



 A Nonprofit Housing Corporation
PO Box 9637
Bowling Green, KY 42102-9637
Phone: (270)796-4176 – Fax: (270)796-8203 – TDD: (800) 648-6056
(877) 796-4176 Toll Free
Email: hands@handsinc.net – Website: handsinc.net
Deborah Williams, Executive Director

Please feel out the following forms and return, so that we can schedule an appointment.

Forms

- Tell Me About Yourself
- Monthly Expenses vs Income
- Credit Report Authorization
- Client Authorization Form
- Counseling Agreement
- Counseling Disclosure
- Privacy Policy

All clients will be required to pay for the Tri-merge credit report that is required for processing client's application; however if you have a current copy of your credit report we can use it, just send us a copy of the credit report with the forms.

Cost for credit report: Single \$27.00 and Married \$42.00

Money is non-refundable.

Go to www.handsinc.net click on Pay For Services located at the top and bottom of the Home Page. Select Credit Report option that applies to you – Single \$27 or Married \$47

Once you made the Credit Report payment go to HANDS Home Page and go down to Contact Us. Fill in your information and in the comments put your paid for a credit report.

To return information by scan/emailing help@handsinc.net or fax to 270-796-8203

Application will not be process until all forms are completely filled out and we have received payment for credit report or a current copy of your credit report.

If you have any questions, please feel free to contact us.

Sincerely,

HANDS

HANDS - Tell Us About Yourself

Information will not be shared with any third party (e.g. credit agency or lender) without your explicit signed authorization.

Date: _____

Client 1

Last Name: _____ First Name: _____ Middle: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Contact Preference: Call Text Email

Social Security #: _____ Birth date: _____ Gender: Female Male

Marital Status: Married Single Separated Divorced Widow

Disabled: Yes No Military Status: Active Duty Veteran Reserve

Race: Asian Asian & White Asian & Black/African American American Indian/Alaska Native
 American Indian/Alaska Native & White American Indian/Alaska Native & Black/African American
 Native Hawaiian or Other Pacific Islander Black/African American Black/African American & White
 White Other _____

Ethnicity: Hispanic Non-Hispanic Unknown

Citizenship: US Citizen Permanent Resident Non-Resident

Highest Education Level: High School Diploma GED Other _____

Client 2

Last Name: _____ First Name: _____ Middle: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Contact Preference: Call Text Email

Social Security #: _____ Birth date: _____ Gender: Female Male

Marital Status: Married Single Separated Divorced Widow

Disabled: Yes No Military Status: Active Duty Veteran Reserve

Race: Asian Asian & White Asian & Black/African American American Indian/Alaska Native
 American Indian/Alaska Native & White American Indian/Alaska Native & Black/African American
 Native Hawaiian or Other Pacific Islander Black/African American Black/African American & White
 White Other _____

Ethnicity: Hispanic Non-Hispanic Unknown

Citizenship: US Citizen Permanent Resident Non-Resident

Highest Education Level: High School Diploma GED Other _____

ADDRESS:

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Own Rent Other _____

My Household type is ...

- Single Adult Spouse/Partner Living with non-spousal family member (parents, siblings, etc.)
 Single female-headed household with dependents Single Male-headed household with dependents
 Other _____

Family Household Size _____ Number of Dependents _____

Languages Spoken: English Spanish Arabic French German Italian Mandarin Other _____

ASSETS: (Checking account, saving account, stocks & etc.)

No Assets

Asset 1

Type of Asset: Checking Saving Other _____

Institution Name: _____

Asset Value \$ _____ Available Funds \$ _____

Asset 2

Type of Asset: Checking Saving Other _____

Institution Name: _____

Asset Value \$ _____ Available Funds \$ _____

Asset 3

Type of Asset: Checking Saving Other _____

Institution Name: _____

Asset Value \$ _____ Available Funds \$ _____

EMPLOYMENT:

Self Employed Self Employed Income \$ _____ monthly

Client 1 Client 2

Employer Name _____ Start Date _____

Address _____ City _____ State ____ Zip _____

Phone # _____ Position/Title _____

Monthly Income \$ _____ Hours worked a week _____

Client 1 Client 2

Employer Name _____ Start Date _____

Address _____ City _____ State ____ Zip _____

Phone # _____ Position/Title _____

Monthly Income \$ _____ Hours worked a week _____

(if you need more space use the back of this sheet)

OTHER INCOME: (SSI, Disability, Child Support, K-Tap, and etc.)

