

Family Resources of New Orleans (FRNO) is pleased that you have chosen us as your housing counseling service provider and are looking forward to working with you. We are here to assist you in resolving your housing needs. However, you may use services other than those provided by this agency. Generally, your services may include the following:

- The gathering of essential demographic and financial information to help us resolve your housing need
- An assessment of your housing situation
- A case management plan that provides instructions and identifies resources for resolving your housing need
- Individual face to face, telephone and/or group counseling designed to guide you through the process of resolving housing needs.
- Follow-up calls and/or letters to track the outcome of our services: **1) Pre-purchase Counseling** = Preparing for Home Purchase **2) Pre-purchase Homebuyer Education Workshops** = Online classes **3) Fair Housing Pre-Purchase Education Workshops** = Group **4) Resolving/Preventing Mortgage Delinquency and Default Resolution Counseling** = Mortgage Assistance **5) Non-Delinquency Post Purchase Workshops** = After purchase counsel **6) Financial Management/Budget Counseling** = Budgeting **7) Financial, Budgeting and Credit Workshops** = Credit Repair **8) Rental Housing Counseling**

FRNO upholds the highest standards of customer service. As such, Increasing FRNO staff members providing these services will adhere to the following guidelines:

FRNO does not offer legal counsel or services. FRNO staff members will provide counseling, group education and/or instructional information only regarding your housing, personal financial management or credit situation under this program.

FRNO does not provide debt consolidation services nor will any member of FRNO's staff takeover or assume responsibility for the finances of any participating client.

FRNO does not pay or receive fees or other considerations for referrals to or from any program administered by us. FRNO staff members will not recommend that clients participate or engage in any services whereby the staff members themselves or any member of their immediate family have a financial interest.

No staff member of FRNO will disclose any personal information without proper authorization of the participant. FRNO strongly believes in and promotes housing choice. To that end, FRNO does not endorse any realtor or lender. Participants in FRNO's Pre-Purchase Counseling program shop for and select the lender and realtor that best suits their needs.

FRNO, in many instances, will need to pull your credit report in order to assess the condition of your credit either to determine your readiness for ownership or to assist in the resolution of mortgage delinquency. FRNO has the ability to pull your credit with little to no effect on your credit score.

FRNO employs persons who are qualified to provide the services rendered. To that end, all FRNO housing counselors are required to be certified. New counselors employed by FRNO have one year to acquire such certification, which can be obtained through the Association of Housing Counselors, the National Federation of Housing Counselors or Neighbor Works. Central to FRNO's mission is the elimination of housing discrimination. All of FRNO's programs and services are required to educate participants. Please be advised that you, the client, are not obligated to receive, purchase or utilize any other services offered by FRNO, or its exclusive partners, in order to receive housing counseling services. This certifies that I have read and understood the above statement of disclosure. Please be advised that you, the client, are not obligated to receive, purchase or utilize any other services offered by FRNO, or its exclusive partner, in order to receive housing counseling services.

Participant Signature _____ Date _____

Telephone/Online Counseling: __ or __
Yes No

APPLICANT COUNSELING APPLICATION

Family Resources of New Orleans

(Office Use Only) Intake Date: _____ <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> Email			
First Name:		Middle/MI:	Last Name:
Date of Birth:		Age:	SSN:
Home Phone:		Cell Phone:	
Preferred Contact Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email		Email:	
Street Address:			
City:		State:	Zip Code:
Length of Occupancy:			
Monthly Gross Income: \$ (Before Taxes)		Annual Gross Income; \$ (Before Taxes)	
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2-weeks <input type="checkbox"/> Twice-a-month <input type="checkbox"/> Monthly			
Curr-ent Savings Amount: \$			
Referred by: <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Ad <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Phone Inquiry <input type="checkbox"/> Agency Staff <input type="checkbox"/> Customer <input type="checkbox"/> Other <input type="checkbox"/> Lender: _____ <input type="checkbox"/> Government Agency: _____ <input type="checkbox"/> Realtor: _____			
Race: (Please check one):		<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Slavic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White <input type="checkbox"/> Other	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow			
Do you Receive Alimony, if so how much \$ _____ p/mnth First Time Homebuyer <input type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant Household Information (cont'd)

