

HOMEOWNERSHIP COUNSELING FORECLOSURE PREVENTION COUNSELING HOME CONSTRUCTION & SALES SINGLE FAMILY RENTALS MULTI FAMILY RENTALS



BUILDING WEALTH FOR FUTURE GENERATIONS



**Homeownership
Done Right.™**

1225 W. BEAVER STREET SUITE 110
JACKSONVILLE, FLORIDA 32204
(904)265-4736 Phone
(904)265-1908 Fax

Visit Us Online:
www.wealtheatchersfl.com

APPLICATION

Program applying for (check all that apply)

Pre Purchase Counseling _____

Credit Counseling _____

Applicant

Please Print Clearly

Name: _____
First *MI* *Last*

Address: _____

City *State* *Zip Code*

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

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

SSN: _____ - _____ - _____ Birthdate: ____/____/____

Employer: _____ Work # _____

Address: _____
Street *City* *State* *Zip Code*

Job Position/Title: _____ Starting Date: _____

Type of Business: _____

Co-Applicant

Please Print Clearly

Name: _____
First *MI* *Last*

Address: _____

City *State* *Zip Code*

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

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

SSN: _____ - _____ - _____ Birthdate: ____/____/____

Employer: _____ Work # _____

Address: _____
Street *City* *State* *Zip Code*

Job Position/Title: _____ Starting Date: _____

Type of Business: _____

Demographics

Age Group of Applicant(s):

20's _____ 30's _____ 40's _____ 50's _____ 60's _____ 70's and above _____

Race:

White _____ Black or African American _____ American Indian/Alaskan Native _____ Asian _____

Native Hawaiian/Other Pacific Islander _____ American Indian/Alaskan Native and White _____ Asian and White _____

Black/African American and White _____ American Indian/Alaskan Native and Black _____ 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 _____

Are you a Veteran: Yes No

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

Gender: (please circle): Male Female

Total number of adults and children in household: _____

Handicap Accessible Need: Yes No

If yes, what is your disability? _____

Housing Status

If Pre Approved:

Realtor: _____ Lender: _____

Contact Person: _____ Phone: _____

Date of Occupancy _____ # of Bedrooms _____ Rent Amount _____

How did you hear about the Wealth Watchers? _____

Are you currently working with any other agencies? Yes No

If yes, please explain:

Have you ever owned a home? Yes No

If yes, please explain (When, Where, Dates of Ownership & Sale, etc.):

Have you ever filed for bankruptcy? Yes No

When? _____ Reason for filing for bankruptcy? _____

Has the bankruptcy been discharged? Yes No Date _____

Education**Highest level of Education**

| | | | |
|------------------------------|-------|-------------------|-------|
| No High School Diploma | _____ | Associates Degree | _____ |
| High School | _____ | Bachelor's Degree | _____ |
| Vocational Certificate | _____ | Master's Degree | _____ |
| Some College Never Completed | _____ | Doctoral Degree | _____ |

Financial Information**All household information must be disclosed regardless of who is purchasing the home**

| <i>Type of Income</i> | <i>APPLICANT Monthly Amount</i> | <i>CO-APPLICANT Monthly Amount</i> | <i>OTHER Monthly Amount</i> |
|-----------------------------|-------------------------------------|--|---------------------------------|
| Gross Salary | _____ | _____ | _____ |
| Base Pay | _____ | _____ | _____ |
| Alimony/Child Support | _____ | _____ | _____ |
| Other Support Payments | _____ | _____ | _____ |
| SS, SSI, SSDI, etc. | _____ | _____ | _____ |
| Other Income | _____ | _____ | _____ |
| Total Monthly Income | _____ | _____ | _____ |

Assets

Please provide three (3) months bank statements for all checking and savings, Certificates of Deposit (CD's), IRA's, Money Market, 401K's, etc.

Waiver of Privacy

I/We hereby authorize Wealth Watcher's to act on my behalf in any third party negotiations with lenders, Realtors, or appropriate entities in an effort to resolve any current or future problems related to this transaction. All information pertaining to your case is kept confidential and shall not be disclosed to any entity without your authorization. It is understood that funding sources may review the information contained in the counseling agency file, not lender files, as part of a random review process. Additionally, demographic information is provided to funding sources on each client. Wealth Watchers Inc. is approved by HUD to provide the following housing counseling services: mortgage delinquency/default resolution, pre-purchase, post-purchase and rental counseling. I understand that I am not obligated to receive, purchase or utilize any other services offered by Wealth Watchers Inc. or presented by partnering agencies or groups in order to receive housing counseling services.