School Financial Aid \$_____ (if any money is left over and uses for everyday expenses)

SSI \$_____ a month Disability \$_____ a month

K-Tap \$_____ a month Food Stamps \$_____ a month

Child Support \$_____ a month (only if you are receiving on a regular basis)

Family support \$_____ Weekly Monthly

Other Sources _____ Amount \$_____ Weekly Monthly

Return to:

HANDS
PO Box 9637
Bowling Green, KY 42102



Housing Assistance and Development Services Inc.
Monthly Expenses vs Income Worksheet

Expenses

Housing

Rent/Mortgage	
Gas	
Electricity	
Water/Sewer	
Trash	
Home phone	
Cell phone	
Total	

Name _____

Date _____

Food

Groceries	
Eating Out	
School Lunches	
Other:	
Total	

Car/Transportation

Car payment - \$	
Gasoline	
Car repairs	
License Tags/Taxes	
Bus/Train Fees	
Other:	
Total	

Personal

Personal Items/Toiletries	
Barber/Beauty Shop	
Allowance for Children	
Child Care	
Diapers/Wipes	
Household Items	
Other:	
Total	

Insurance

Auto Insurance	
Life Insurance	
Renters/Homeowners	
Health Insurance	
Dental Insurance	
Other:	
Total	

Medical

Medication	
Doctor Visits	
Dentist	
Eye Doctor	
Medical Bills	
Total	

Clothing

Clothing	
Laundry Supplies	
Dry Cleaning	
Total	

Gifts & Donations

Birthday Gifts	
Christmas	
Other Gifts	
Church Donations	
Other Charities	
Total	

Entertainment

Movies	
Movie rentals	
Cable TV	
Internet Service	
Gym/Social Clubs	
Concerts	
Athletic Events	
Gambling/Lottery Tickets	
Vacations/Trips	
Other:	
Total	

Miscellaneous

Savings	
Pet Supplies/Care	
Postage	
Hobbies/Crafts	
Other: Parents	
Total	

Debts

Student Loans	
Credit Card - \$	
Credit Card - \$	
Credit Card - \$	
Credit Card - \$	
Credit Card - \$	
Personal Loans	
Personal Loans	
Other:	
Total	

Monthly Totals

Income

Base Pay	
Unemployment	
Pension	
Child support	
Social Security	
SSI	
K-Tap	
Food Stamps	
Other	
Total Monthly Income	

**Housing Assistance aNd Development Services Inc.
(HANDS)**

CREDIT REPORT AUTHORIZATION FORM

Authorization is hereby granted to Housing Assistance aNd Development Services Inc. (HANDS) to obtain a consumer credit report through a credit reporting agency. I understand and agree that HANDS intend to use the consumer credit report for the purpose of evaluating my financial readiness to buy a home and may share any credit information obtained hereunder with such mortgage lenders or persons affiliated with HANDS, pursuant to Paragraph 604 of the Fair Credit Reporting Act (FCRA). I also understand that counselors have a dual role in developing debt management plans that address consumers' needs but that also meet the requirements of the creditors who fund the offices.

My signature below authorizes the release of financial information which I have supplied in connection with financial counseling program. Authorization is further granted to the credit reporting agency to use a photo static reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

1. Client's Name (print)

2. Client's Name (print)

1. Client's signature

2. Client's signature

1. Client's Social Security Number

2. Client's Social Security Number

Date

Date

Address (print)

City (print)

State and Zip code

Please check form of payment for credit report

Online through HANDS website

Housing Assistance aNd Development Services (HANDS)

CLIENT AUTHORIZATION FORM

1. I understand that HANDS provides financial counseling, pre-purchase counseling and foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I authorize HANDS, its counselors, administrators, or assigns to discuss my mortgage and its relevant financial issues with parties relevant and necessary in reaching a conclusion and/or option to my present situation.
3. I acknowledge that I have received a copy of HANDS' Privacy Policy.

FURTHER, I UNDERSTAND:

1. 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.
2. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
3. I understand that HANDS provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from HANDS in no way obligates me to choose any of these particular loan products or housing programs.

Client A Signature: _____ Date: _____

Client B Signature: _____ Date: _____

Counseling Agreement

THIS COUNSELING AGREEMENT ("Agreement") is entered into by and between
_____ ("Counselor") and _____ ("Client").

RECITALS:

WHEREAS Counselor is an employee of a HUD approved counseling agency and a member of Kentucky Housing Corporation Homeownership Counseling Program to provide services to individuals interested in homeownership; and,

WHEREAS, Client desires to participate in a counseling program.

NOW, THEREFORE, in consideration of the mutual promises contained in this Agreement, Counselor and Client agree as follows:

SECTION I – CLIENT'S PROMISES

In order to address specific financial considerations which can affect the Client's ability to obtain a mortgage loan and to purchase and maintain a home, Client recognizes the benefit of counseling services and pledges full cooperation with the Counselor and the requirements of the counseling sessions. Client also authorizes Counselor to act on his or her behalf in matters pertaining to obtaining a mortgage loan. Client understands that, as a part of the Program, Client will be required to supply certain specific information regarding employment, income, debts and other personal information to the Counselor. In recognition of the need to obtain and exchange information, Client authorizes Counselor to obtain from outside sources as mutually agreed.

