



## Housing Counseling Addendum

**Do you or ANYONE in your household receive any of the following?**

Type	Yes	No	Who Receives It?	How Much?
Housing Assistance (Voucher)				\$            per
TANF or Food Stamps (Circle one)				\$            per

- I/We have \$ \_\_\_\_\_ funds available for down payment, closing cost and reserves.
- I/We can save an additional \$ \_\_\_\_\_ per month for my expenses.

### Current Housing Information

**Choose one of the Following:**

- Renter – Market Rent       Renter – Public Housing       Renter – Section 8   
 Renter – Subsidized       Living with Family/Friends       Other  \_\_\_\_\_

**Are You a:**

First Time Homebuyer: Yes  No       First-Generation Homebuyer: Yes  No

- I/We are currently in the process of purchasing a home:      Yes  No  Unknown
- I/We plan to purchase a home in the next 3 months:      Yes  No  Unknown
- I/We plan to purchase a home in the next 4-12 months:      Yes  No  Unknown

Authorization for Release of Information

Loan # \_\_\_\_\_

Authorization is hereby granted to City of Wilmington to release any applicable information to Realtors, lenders, or other agencies or entities necessary for the purpose of assisting in my effort to purchase a home. Authorization is further granted to the Realtors, lenders, and other agencies or entities to release all applicable information to City of Wilmington or its representative.

Realtors - Please Specify

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lenders - Please Specify

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Agencies/Entities - Please Specify

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Repositories - Please Specify

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We understand that City of Wilmington is hereby authorized to release and receive information pertaining to my case.

**Participant**

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Co-Participant**

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Housing Counseling Acknowledgement

1. I understand that the City of Wilmington 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 the City of Wilmington submits client files to North Carolina Housing Coalition and the Department of Housing & Urban Development be reviewed for program monitoring and compliance purposes.
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 City of Wilmington 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 City of Wilmington'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.

Participant signature \_\_\_\_\_

Date \_\_\_\_\_

Co-participant signature \_\_\_\_\_

Date \_\_\_\_\_

## **Privacy Policy and Practices**

### **City of Wilmington**

City of Wilmington 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 within 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. 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**

- 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.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.

### **Release of your information to third parties**

- 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/coaching you, or is a requirement of grant awards which make our services possible.
- 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).
- Within the organization, 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.

**RELEASE:** I hereby authorize the City of Wilmington to release nonpublic personal information it obtains about me to (1) my creditors and (2) any third parties necessary to provide me with the services I have requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Participant: _____	Co-Participant: _____
Signature	Signature
_____	_____
Print Name	Print Name
_____	_____
Date	Date

**What if I don't want City of Wilmington to disclose my nonpublic personal information?**

You may "opt-out" of certain disclosures:

- You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law) – that is, direct us not to make those disclosures.
- If you choose to "opt-out", we will not be able to answer questions from your creditors.
- If you choose to "opt-out", you may change your decision at any time by calling 910.341.7836.

**OPT-OUT:** I request that City of Wilmington make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. I understand that by choosing this option City of Wilmington will not be able to answer questions from my creditors.

Participant: _____	Co-Participant: _____
Signature	Signature
_____	_____
Print Name	Print Name
_____	_____
Date	Date

## Program Disclosure Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

**About Us and Program Purpose:** The mission of City of Wilmington is to create a cornerstone of dignity, security and opportunity through quality affordable homes and strong communities. City of Wilmington is a nonprofit, HUD-approved housing counseling agency. We provide housing counseling and education services, including Pre-purchase Counseling, Credit/Budget Counseling, Financial Fitness, Homebuyer Education Workshops, as well as Mortgage Delinquency & Default Resolution Counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

### **Client and Counselor Roles and Responsibilities:**

Counselor's Roles & Responsibilities	Client's Roles & Responsibilities
<ul style="list-style-type: none"> <li>• Reviewing your housing goal and your finances</li> <li>• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.</li> <li>• Preparing a household budget.</li> <li>• Your counselor is not responsible for achieving your housing goal but will provide guidance and education in support of your goal.</li> <li>• Neither your counselor nor agency employees, agents, or directors may provide legal advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Completing the steps assigned to you in your Client Action Plan.</li> <li>• Providing accurate information about your income, debts, expenses, credit, and employment.</li> <li>• Attending meetings, returning calls, providing requested paperwork in a timely manner.</li> <li>• Notifying your counselor when changing a housing goal.</li> <li>• Attending educational workshops as recommended.</li> <li>• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.</li> </ul>
<p><b>Termination of Services: Failure to work cooperatively with housing counselor and/or City of Wilmington will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</b></p> <p><b>INITIALS: _____ / _____</b></p>	

**Agency Conduct:** No City of Wilmington employee, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

**Agency Relationship:** City of Wilmington has financial affiliation with HUD, North Carolina Housing Coalition, local and state government agencies, and local lenders. As a housing counseling program participant, you are not obligated to use the products and services of City of Wilmington or our industry partners.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** In the interest of full disclosure, City of Wilmington also provides affordable housing opportunities through homes for sale and rental opportunities. As a housing counseling client, you are not obligated to participate in any of these services. You are entitled to choose whatever services and/or products best meet your needs.

