



## W elcome to the KNHS Homeownership Center!

*Our goal is to help revitalize Kalamazoo neighborhoods through the promotion of homeownership.*

**Consider** an affordable **KNHS Loan** to help finance your Homeowner goal. *KNHS has the following loans:*

- **Rehabilitation & Home Improvement Loans**
- **Complete Roof Replacement Loans**
- **Homebuyer Mortgage Loans**
- **Down Payment Assistance Loans**

*To start the process*, please submit & perform the following:

- KNHS Assessment Intake
- 3 consecutive Paystubs or Quarterly Profit & Loss *if self-employed*
- Benefit Statements for additional income such as: SSI, DHS Cash & Food Assistance, Child-Support, Pension Funds, Retirement Pay, etc.
- 3 months, consecutive Bank Statements for **all open accounts**
- 2 years W2s or 1099s (*you may request from employer*)
- 2 years Federal Income Tax Returns (*e.g. 1040, 1040A, 1040EZ*)
- Enroll in Homebuyer Education or Financial Capabilities, depending on loan type.

A *Housing Specialist* will contact you after receiving a completed *KNHS Assessment Intake* and copies of your financial documents to schedule an Assessment Review appointment. My contact information is below should you have any further questions or concerns.

Thank you,

Crystal Elissetche  
KNHS Client Services Specialist  
Ph. 269.385.2916  
Fax. 269.385.9912  
Crystal@knhs.org  
[www.knhs.org](http://www.knhs.org)

### **CAN'T MAKE IT TO CLASS? TAKE HOMEBUYER EDUCATION ONLINE!**

<http://knhs.org/>

Use PROMO CODE: KNHS49 to get \$49 off \$99 today!

<http://knhs.org/homebuyer-education-classes/>

\*Households over 50% AMI participating in Pre-Purchase Counseling will be assessed a \$20 fee to pull a Tri-Merged Credit Report, and will receive a copy of the Credit Report. This can be paid at the appointment.





**IMPORTANT!** Households at or over 51% AMI will be assessed a \$20 fee to pull a Tri-Merged Credit Report, and will receive a copy of the Credit Report. This will be paid at your Assessment appointment. **Only** checks or money orders will be accepted. Please, **NO CASH!**

Median Income by Household Size  
Effective FY 2015

Household Size	Household Size				
	1	2	3	4	5
Income (51% AMI)	21,522	24,582	27,642	30,702	33,201
Household Size	Household Size				
	6	7	8		
Income (51% AMI)	35,649	38,097	40,545		





**HOMEOWNERSHIP DIVISION**  
**MSHDA's Homeownership Counseling Program**

**Household Profile**

<b>Section I – Must be completed for all clients</b>			Date:		
Client Name (First, Middle Initial, Last):			Social Security Number:		
Street Address ( <b>do not</b> use PO Box):		City:		State:	Zip:
Home or Cell Phone Number:	Email Address:		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
County Client Resides In:	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Duration:	Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>For statistical purposes, circle or check appropriate answer as it applies to Client:</b>					
Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
<b>Single Race:</b> 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond		<b>Multi-Race:</b> 7. American Indian/Alaskan Native <b>and</b> White 8. Asian <b>and</b> White 9. Black/African American <b>and</b> White 10. American Indian/Alaska Native <b>and</b> Black/African American 11. Other Multiple Race		<b>Household Type:</b> 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other	
<b>For statistical purposes, please indicate clients highest level of education:</b>					
<input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Postsecondary Non-Degree Award <input type="checkbox"/> Some College, No Degree		<input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Less than High school	

Co-Client Name (First, Middle Initial, Last):			Social Security Number:			
Street Address ( <b>do not</b> use PO Box):		City:		State:	Zip:	
Home or Cell Phone Number:	Email Address:		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
County Client Resides In:	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family		Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Job Duration:	Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>For statistical purposes, please circle or check appropriate answer as it applies to Client:</b>						
Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/>			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
<b>Single Race:</b> 12. American Indian/Alaskan Native 13. Asian 14. Black/African American 15. Native Hawaiian/Pacific Islander 16. White 17. Choose Not to Respond		<b>Multi-Race:</b> 18. American Indian/Alaskan Native <b>and</b> White 19. Asian <b>and</b> White 20. Black/African American <b>and</b> White 21. American Indian/Alaska Native <b>and</b> Black/African American 22. Other Multiple Race		<b>Household Type:</b> 8. Single adult 9. Female-headed single parent 10. Male-headed single parent 11. Married without children 12. Married with children 13. Two or more unrelated adults 14. Other		<b>English Proficient?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>For statistical purposes, please indicate clients highest level of education:</b>						
<input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Postsecondary Non-Degree Award <input type="checkbox"/> Some College, No Degree		<input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Less than High school		



MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY  
**CHECKLIST**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked **YES**. Provide address, phone number, fax number, and additional information for **all yes** answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

**NOTE:** MSHDA has cooperative agreements with agencies to use up-front income verification (UIV) to obtain and clarify income. MSHDA will receive information on wages, unemployment compensation and other income information through a computer matching operation.

