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 229 or 231
E-mail: Julie@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 (IHCDA); 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

**Please Print Clearly**

<table>
<thead>
<tr>
<th>Name:</th>
<th>____________________________________________________________</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>First</td>
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</table>

<table>
<thead>
<tr>
<th>Street</th>
<th>____________________________________________________________</th>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home: (____) _______ – __________</th>
<th>Work: (____) _______ – __________</th>
<th>Email: ____________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fax: (____) _______ – __________</th>
<th>Pager: (____) _______ – __________</th>
<th>Mobile/Cell: (____) _______ – __________</th>
</tr>
</thead>
</table>

| 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):**
1. You are U.S. born and 1 or both of your parents are foreign born  
2. You are U.S. born but 1 or both grandparents foreign born  
3. You are foreign born  
4. 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)?
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
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


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

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

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

Can you document your child support/alimony income?  
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  

Regarding other employment, have you worked in this field for two years or more?  
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.

<table>
<thead>
<tr>
<th>Paid To</th>
<th>Current Balance</th>
<th>Monthly Payment</th>
<th>Who’s Debt?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>C=Customer, A=Co-Applicant, B=Both</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<tr>
<td>9.</td>
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<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please use additional sheets if necessary.

Have your payments been made on time?  
CUSTOMER  |  CO-APPLICANT
---|---
Yes | No
Yes | No

Are you currently in Chapter 13 bankruptcy?  
CUSTOMER  |  CO-APPLICANT
---|---
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?  
CUSTOMER  |  CO-APPLICANT
---|---
Yes | No
Yes | No

LIQUID FUNDS/SAVINGS/INVESTMENTS  
Please Print Clearly

Please list the approximate value of the following:

<table>
<thead>
<tr>
<th></th>
<th>CUSTOMER</th>
<th>CO-APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Securities (stocks, bonds, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Liquid Funds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle)  
CUSTOMER  |  CO-APPLICANT
---|---
Yes | No

If yes, how much? $____________________

LIVING EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>CUSTOMER</th>
<th>CO-APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current monthly rent or mortgage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electric/Gas/Solid Waste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cellular/Pager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cable/Satellite TV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Living Expenses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL INFORMATION

<table>
<thead>
<tr>
<th></th>
<th>CUSTOMER</th>
<th>CO-APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you owned a home in the last three (3) years?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are you a Veteran?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you have a contract on a house at this time?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
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