Are you the Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Family/Household Size: _____
Number of Dependents: Ages: ____ / ____ / ____ / ____ / ____ / ____ Child support:>/mnth:\$ ____	

Are there any non-dependents who will be or are currently living in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list: Relationship/age: _____ Relationship/Age: _____ Relationship/age: _____ Relationship/Age: _____
Your Household Type: <input type="checkbox"/> Female Head of Household <input type="checkbox"/> Male Head of Household <input type="checkbox"/> Married with children <input type="checkbox"/> Married without children <input type="checkbox"/> Two or more unrelated adults	

Applicant's Primary Employment

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:	Mnthly Retirement Income:\$ _____ SSI Income: \$ _____
Position:	Hire Date: _____ Rate/Hrly Pay: \$ _____
Work Telephone No:	Overtime:\$ _____
Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Commission <input type="checkbox"/> self-employed	
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2-weeks <input type="checkbox"/> Twice-a-month <input type="checkbox"/> Monthly	
Total Monthly Gross income: \$ (Before Taxes)	Total Annual Gross Income: \$ (Before Taxes)

Applicant's Secondary Employment

Employer Name:	
Position:	Work Telephone No:
Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Commission <input type="checkbox"/> Self-employed	
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2-weeks <input type="checkbox"/> Twice-a-month <input type="checkbox"/> Monthly	
Monthly Gross Income: \$ (Before Taxes)	Annual Gross Income: \$ (Before Taxes)

(Applicant)Signature _____ Date _____

CO-APPLICANT COUNSELING APPLICATION

First Name:		Middle/MI:	Last Name:
Date of Birth:		Age:	SSN:
Home Phone:		Cell Phone:	
Preferred Contact Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email		Email:	
Street Address:			
City:		State:	Zip Code:
Length of Occupancy:			
Monthly Gross Income: \$ (Before Taxes)		Annual Gross Income: \$ (Before Taxes)	
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2-weeks <input type="checkbox"/> Twice-a-month <input type="checkbox"/> Monthly			
Current Savings Amount: \$			

Referred by: ☐ IV ☐ Radio ☐ Ad ☐ Internet ☐ Friend ☐ Walk-in ☐ Phone Inquiry ☐ Agency Staff ☐ Customer
☐ Other ☐ Lender: _____ ☐ Government Agency: _____
☐ Realtor: _____

Race: (Please check one):	<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Slavic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White <input type="checkbox"/> Other		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow			
Do you receive Alimony, if so how much \$ _____ p/mnth? First Time Homebuyer <input type="checkbox"/> Yes <input type="checkbox"/> No			

Co-Applicant's Primary Employment

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name:		Retirement Income:\$	SS Income:\$
Position:		Hire Date:	Rate/Hrly Pay:
Work Telephone No:		Overtime:\$	
Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Commission <input type="checkbox"/> Self-employed			
Monthly Gross Income:\$		Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2-weeks <input type="checkbox"/> Twice-a-month <input type="checkbox"/> Monthly	
Total Monthly Gross income: \$ (Before Taxes)		Total Annual Gross income: \$ (Before Taxes)	

Co-Applicant's Secondary Employment

Employer Name:			
Position:		Work Telephone No:	
Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Commission <input type="checkbox"/> Self-employed			
Overtime:\$			
Monthly Gross Income:\$		Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2-weeks <input type="checkbox"/> Twice-a-month <input type="checkbox"/> Monthly	
Total Monthly Gross income: \$ (Before Taxes)		Total Annual Gross Income:\$ (Before Taxes)	
Other Income			
Child Support p/mnth: \$		Alimony p/mnth: \$	

