



We are so glad that you took the tough first step and contacted the St. Johns Housing Partnership about your housing counseling needs. We are a HUD approved, non-profit, high performing housing counseling agency.

To assist us in providing you with the most effective and efficient service, please complete the attached worksheets as thoroughly as possible. If there are questions or information that you don't understand, that's okay, do your best. Your signature on each form is the most important part.

Full disclosure is important. We can't help you toward a resolution unless we have a complete and accurate picture of your situation. A plan based upon only part of your information is certain to fail. In order to begin the process, we will need you to provide us with copies of the following documents and the attached forms.

IF YOU NEED HELP WITH THIS PACKET LET US KNOW

P: (904) 819-1266

F: (904) 819-1268

EMAIL: DOCUMENTS

DOCUMENTS@SJHP.ORG OR FAX OR

**MAIL INTAKE + DOCS TO 93 ORANGE STREET, ST. AUGUSTINE,
FL 32084**

**THIS CHECKLIST IS A REQUIREMENT & THE FOLLOWING ITEMS MUST BE
RETURNED WITH THE PACKET.**

- Complete and sign all forms in the attached package.*
- 2 most recent bank statements (all pages)*
- 30 days of most recent pay stubs*
- Proof of other income: Social Security Award letter, Pension Statement, Retirement Award letter, child support, etc.*

Please ensure that all copies provided are legible. Once you provide all documents requested, you will be given a **telephone appointment with a counselor.**

You can reach us at (904) 819-1266. Please allow up to ten (10) business days for someone to contact you after you have submitted all of the required information. We appreciate your patience. You have taken the first step toward understanding and improving your credit, budgeting and goals toward homeownership. We look forward to working with you.

Sincerely,
St. Johns Housing Partnership

Financial Education/Homeownership Intake Form

Date: _____

Demographic Information:

Name: First: _____ M: _____ Last: _____

Address: Street: _____

City: _____ State: FL Zip: _____

Phone: _____

Email Address: _____

Race: _____ Family Size: _____ # of Dependents: _____ Ages of Dependents: _____

Gender: Male/Female

Head of Household: Yes/No Hispanic: Yes/No Birthdate: _____

Disabled: Yes/No Disabled Dependent: Yes/No

Level of Education: (Circle One) College High School or GED Primary Vocational None

Marital Status: (Circle One) Married Single Domestic Partners Active Military: Yes / No Veteran: Yes/No

Have you filed Bankruptcy: Yes/No

Co-Applicant: First: _____ M: _____ Last: _____

What is the primary reason for seeking housing counseling?

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Employer Information:

Primary Employer: _____ Position: _____ Self Employed: Yes/ No

Hire Date: _____ Years in Profession: _____

Current Housing Information:

Type of Property: (Circle One) Single Family Condo/Townhouse Mobile Home Multi Family

How long have you lived at current address? _____

Are you working with a Lender or Real Estate Agent?

Real Estate Agent Name: _____ Lender Name: _____

Have you pre-qualified for a mortgage? Yes/ No

How much have you been approved for? _____

How did you hear about St. Johns Housing Partnership? _____

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge.

Applicant Signature

Date

Print Name

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HOUSEHOLD INCOME

Number of Adults over 18? _____ Number of Children in Household? _____ Ages of Children? _____

MONTHLY INCOME	PRIMARY APPLICANT		Others in Household	
	CURRENT		CURRENT	
	Gross	Net after Deductions	Gross	Net after Deductions
Employment Income	\$	\$	\$	\$
Disability – SSI / SSD / SSA	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
Child Support / Alimony	\$	\$	\$	\$
Food Stamps / Welfare	\$	\$	\$	\$
Other:	\$	\$	\$	\$
INCOME	\$	\$	\$	\$

CURRENT MONTHLY SPENDING PLAN

Household Expenses		Household Expenses – Flexible		Household Expenses – Flexible (cont.)	
Rent	\$	Lawn Care	\$	Fitness / Social Clubs	\$
Electricity	\$	Home Repairs	\$	Vacations / Trips	\$
Gas (in home)	\$	Eating Out	\$	Hobbies / Crafts	
Water, Sewer, Trash	\$	Prescriptions	\$	Checking Fees	
Telephone	\$	Medical/Dental	\$	Auto Repairs	\$
Cell Phone	\$	Clothing	\$		
Car Payment 1	\$	Laundry	\$		
Car Payment 2	\$	Dry Cleaning	\$	Savings Account Balance	\$
Auto Gas	\$	School Tuition	\$	Checking Account Balance	\$
Parking / Bus / Taxi	\$	Donations / Church	\$	Student Loan	\$
Auto Insurance	\$	Barber / Beauty	\$	Medical Bills	\$
Childcare / Daycare	\$	Tobacco	\$	Rent to Own	\$
Groceries	\$	Beer, Wine, Liquor	\$	Payday Loans	
School Lunches	\$	Movies / Theatre	\$	Personal Loans	\$
Other:	\$	Cable / TV/Internet	\$		
Other:	\$	Pet Care / Supplies		Debt Total:	\$
Total:	\$	Total	\$	Total	\$