Customer

Date

Co-Applicant

Date

Authorization to Release Information

It is the policy of Wealth Watcher's to have communications, records and programs information on clients and services held in confidence to the extent permitted by law. Confidentiality is defined as "the individual's right to privacy; to be assured that any disclosure he or she makes will not be revealed to others." Adhering to the Confidentiality Policy includes not revealing information held in the client's file to other individuals or organizations without written consent from the client as well as not discussing clients or client-related matters in the presence of others unless required by law.

No information concerning a client may be directly or indirectly disclosed, unless a signed release is present in a client's file or such information is required to be disclosed in response to a subpoena or disclosure is otherwise required by law. The release should include the name of the program which is making the disclosure, the names to which the disclosure is made, the name of the client, the purpose of need for disclosure, the extent of disclosure, and the signature of the client.

Signing of an information release may be required in order to provide reports to the funding agency. All others releases, however, are voluntary and the client has a right not to sign a release.

When information is being released, only that information that is necessary for the provision of a service will be released.

I/We, _____,
hereby authorize Wealth Watcher's non-profit agency, their employees or agents to contact, cooperate and exchange information with any of my/our creditors, their employees or agents. Furthermore, I/We authorize any creditor to release and continue to release any and all information in its files to Wealth Watchers until I/We revoke this authorization directly to the creditor in writing.

I/We authorize the Wealth Watchers to pull my/our credit report(s) for credit counseling purposes. _____ (Applicant Initial) _____ (Co-Applicant Initial)

Applicant Name (Please Print)

Co-Applicant Name (Please Print)

Applicant Signature

Co-Applicant Signature

Social Security Number

Social Security Number

Date

Date

Monthly Budget Income and Expenses

| | |
|----------------------|----|
| Income | \$ |
| Gross Wages | \$ |
| Self Employed Income | \$ |
| Pension / Retirement | \$ |
| Rental | \$ |
| Unemployment | \$ |
| Child Support | \$ |
| Social Security | \$ |
| Contribution | \$ |
| Food Stamp/Welfare | \$ |
| Other | \$ |

Total Income:

\$

| | |
|------------------------|----|
| Expenses | \$ |
| First Mortgage | \$ |
| Second Mortgage | \$ |
| Homeownr Ins and taxes | \$ |
| Homeowners Association | \$ |
| Credit Cards | \$ |
| Car payment | \$ |
| Car Insurance | \$ |
| Cell Phone | \$ |
| Child Care / Support | \$ |
| Light and water | \$ |
| Rent or other Mortgage | \$ |
| Groceries | \$ |
| Gasoline | \$ |
| Loans | \$ |
| Cable/Internet | \$ |
| Home Phone | \$ |
| Personal Care | \$ |
| Medical/Life Insurance | \$ |
| Clothing | \$ |
| Recreation | \$ |
| Gifts/Donations | \$ |
| Maintenance | \$ |
| _____ | \$ |
| _____ | \$ |
| _____ | \$ |

Total Expenses:

\$

Signature _____ Date _____

Counseling session summary:
See Counseling notes
Borrower is to complete all required documentation and provide supporting documentation within the next 5 business days. A counseling debt management session will be scheduled prior to the borrower applying for financing.

Recommendations:
See Homeowners actions
Borrower will communicate to their builder, realtor and lender the status of their progress monthly. Borrower will read and agree to the do's and don'ts when purchasing a home as well as any lender qualifications to ensure an understanding of the mortgage product.

Borrower signature: _____ Date: _____
Co-Borrower signature: _____ Date: _____
Counselor signature: _____ Date: _____

National Client Referral Resource Listing

In addition to local resources that will be provided by your counselor, HomeFree-USA is also happy to provide the following list of national resources that may be able to assist with your emergency:

- * Aging Parent www.nmha.org
- * Physical, Mental and Emotional Challenges www.helpguide.org/index.htm
- * Battered Women www.snbw.org
- * Depression (possible suicide) www.suicidehotlines.com
- * Disabled Child www.ncsd.org
- * Divorce www.divorcecare.com
- * Drug and Alcohol www.smartrecovery.org
- * Grief (Due to Loss) 800.273.TALK
- * Autism (parental resources arranged by State) www.autismlink.com
- * Job Loss www.dol.gov
- * Medical Debt www.nchc.org or www.ahia.net
- * Military (active duty) 800.HELP.NOW or 877.LOVED.IS
- * Narcotics Anonymous www.na.org
- * Natural Disaster www.redcross.org
- * Additional Emergency Resources www.211.org

Wealth Watchers Inc.

1225 W. Beaver Street, Suite 110, Jacksonville, FL 32204

Wealth Watchers inc. will continue to monitor your progress until the lender has completed the review. If the lender has determined after a thorough review, that your loan cannot be approved, we will close the file after recommending appropriate debt management alternatives.