Co-Applicant Signature _____

Date ____ - ____ - ____

HUD CLIENT DEMOGRAPHIC

Highest Grade Completed:	<input type="checkbox"/> 12 th Grade <input type="checkbox"/> GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> JD <input type="checkbox"/> PHD <input type="checkbox"/> Other
Annual Household Income:	<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> 10,001-15,000 <input type="checkbox"/> 15,001-20,000 <input type="checkbox"/> 20,001-25,000 <input type="checkbox"/> 25,001-30,000 <input type="checkbox"/> 30,001-35,000 <input type="checkbox"/> 35,001-45,000 <input type="checkbox"/> 45,001-50,000 <input type="checkbox"/> 50,001 and above

REFUND POLICY

I, the undersigned, have read and fully comply with Family Resources of New Orleans (FRNO) refund policy.

I have full knowledge that I shall not receive a refund for classes missed, due to personal or professional reasons. I further understand that I must attend both class sessions to receive my certificate of completion. I further understand that a certificate will not be issued unless I bring all documents needed to complete my file. However, I will be rescheduled for classes cancelled or postponed by the agency. It shall be my responsibility to ensure that I attend any and all postponed classes.

Signature

Date

Housing Counseling Activity U.S. Department of Housing and unit Log and Urban Development

Office of Housing

Federal Housing Commissioner 0MB Approval No: 2502-0261 (exp.4/30/98)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington D.C. 201410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0261), Washington, D.C. 20503. Do not send this completed form to either of the above addresses.

Instructions. The grantee must use this format or one on which the grantee records at least the same information. Obtain HUD approval for use of an alternative format. Grantees must follow the Grant Instructions regarding Client No. and Unit Claim. The "Unit Claim" box relates only to HUD Housing Counseling Grants for FY94 and earlier. HUD is reviewing the continued use of counseling units for future grants. If more space is needed, use more forms, and attach them to the first one. Non-grant agencies may use this form at their option.

Interviewing Counselor's Name: (office use)	Client's Name and Address (street, city, state , zip code): <u>(For Client to Complete)</u>
FHA Case No. (If any): (office use)	
Interview Date: (office use)	
Date Counseling Terminated:	Client Number: (office use)

Client Type: (check the box that indicates the status of the client when the client entered your workload via a screening interview. These client types correspond to those on form HUD-9902, Counseling Agency Activity Report.) (For Office Use)

<input type="checkbox"/> Homeowner (mortgage paid off)	<input type="checkbox"/> Homeowner (mortgage paid off)	<input type="checkbox"/> Potential Mortgagor (wants to buy)
<input type="checkbox"/> Renter (occupies rental property)	<input type="checkbox"/> Potential Renter (wants to rent)	<input type="checkbox"/> Homeless
<input type="checkbox"/> Other (specify _____)		

Results of Counseling: (check the applicable box(es) at the time each result occurs. These results correspond to those on form HUD-9902. You may achieve more than one result for the same client.) (For Office Use)

<input type="checkbox"/> Obtained a HECM	<input type="checkbox"/> Brought mortgage current	<input type="checkbox"/> Forbearance Agreement
<input type="checkbox"/> Mortgage assigned to HUD	<input type="checkbox"/> Executed Deed-in-Lieu	<input type="checkbox"/> Sold their property
<input type="checkbox"/> Decided not to purchase	<input type="checkbox"/> Rented alternative housing	<input type="checkbox"/> Purchased housing
<input type="checkbox"/> Occupied permanent housing for handicapped	<input type="checkbox"/> Occupied "transitional housing"	<input type="checkbox"/> Occupied "emergency shelter"
<input type="checkbox"/> Other: (specify _____)		<input type="checkbox"/> Entered public or private sector traditional housing

Interviewer's Notes:

- ☐ Client has several derogatory accounts
- ☐ Clients have several derogatory accounts
- ☐ ClientUClients will make settlements on accounts
- ☐ ClientUClients will pay off accounts
- ☐ ClientUClients will pay accts on time
- ☐ Client will register for homebuyers training
- ☐ None of the above

Race/Ethnicity:

- | | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | American Indian/ Alaskan Native |
| <input type="checkbox"/> | Asian / Pacifica Islander |
| <input type="checkbox"/> | Black Non-Hispanic |
| <input type="checkbox"/> | Hispanic |
| <input type="checkbox"/> | White Non-Hispanic |
| <input type="checkbox"/> | |

CLIENT ACTION PLAN

Name: _____

File # _____

Date: _____

FIANCIAL CONCERNS:

Budgeting or Money Management

Prepurchase Counseling

Credit Review

Repayment

Mortgage Delinquency

Other _____

BUDGET ASSESSMENT SUMMARY:

Total Gross Monthly Income

\$ _____

Monthly Mortgage/Rent

\$ _____

Net Monthly Income

\$ _____

Total Monthly Living Expense

\$ _____

Monthly Debt Obligations

\$ _____

Discretionary Income Left Over

\$ _____

INCOME SOURCE SUMMARY:

Full time Employment

Spouse Employment

Part time Employment

Housing Options

Sell/Refinance Automobile

Assets

Refund

Savings/Investments

☐ Gift Letter

Other _____

☐ Recycling

ACTION STEPS:

ACTION TAKEN:

Assessed Problem & Solutions

Budget Developed

☐

Client to Handle

RECOMMENDATIONS:

Advised to Handle Finances

Homebuyers Club

Ready to Make Loan Application

Debt Management Counseling

Housing Assistance

Other _____

Referred for Legal Advice

Referred to Outside Resource

Other _____

CLIENT SIGNATURE: _____

DATE: _____

COUNSELOR SIGNATURE: _____

DATE: _____

FAMILY RESOURCES OF NEW ORLEANS**RELEASE FORM****Date:**-----**SS#:**-----

!-----, hereby agree to allow those persons associated with Family Resources of New Orleans, counseling, homebuyer education, housing construction and all other programs to obtain and/or release, on my behalf, all necessary information and documentation relating to me regarding education & training I also agree to my participation in any photographs, audio, or video tapes that may be produced by this agency or their media, that may appear in print or electronic form, for promotional or news purposes.

Client's Signature

Housing Counselor's Signature

USE OF INFORMATION AUTHORIZATION

I, _____, do hereby authorize _____,
(Print Name) (Company Name)

its representatives, administrators, and legal representatives, to release to

Family Resources of New Orleans any and all information relating to my account.

Additionally, I do hereby expressly release _____, its
(Company Name)

representatives, administrators, and legal representatives of any liability in

connection with the release of said information.

Name

Signature

Social Security#

Address

Dated

CLASS CANCELLATION

13

Date: _____

All classes are subject to cancellation. If there is not a minimum of (5) five credits registered; classes will not be held until we have met our quota.

I have read and understand the statement written above.

Signature

PROPERTY DISCLOSURE

I, the undersigned applicant is aware that Family Resources of New Orleans owns property and that I am not obligated in any way to purchase property from Family Resources of New Orleans.

The undersigned:

Signature

Date

Signature

Date

DISCLAIMER

I, undersigned applicant for assistance, in my effort to obtain Housing/Counseling advice and assistance from **Family Resources of New Orleans**, hereby release and hold harmless the agency and staff of the **Family Resources of New Orleans** as they pursue this process. I fully understand that the staff of **Family Resources of New Orleans** will not provide me with legal advice or representation that I am fully responsible for obtaining legal counsel, as appropriate.

I further understand that all information provided by me will remain strictly confidential. However, I authorize the agency to make this information available to anyone having a legitimate and necessary interest therein as determined by **Family Resources of New Orleans**.

The undersigned:

Signature

Date

Witness

Date

Name: _____

A **conventional** home loan is one that is not insured or guaranteed by the federal government in any way. This distinguishes it from the three government-backed mortgage types explained below (FHA, VA, and USDA).

Government-insured home loans include the following:

FHA Loans

The Federal Housing Administration (FHA) mortgage insurance program is managed by the Department of Housing and Urban Development (HUD), which is a department of the federal government. FHA loans are available to all types of borrowers, not just first-time buyers. The government insures the lender against losses that might result from borrower default. *Advantage:* This program allows you to make a down payment as low as 3.5 % of the purchase price. *Disadvantage:* You'll have to pay for mortgage insurance, which will increase the size of your monthly payments.