Print Name: _____

Applicant(signature): _____

Date: _____

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Credit Report Authorization

Name: _____
(First) (Middle) (Last)

Spouse: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

I/We hereby authorize the St. Johns Housing Partnership, a counseling agency, to obtain a copy of my credit profile, to provide counseling, and to recommend referral service on my behalf. This authorization shall become effective immediately and shall remain in effect until revoked by me/us.

W/We also hereby certify that the information that I/We have given is true and accurate to the best of my/our knowledge. Furthermore, I/we understand that giving the St. Johns Housing Partnership authorization to obtain information and provide services on my/our behalf in no way guarantees that I/we will receive housing nor that we will be approved by a lender.

I/We hereby authorize the St. Johns Housing Partnership to obtain a copy of my/our credit report for the sole purpose of assessing my/our credit status and providing direct counseling services. I acknowledge that the St. Johns Housing Partnership has informed me in advance of the fee related to obtaining this disclosure, which I am/we are responsible for paying. I/We further understand that an inquiry will appear in my credit file as a result of pulling my/our file. I/We have also been advised by the St. Johns Housing Partnership that the inquiry will be made by the St. Johns Housing Partnership . Currently, the agency that they are using to obtain my information is American Credco. It is further understood by me/us that the St. Johns Housing Partnership is not responsible for the credit information found on my/our credit file.

Applicant Signature Social Security # Date of Birth

Co-Applicant Signature Social Security # Date of Birth

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Client / Counselor Contract

St. Johns Housing Partnership and its counselors agree to provide the following services:

- Development of a budget
- Presentation and explanation of reasonable options available to the applicant
- Explanation of the collection and foreclosure process
- Assistance in communicating with the lenders, real estate and credit professionals
- Timely completion of planned action
- Identification of assistance resources
- Referrals for additional services
- Confidentiality, honesty, respect, and professionalism in all services

I/We, _____, agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will be on time for appointments and understand that, if we are late for an appointment, the appointment will still end at the scheduled time.
- I/We will call within 24 hours of a scheduled appointment if I/we will be unable to attend appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us. ***This includes not providing the requested information in a timely manner.***
- I/We hold St. Johns Housing Partnership, its employees, agents, and volunteers harmless from any claim, suit, action, or demand of my creditors, myself, or any other person resulting from advice or counseling.
- I/We understand that, unless I choose to “opt out,” the agency will, if asked by creditors, verify my appointment as well as the date and results of that appointment. I further understand that I have the right to “opt out” of having this information shared by e-mailing or writing to St. Johns Housing Partnership’s Credit Counseling Department.

I/We understand that I must call to schedule an appointment if I need further assistance and I understand that St. Johns Housing Partnership **does not allow walk-ins.**

Applicant Signature: _____ **Date:** _____

Print Name: _____

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Disclosure Statement

This disclosure statement is provided by St. Johns Housing Partnership to all clients seeking counseling services.

Following is a complete list of services provided by St. Johns Housing Partnership, in addition to housing counseling:

- Credit counseling and budgeting
- First time homebuyer education
- Mediation counseling
- Rental counseling

St. Johns Housing Partnership has no financial relationships with any other industry partners.

1. I acknowledge that I have received a copy of the St. Johns Housing Partnership's privacy policy.
2. I understand that the St. Johns Housing Partnership will close my case file after three (3) unsuccessful attempts to communicate with me via e-mail, telephone, and/or U.S. postal mail. I also understand that I have the option to request a copy of my file.
3. I understand that I am not obligated to use any of the services offered me and may be referred to other housing services offered by the agency or to an outside agency to assist with concerns that may have been identified.
4. Counselors may answer questions and provide information but will not give legal advice. If I want legal advice, the recommendation will be that I seek legal assistance from the appropriate entities.
5. I understand that the St. Johns Housing Partnership provides information and education on numerous loan products and housing programs. I further understand that the housing counseling that I receive from the St. Johns Housing Partnership does not obligate me to choose any of these particular loan products or housing programs.
6. I understand the St. Johns Housing Partnership will not make referrals to specific agencies but will provide me a list of agencies and I will make my own decision.

Hold Harmless Agreement

I give the St. Johns Housing Partnership permission to use my name in any current and future publications or reporting. Furthermore, in view of the fact that the St. Johns Housing Partnership is a nonprofit organization, I hereby release, hold harmless, and waive all claims associated with these publications and marketing materials that I may have against the St. Johns Housing Partnership and its employees.