**Referrals and Community Resources:** You will be provided a community resource list which outlines regional services available to meet a variety of needs, including utility assistance, food banks, and legal aid assistance, among others. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by City of Wilmington.

**Privacy Policy:** I/we acknowledge that I/we received a copy of City of Wilmington's Privacy Policy.  
INITIALS \_\_\_\_\_ / \_\_\_\_\_

**Home Inspection:** I/we acknowledge that I/we received a copy of 'For Your Protection: Get a Home Inspection' and '10 Important Questions to Ask Your Home Inspector'.  
INITIALS \_\_\_\_\_ / \_\_\_\_\_

**Errors and Omissions and Disclaimer of Liability:** I/we agree that City of Wilmington, its employees, agents, and directors are not liable for any claims and causes of actions arising from errors or omissions by such parties or related to my participation in City of Wilmington counseling; and I hereby release and waive all claims of action against City of Wilmington and its affiliates. I have read this document,

I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law. Please note that representatives of City of Wilmington do not provide tax or legal advice and that you should consult your tax advisor or attorney for such guidance.

INITIALS \_\_\_\_\_ / \_\_\_\_\_





**Monthly Budget Worksheet  
Average Monthly Income**

**Employment Income**

Employer	Net Income	Pay Frequency (circle one)		City of Wilmington USE ONLY
<b>Job 1:</b>	\$ _____	Weekly Bi-Monthly	Bi-Weekly Monthly	
<b>Job 2:</b>	\$ _____	Weekly Bi-Monthly	Bi-Weekly Monthly	
<b>Job 3:</b>	\$ _____	Weekly Bi-Monthly	Bi-Weekly Monthly	
<b>Job 4:</b>	\$ _____	Weekly Bi-Monthly	Bi-Weekly Monthly	
<b>Total Monthly Employment Income:</b>				

**Other Income**

Source	Net Income	Pay Frequency (circle one)		City of Wilmington USE ONLY
Social Security 1	_____	Weekly Bi-Monthly	Bi-Weekly Monthly	
Social Security 2	_____	Weekly Bi-Monthly	Bi-Weekly Monthly	
Disability	_____	Weekly Bi-Monthly	Bi-Weekly Monthly	
Veteran's Benefits	_____	Weekly Bi-Monthly	Bi-Weekly Monthly	
Unemployment	_____	Weekly Bi-Monthly	Bi-Weekly Monthly	
Worker's Compensation	_____	Weekly Bi-Monthly	Bi-Weekly Monthly	
Child Support	_____	Weekly Bi-Monthly	Bi-Weekly Monthly	
Food Stamps	_____	Weekly Bi-Monthly	Bi-Weekly Monthly	
TANF	_____	Weekly Bi-Monthly	Bi-Weekly Monthly	
<b>Total Monthly Employment Income:</b>				
<b>Total of all Monthly Income:</b>				

**For Office Use Only**

**Housing Expense Ratio:** \_\_\_\_\_

**Debt to income Ratio:** \_\_\_\_\_

**AMI:** \_\_\_\_\_

## Monthly Budget Worksheet

### Average Monthly Expenses

Home Expenses	Amount Per Month	Transportation Expenses	Amount Per Month
First Mortgage		Car Payment 1	
Second Mortgage		Car Payment 2	
Homeowner's Insurance (if not included in mrtg.)		Auto Insurance	
Taxes (if not included in mrtg.)		Gasoline	
Electric		Car Repairs	
Gas		Bus Fare	
Water		Other Expenses	
Home Phone		<b>Sub-Total:</b>	
Cell Phone			
Cable		<b>Medical Expenses</b>	<b>Amount Per Month</b>
Internet		Doctor Visits	
Other Expenses		Medication	
<b>Sub-Total:</b>		Dentist Visits	
		Medical Bills	
<b>Monthly Living Expenses</b>	<b>Amount Per Month</b>	<b>Sub-Total:</b>	
Groceries			
Dining Out			
Food at Work		<b>Other Debts</b>	<b>Amount Per Month</b>
School lunches		Credit Card 1	
School Tuition/Fees		Credit Card 2	
Childcare		Credit Card 3	
Child Support/Alimony		Student Loans	
Clothing		Debt Mgmt./Bankruptcy	
Church Tithes/Donations		IRS Payments	
Tobacco/Alcohol		_____	
Life Insurance		_____	
Medical Insurance		_____	
Other Expenses		<b>Sub-Total:</b>	
Toiletries			
<b>Sub-Total:</b>			
<b>Do not include items deducted from your paycheck.</b>		<b>Total of all Expenses:</b>	