VA Loans

The U.S. Department of Veterans Affairs (VA) offers a loan program to military service members and their families. Similar to the FHA program, these types of mortgage are guaranteed by the federal government. This means the VA will reimburse the lender for any losses that may result from the borrower default. The primary advantage of this program (and it is a big one) is that borrowers can receive 100 % financing for the purchase of a home. That means no down payment whatsoever.

USDA Loans

Applicants for direct loans must have very low or low incomes. Very low income is defined as below 50 percent of the area median income (AMI); low income is between 50 and 80 percent of AMI; moderate income is 80 to 100 percent of AMI. Families must be without adequate housing, but be able to afford the mortgage payments, including taxes and insurance, which are typically 24 percent of an applicant's income. However, payment subsidy is available to applicants to enhance repayment ability. Applicants must be unable to obtain credit elsewhere yet have reasonable credit histories.

Client Signature

Date

PLEASE SIGN BELOW**Ten Important Questions to Ask Your Home Inspector - HUD****Ten Important Questions to Ask Your Home Inspector****1. What does your inspection cover?**

The Inspector should ensure that their 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 means as referrals. Never inspectors can be very qualified, and many work with a partner or have access to more experienced inspector 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?

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?

Cost 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 inspection'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 inspections. 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.

Signature _____

10 COMMANDMENTS

WHEN ON THE PATHWAY TO HOMEOWNERSHIP

1. THOU SHALL NOT CHANGE JOBS OR BECOME SELF-EMPLOYED
2. THOU SHALL NOT BUY AN AUTOMOBILE UNLESS YOU PLAN TO
LIVE IN IT
3. THOU SHALL NOT USE MORE THAN 30% OF YOUR CREDIT LIMIT
ON YOUR CREDIT CARDS OR ALLOW ANY OF YOUR
MONTHLY PAYMENTS TO FALL BEHIND
4. THOU SHALL NOT SPEND THE MONEY YOU HAVE SAVED FOR
DOWN PAYMENT, CLOSING COST AND/OR RESERVES
5. THOU SHALL NOT BUY FURNITURE BEFORE YOU BUY YOUR
HOUSE
6. THOU SHALL NOT ORIGINATE ANY NEW INQUIRIES ON YOUR
CREDIT REPORT
7. THOU SHALL NOT MAKE ANY LARGE DEPOSITS OR
WITHDRAWALS FROM YOUR BANK ACCOUNTS (UNLESS IT CAN
BE DOCUMENTED)
8. THOU SHALL NOT CHANGE BANK ACCOUNTS
9. THOU SHALL NOT CO-SIGN FOR ANYONE
10. **THOU SHALL NOT PURCHASE ANYTHING UNLESS IT'S A
NECESSITY UNTIL AFTER CLOSING**

Owner

Date

Co-Owner

Date

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



O M B Approval No: 2502-
0538 (up. 04/3M018)

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.

Signature: _____

HUD-92564-CN (6/14)



Family Resources of New Orleans

817 N. Claiborne Ave., N.O., LA 70116

familyresourcesofno.org

(504) 822-8519 Fax (504) 821-5260

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.

Family Resources of New Orleans (FRNO) 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 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 FRNO 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 FRNO 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 FRNO 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 FRNO's ability to provide services such as foreclosure prevention counseling. If you chose to opt-out, please sign below under the "Opt-Out" clause. If you choose 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 FRNO make no disclosure of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that FRNO will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting FRNO

_____	_____	_____
Name 1 (Printed)	Signature	Date

_____	_____	_____
Name 2 (Printed)	Signature	Date

RELEASE: I hereby authorize FRNO 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.