As a participant in the Program, Client agrees to comply with the following guidelines as a condition for continued participation in the Program. By entering into this Agreement, Client understands and acknowledges that failure to comply with the guidelines of the Program could result in termination from the Program. Client promises as follows:

1. Client will comply with the family budget created by Client and Counselor.
2. Client will pay all monthly bills on or before the due date.
3. Client will report all sources of income to Counselor.
4. Client will report any changes which would affect eligibility for a mortgage loan, including changes in employment, credit rating, bank accounts, debts and income.
5. Client will incur no other debts without consulting Counselor.
6. Client will work to improve credit and/or repair credit issues.
7. Client will report change of address or telephone number to Counselor.

SECTION II – COUNSELOR’S PROMISES

1. Counselor pledges to preserve strict confidentiality in regard to information supplied by Client or obtained from other sources regarding Client. The Counselor shall not disclose or distribute information regarding this Agreement, any non-public personal information on Client or any other material or information that is deemed confidential to any other party without the express written consent by Client. However, Counselor may disclose or distribute such information if, it is requested by law or judicial process, provided Counselor promptly sends written notice of such legal request to Client. Additionally, Counselor will comply with the privacy provisions of the Gramm-Leach-Bliley Act. Counselor shall provide to each Client, at the start of the Homeownership Counseling Program, Notice under the Gramm-Leach-Bliley Privacy Act.
2. Counselor pledges to act to the best of his/her ability to serve and protect the best interest of Client.
3. Counselor will not receive direct financial compensation in exchange for referral of Client to a particular lender.

SECTION III – MORTGAGE LOAN

Client acknowledges and understands that Counselor is NOT an agent for any particular lender and has no authority to approve or deny a mortgage loan. Client acknowledges that participation in and/or the completion of counseling does not guarantee approval for a mortgage loan.

SECTION IV – COUNSELOR’S COMPENSATION

Client understands that Counselor is an employee of a HUD approved Counseling Agency and a member of Kentucky Housing Corporation’s Homeownership Counseling Network and is being compensated on a hourly basis for conducting counseling sessions with Client. Counselor will periodically require Client to sign documentation confirming Client’s participation in counseling sessions and Client agrees to execute the required documentation certifying that counseling sessions have taken place.

Counselor WILL NOT receive a real estate commission for purchase of a home by Client, nor is the Client required to pay any additional fees to participate in the one-on-one counseling sessions with the HUD or Kentucky Housing Corporation approved counselor.

SECTION V – CONFLICT OF INTEREST

While affordable homes, lending products and other forms of assistance might be available through Housing Assistance and Development Services (HANDS) Inc., and partnerships in which HANDS has entered, the Client is under no obligation to utilize these services.

SECTION VI – CREDIT REPORT

As part of the Program, Client may be asked to authorize Counselor to access Client's credit report. Client understands that, although Counselor may discuss matters appearing on Client's credit report, Counselor may be prohibited from giving Client a copy of the credit report dependent upon Counselor's legal relationship with the credit reporting agency.

The undersigned parties acknowledge their understanding of the terms of this Agreement and Client acknowledges receipt of a copy. The parties have signed below effective this _____ day of _____, 20____.

COUNSELOR:HANDS INC.
PO Box 0637
Bowling Green, Ky 42102

(Agency Name)

By:_____

Title:_____

CLIENT:

Client's Signature

Client's Printed Name

Client's Signature

Client's Printed Name

Client's Address

Client's Phone Number

Housing Assistance and Development Services, Inc.
HANDS

Counseling Disclosure

Services Offered:

Our agency provides the following HUD one-on-one housing services:

rental, pre-purchase/homebuying, financial management - budget/credit, post purchase, and resolving or preventing mortgage delinquency or default counseling.

Our agency also provides the following services and group education workshops:

financial literacy, predatory lending, fair housing, rental, pre-purchase/homebuyer education, post purchase, and resolving or preventing delinquency.

Relationship with Industry Partners:

Our agency has financial or exclusive relationships or both, with specific industry partners, including HUD, USDA and Kentucky Housing Corporation.

No Client Obligation:

There is no obligation to receive, purchase or use any product or service offered by this agency or any services of its industry partners or other party in exchange for your receiving HUD housing counseling services.

Alternatives:

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff.

I have read and received a copy of this disclosure.

Date: _____

Client _____

Client _____



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.

HANDS 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 publicly available information, such as your Social Security Number or demographic data such as our 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 HANDS 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 others
- Information we receive from your creditors or employment references
- Credit Reports

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 others, 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 your personal information secured?

We restrict access to your nonpublic personal information to HANDS employees who need to know that information in order to perform their 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 HANDS 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 your creditors, which may limit HANDS ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in the Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that HANDS 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 HANDS will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting HANDS.

Client 1 (Printed)

Signature

Date

Client 2 (Printed)

Signature

Date

RELEASE: I hereby authorizes HANDS to release nonpublic personal information it obtains about me to my creditors 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.

Client 1 (Printed)

Signature

Date

Client 2 (Printed)

Signature

Date

