

HUD Housing Counseling Services



Thank you for your interest in Lincoln Hills Development Corporation's (LHDC) Housing Counseling Services!

Our goal is to work with you as you review your current financial situation, evaluate your housing options, and create an individual plan as you work towards your future goals. Any information collected will be used for statistical purposes and to help personalize our services to your individual needs.

In order to help us serve you better, please review the following:

Contact Information:

Name: _____

E-mail: _____

Phone: _____

Issue or Topic You Would Like to Discuss with Us:

Disclosure to Client for HUD Housing Counseling Services: Please review and sign the *Disclosure to Client for HUD Housing Counseling Services*. This form advises you of LHDC's relationships/partnerships with other organizations and/or programs.

Housing Counseling Intake Form: Please complete the *Housing Counseling Intake Form*. The information you provide on this form is voluntary and confidential. Not all questions will apply to your situation. However, the information is intended to help us personalize our services to your individual needs.

We look forward to working with you!

Lincoln Hills Development Corporation
PO Box 336, Tell City, IN 47586
Phone: 800-467-1435 ext. 440
E-mail: linman@lhdc.org

Disclosure to Client for HUD Housing Counseling Services



Services Offered: Lincoln Hills Development Corporation (LHDC) provides the following HUD one-on-one housing counseling services: rental education and counseling, homebuyer education, fair housing education, pre- and post-purchase counseling, mortgage default counseling, homeless counseling, and budget and credit counseling.

Our agency also provides the following services and programs: Housing Choice Voucher Rental Assistance Programs (Crawford, Gibson, Perry, Spencer, Vanderburgh, and Warrick counties); Retired Senior Volunteer Program; Healthy Families; Early Head Start; Head Start; Health Insurance Navigation; Energy Assistance Program (EAP); Weatherization Assistance Program (LIHEAP); and Housing/Housing Management.

LHDC may benefit financially if clients choose to reside at the following properties owned and/or managed by LHDC:

- Cannelton Cotton Mill Apartments
- Chandler Heights
- Chrisney Community Apartments
- Country Place Apartments (Tell City)
- Fulton Manor Apartments (Troy)
- Hartford Place Apartments (English)
- Housing for the Elderly in English
- Housing for the Elderly in Ferdinand
- Housing for the Elderly in Marengo
- Housing for the Elderly in Milltown
- Housing for the Elderly in St. Meinrad
- Housing for the Elderly in Tell City
- Lincoln Manor Apartments (Troy)
- Lincoln Manor Duplex (Troy)
- Lincoln Village Apartments (Huntingburg)
- Ohio View Apartments (Leavenworth)
- Village Apartments (Corydon)
- Village Apartments (Marengo)

Relationships with Industry Partners: Our agency has financial or exclusive relationships, or both, with specific industry partners, including: Indiana Housing and Community Development Authority (IHCD); Indiana WorkOne (Workforce Development), Indiana Division of Family Resources and Department of Child Services, Habitat for Humanity, Catholic Charities, and Legal Services of Indiana.

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. Any and all information disclosed is for the purpose of discussion and problem solving, and does not constitute an endorsement, recommendation, or directive to use a specific resource. The housing counselor will assist the client in carefully evaluating all appropriate options. However, the decision to purchase, use, or participate in, any particular option remains solely that of the client.

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.

By signing this document, I am stating that I have read and understand this Disclosure Statement. I further hereby authorize LHDC and its staff or authorized representative(s) to contact any agencies, local, state or federal entities, offices, groups or organizations to obtain and/or verify any information or materials which are deemed necessary to assist LHDC in providing housing counseling to me.