_____	_____	_____
Name 1 (Printed)	Signature	Date

_____	_____	_____
Name 2 (Printed)	Signature	Date

FAMILY RESOURCES OF NEW ORLEANS

HOMEBUYERS EDUCATION PRE/POST-ASSESSMENT SURVEY

24

This pre/post-assessment survey is confidential. It should take approximately 7-10 minutes to complete. Please read the questions carefully and answer them, based on your knowledge and experiences.

Name _____

Date _____

Site Location 817 N. Claiborne Avenue

Survey I.D. Number

1. Please answer the following questions using the scale below to indicate how often, in your past experience, you have done the following homebuyer related activities.

Yes No

- a. Purchasing a home with a high re-sale value is important.....
- b. I put aside money in my budget to cover home maintenance.....
- c. I am confident in my ability to purchase a home.....
- d. I have read at least one book on purchasing a home.....
- e. The entire family should be involved in the decision to buy a home.....
- f. I juggle payments to keep creditors satisfied.....
- g. I use credit cards to pay for small items, even when I have the cash.....

2. Please answer the following questions with agree or disagree response (check). Yes No

- a. I know how to determine if I can afford to buy a new home.....
- b. I know at least one bank where I can get a loan to buy a home or car....
- c. A spending plan should be based on the income of the spouse with the

- highest income
- d. It is a waste of time to attempt to negotiate the sale price of a home
- e. I have been saving at least \$100 every month for the past year
- f. It is ok to buy your house based on what your income will be in the next 5 years
- g. I am still paying bills from purchases I made a year ago
- h. I have overdrawn my checking account more than 3 times in the past 6 months
- i. I usually keep my credit cards at the maximum credit limit
3. The average homebuyer looks at approximately 15 to 20 homes before selecting one to buy.
 _____ True _____ False
4. The buyers purchase agreement states they must purchase the home regardless of contingencies
 _____ True _____ False
5. A home inspection is essential to protect you from buying a home that is unsafe or needs a lot of unexpected repairs. True _____ False _____
6. A purchase agreement may include conditional events which must happen in order for the buyer and seller to conclude the transaction. This is referred to as: (Check One)
- ☒ a. Contingencies
- ☐ b. Closing cost
- ☐ c. Warranties
- ☐ d. Appraisals
7. This agency requires your lender or mortgage broker to tell you that you have a right to get a copy of the appraisal report for the home you plan to purchase. (Check One)
- ☒ a. Department of Housing and Urban Development
- ☐ b. Federal Housing Authority
- ☐ c. Equal Credit Opportunity Act
8. A professional who has been trained to examine the visual condition of residential properties and determine if they are free from major mechanical or structural deficiencies is a: (Circle one)
- ☒ a. Home Inspector

Db. Home Warranty Officer

D c. Home Appraiser

9. The most common type of fixed-rate mortgage for homebuyers is a: (Check One)

O a 15-year mortgage

D b 20-year mortgage

D 30-year mortgage

Please answer the following to the best of your ability.

11. What are the two most important factors for you in deciding where the home you buy is located?

12. What are the biggest items on your budget ?

13. How much are you savings each month ?

14. What expenses could you cut or reduce if you had to?

15. Identify two key factors that a prospective home buyer should consider when loan shopping:

----- and -----

16. Identify three sources of information when shopping for a new home.

FAMILY RESOURCES OF NEW ORLEANS

817 N. CLAIBORNE AVENUE

NEW ORLEANS, LA 70116

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct (FRNO) to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by (FRNO). I understand and agree that (FRNO) intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to (FRNO) in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan;

I authorize D I do not authorize O

(FRNO) to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying (FRNO) in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Client's Social Security Number

Client's Social Security Number

Date:-----

Date:-----

Address:

Address:

Date of Birth:_____

Date of Birth:-----

Housing Counseling Program Disclosure

Purpose of Housing Counseling. I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers fix those problems that prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

Eligible Criteria. I/We understand that the counseling agency provides housing counseling assistance to customers whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I will be referred to a long-term housing counseling program.

Homeownership Education Classes. I/We understand that as part of the housing counseling program, I/We will be required to attend group homeownership education classes.

Customer's Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

Customer's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

Counselor Signature _____

Date _____