Signature: _____

Date: _____



Privacy Policy

St. Johns Housing Partnership 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 with due legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses, and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the 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 about 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 nonpublic 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. If at any time, you wish to change your decision with regard to your “opt-out,” you may call us at (904) 819-1266.

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 that make our services possible.
2. We may also disclose any nonpublic 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 agency, we restrict access to nonpublic 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 nonpublic personal information.

Applicant Signature

Date

Counselor Signature

Date



Social Security Information Purpose Statement

St. Johns Housing Partnership collects your Social Security number for one or more of the following purposes:

- Classification of Accounts
- Identification and Verification
- Credit Worthiness
- Billing and Payments
- Data Collection
- Reconciliation
- Tracking
- Benefit Processing
- Tax Reporting
- Accounts Payable
- Income Verification
- Other: _____

Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

I acknowledge that I have read the above disclosure and have been informed why I am being asked for my Social Security number.

Signature

Printed Name

Date

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Complaint / Appeal Procedures

In the event of a complaint or appeal, the complaint / appeal shall first be heard by:

Marissa Vetter, Program Manager

Should the first designated party be unable to resolve the difficulty, the second complaint / appeal will be heard by:

William Lazar, Executive Director

Should the second-level complaint / appeal be unable to resolve the difficulty, the final hearing will be held by:

President of the SJHP Board of Directors

All complaints / appeals received by the St. Johns Housing Partnership will be referred to the recipient.

I acknowledge and understand the complaint / appeal procedure and have received a copy of the procedures for my record.

Signature of Applicant

Date



AUTHORIZATION FORM

1. I understand that SJHP provides financial capability counseling/coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand that SJHP submits client-level information relating to the Project Reinvest: Financial Capability grant to the NCRC Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.
3. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
4. I give permission for Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
5. I acknowledge that I have received a copy of (organization name)'s Privacy Policy.
6. I may be referred to other services of the organization, 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.
7. 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.
8. I acknowledge by signing below that I have removed the last 2 pages of this packet (HUD Form 92564-CN and 10 Important Questions to Ask Your Inspector) for my records and review.

Signature

Printed Name

CAUTION

U.S. Department of
Housing and Urban
Development
Federal Housing Administration (FHA)



OMB Approval No: 2502-0538 (exp. 04/30/2018)

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.



HUD-92564-CN (6/14)



CAUTION

Ten Important Questions to Ask Your Home Inspector

1. What does your inspection cover?

The inspector should ensure that their inspection and inspection report will meet all applicable requirements in your state if applicable and will comply with a well-recognized standard of practice and code of ethics. You should be able to request and see a copy of these items ahead of time and ask any questions you may have. If there are any areas you want to make sure are inspected, be sure to identify them upfront.

2. How long have you been practicing in the home inspection profession and how many inspections have you completed?

The inspector should be able to provide his or her history in the profession and perhaps even a few names as referrals. Newer inspectors can be very qualified, and many work with a partner or have access to more experienced inspectors to assist them in the inspection.

3. Are you specifically experienced in residential inspection?

Related experience in construction or engineering is helpful, but is no substitute for training and experience in the unique discipline of home inspection. If the inspection is for a commercial property, then this should be asked about as well.

4. Do you offer to do repairs or improvements based on the inspection?

Some inspector associations and state regulations allow the inspector to perform repair work on problems uncovered in the inspection. Other associations and regulations strictly forbid this as a conflict of interest.

5. How long will the inspection take?

The average on-site inspection time for a single inspector is two to three hours for a typical single-family house; anything significantly less may not be enough time to perform a thorough inspection. Additional inspectors may be brought in for very large properties and buildings.

6. How much will it cost?

Costs vary dramatically, depending on the region, size and age of the house, scope of services and other factors. A typical range might be \$300-\$500, but consider the value of the home inspection in terms of the investment being made. Cost does not necessarily reflect quality. HUD Does not regulate home inspection fees.

7. What type of inspection report do you provide and how long will it take to receive the report?

Ask to see samples and determine whether or not you can understand the inspector's reporting style and if the time parameters fulfill your needs. Most inspectors provide their full report within 24 hours of the inspection.

8. Will I be able to attend the inspection?

This is a valuable educational opportunity, and an inspector's refusal to allow this should raise a red flag. Never pass up this opportunity to see your prospective home through the eyes of an expert.

9. Do you maintain membership in a professional home inspector association?

There are many state and national associations for home inspectors. Request to see their membership ID, and perform whatever due diligence you deem appropriate.

10. Do you participate in continuing education programs to keep your expertise up to date?

One can never know it all, and the inspector's commitment to continuing education is a good measure of his or her professionalism and service to the consumer. This is especially important in cases where the home is much older or includes unique elements requiring additional or updated training.