Client Signature

Date



Housing Counseling Intake Form

CUSTOMER *Please Print Clearly*

Name: _____
First MI Last

Street _____

City State Zip Code

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Fax: (____) _____ - _____ Pager: (____) _____ - _____ Mobile/Cell (____) _____ - _____

_____/_____/_____
Social Security Number Birth Date

Race (please circle):

- | | | |
|--------------------|---|---|
| 1. White | 2. Black or African American | 3. American Indian/Alaskan Native |
| 4. Asian | 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White |
| 7. Asian and White | 8. Black/African American and White | 9. American Indian/Alaskan Native and Black |
| 10. Other | | |

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:)

Hispanic: Yes No

Immigrant Status (please select 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

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Current Housing Arrangement (please circle):

- | | |
|-------------------------------------|--|
| 1. Rent | 2. Homeless |
| 3. Homeowner with mortgage | 4. Living with family member and not paying rent |
| 5. Homeowner with mortgage paid off | |

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

Household Type (please select the most accurate)?

1. Female headed single parent household 2. Male headed single parent household 3. Single adult
4. Two or more unrelated adults 5. Married with children 6. Married without children 7. Other

Family/Household Size: _____ **How many dependents (other than those listed by any co-borrower)?** _____
What ages are they? _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Are there non-dependents who will be living in the home? Yes No *If yes, list below:*

Relationship Age Relationship Age

Annual Family or Household Income: \$ _____

Education (please circle one):

1. Below High School Diploma 2. High School Diploma or Equivalent
3. Two-Year College 4. Bachelors Degree
5. Masters Degree 6. Above Masters Degree

Referred to by (please circle all that apply):

Print Advertisement Bank Government TV Realtor
Staff/Board member Walk-In Friend Radio Newspaper Article

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

CO-APPLICANT

Name: _____
First MI Last

Street _____

City State Zip Code

Home: (_____) _____ - _____ Work: (_____) _____ - _____ Email: _____

Fax: (_____) _____ - _____ Pager: (_____) _____ - _____ Mobile/Cell (_____) _____ - _____

_____-_____-_____
Social Security Number Birth Date

Race (please circle):

1. White 2. Black or African American 3. American Indian/Alaskan Native
4. Asian 5. Native Hawaiian/Other Pacific Islander 6. American Indian/Alaskan Native and White
7. Asian and White 8. Black/African American and White 9. American Indian/Alaskan Native and Black
10. Other

Ethnicity (please select “yes” or “no” for Hispanic Origin. You should select both a “Race” category and a “yes” or “no” for Hispanic origin:)

Hispanic: Yes No

Immigrant Status (please select one):

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

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend
 Boyfriend Mother Father

Other: _____

CUSTOMER EMPLOYMENT — Last 2 Years Please Print Clearly

Primary Employer: _____

_____ Title _____ Hire Date _____

_____ Street _____ City _____ State _____ Zip Code _____

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

_____ Title _____ Length of Employment _____

_____ Street _____ City _____ State _____ Zip Code _____

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

INCOME*Please Print Clearly*

<i>Type of Income</i>	<i>CUSTOMER Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

CUSTOMER**CO-APPLICANT**

Can you document your child support/alimony income? Yes No *Yes No*
If yes, how long will it continue? _____ _____

*If your child or a family member receives SSI,
how many more years will the payments continue?* _____ _____

*If you receive disability income,
is it for a permanent disability?* *Yes No* *Yes No*

*Regarding other employment, have you worked
in this field for two years or more?* *Yes No* *Yes No*

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
Have your payments been made on time?	Yes	No	Yes	No
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
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?	Yes	No	Yes	No
If yes, when was it discharged? _____				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

	CUSTOMER	CO-APPLICANT
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No
 If yes, how much? \$ _____

LIVING EXPENSES

	CUSTOMER	CO-APPLICANT
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION

	CUSTOMER		CO-APPLICANT	
Have you owned a home in the last three (3) years?	Yes	No	Yes	No
Are you a Veteran?	Yes	No	Yes	No
Do you have a contract on a house at this time?	Yes	No		

Are you currently working with a real-estate agent? Yes No

Most convenient time for an individual appointment? ____ AM ____ PM

AUTHORIZATION

I authorize the Housing Counseling Agency to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Customer

Date

Co-Applicant

Date

