I/we acknowledge that I/we received, reviewed, and agree to Community Foundation Program Disclosures.

_____	_____
Name 1 - Signature	Date

_____	_____
Name 2 - Signature	Date

_____	_____
Counselor Signature	Date