Household Member Name:	Head of Household:	
	Address:	City:

**Each item must be fully completed. Please print clearly using black or blue ink.**

**Section A – Income**

	Yes	No	
A-1	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. If yes, describe _____.
A-2	<input type="checkbox"/>	<input type="checkbox"/>	I earned \$_____ in the last 12 months. I have _____ (enter #) job(s) and receive money/wages. (List each job separately) Name of Employer: <sup>1)</sup> _____ <sup>2)</sup> _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Contact Person: _____ Telephone: _____ Fax#: _____ The Work Number _____ Pay Code #: _____ <b>If more than two jobs provide additional information on a separate sheet.</b>
A-3	<input type="checkbox"/>	<input type="checkbox"/>	I receive tips. If yes, in the amount of \$_____ per week.
A-4	<input type="checkbox"/>	<input type="checkbox"/>	I am unemployed. If yes, I have been unemployed since _____ (date).
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits. If yes, I have been receiving benefits since _____ (date).
A-6	<input type="checkbox"/>	<input type="checkbox"/>	I am disabled and have a new job or wage increase in the last 12 months. If yes, New job date: _____ Wage increase date: _____
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from Workers' Compensation. If yes, Amount \$ _____
A-8	<input type="checkbox"/>	<input type="checkbox"/>	I receive military active duty allotments. If yes, Amount \$ _____
A-9	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration benefits. If yes, Amount \$ _____ VA File # _____
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security. If yes, Amount \$ _____
A-11	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI). Federal Amount \$ _____ State Amount \$ _____
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from retirement funds or pensions. If yes, how many? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____ <b>If received from more than one source, provide additional information on a separate sheet.</b>
A-13	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits <b>other than Social Security</b> . If yes, from how many sources? _____ (List each source separately) Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ <b>If received from more than one source provide additional information on a separate sheet.</b>

### CHECKLIST (continued)

	Yes	No		
A-14	<input type="checkbox"/>	<input type="checkbox"/>	I receive Food Assistance Program benefits from the Department of Human Services (DHS).	
			DHS Caseworker Name: _____	Amount: \$ _____
			Street Address: _____	DHS Case #: _____
			City, State, ZIP: _____	Telephone: _____
			E-mail address: _____	Fax #: _____
A-15	<input type="checkbox"/>	<input type="checkbox"/>	I receive a <b>CASH</b> Public Assistance grant (FIP, SDA, RAP).	
			DHS Caseworker Name: _____	DHS Case #: _____
			Street Address: _____	Telephone: _____
			City, State, ZIP: _____	Fax #: _____
			E-mail address: _____	
A-16	<input type="checkbox"/>	<input type="checkbox"/>	I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program)	
A-17	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support.	From how many Friend of the Court(s) do you receive support? _____
			If yes, from how many persons do you receive support? _____	
			If yes, is child support paid directly to Department of Human Services (DHS)?	Yes No
			If not paid directly to DHS:	
			Friend of the Court Name: _____	Contact Person: _____
			Street Address: _____	Telephone: _____
			City, State, ZIP: _____	Fax#: _____
			E-mail address: _____	
			Amount: \$ _____ per _____	PIN#: _____
			If received from more than one Friend of the Court, provide additional information on a separate sheet.	
A-18	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony.	From how many Friend of the Court(s) do you receive alimony? _____
			If yes, from how many persons do you receive alimony? _____	
			If yes, is alimony paid directly to Department of Human Services (DHS)?	Yes No
			If not paid directly to DHS:	
			Friend of the Court Name: _____	Contact Person: _____
			Street Address: _____	Telephone: _____
			City, State, ZIP: _____	Fax#: _____
			E-mail address: _____	
			Amount: \$ _____ per _____	PIN#: _____
			If received from more than one Friend of the Court, provide additional information on a separate sheet.	
A-19	<input type="checkbox"/>	<input type="checkbox"/>	I receive adoption assistance payments. If yes, how many sources? _____	
			Source Name: _____	Contact Person: _____
			Street Address: _____	Telephone: _____
			City, State, ZIP: _____	Fax#: _____
			E-mail address: _____	
			Amount: \$ _____ per _____	
			If received from more than one source provide additional information on a separate sheet.	
A-20	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____	
			Source Name: _____	Contact Person: _____
			Street Address: _____	Telephone: _____
			City, State, ZIP: _____	Fax#: _____
			E-mail address: _____	Account #: _____
			Amount: \$ _____ per _____	
			If received from more than one source provide additional information on a separate sheet.	
A-21	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from insurance policies. If yes, how many sources? _____	
			Source Name: _____	Contact Person: _____
			Street Address: _____	Telephone: _____
			City, State, ZIP: _____	Fax#: _____
			E-mail address: _____	Account #: _____
			Amount: \$ _____ per _____	
			If received from more than one source provide additional information on a separate sheet.	

## CHECKLIST (continued)

**Yes**  **No**  A-22 I receive periodic payments from lottery winnings.

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

A-23 I am a full-time student.

Name of School: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Number of Credit Hours Enrolled: \_\_\_\_\_

If attending more than one school, provide additional information on a separate sheet.

A-24 I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? \_\_\_\_\_ (List each source separately)

Source Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

If received from more than one source provide additional information on a separate sheet.

**To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -**

**Yes**  **No**  A-25 I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).

List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-26 I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

**Section B – Assets**

**Yes**  **No**  B-1 I have the following accounts  Savings  Checking  IRA's or Keogh  Other \_\_\_\_\_  
 [check which one(s)]:  
 How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately)

Name of bank: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

If more than two financial institutions, provide additional information on a separate sheet.

B-2 I own real estate. Describe: \_\_\_\_\_

B-3 I have a land contract(s). Describe: \_\_\_\_\_

## CHECKLIST (continued)

**Yes**  **No**  B-4 I own a mobile home. Describe: \_\_\_\_\_

B-5   I receive income from rental of real estate or personal property. Describe: \_\_\_\_\_

B-6   I receive income from Indian Trust Land. Describe: \_\_\_\_\_

B-7   I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.)  
Describe: \_\_\_\_\_

B-8   I have Treasury Bills, Stocks or Bonds. Check which one(s):    Treasury Bills    Stocks    Bonds  
How many do you have? \_\_\_\_\_ (List each separately)  
Name of each source: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax#: \_\_\_\_\_  
Account #: \_\_\_\_\_

B-9   If more than two, provide additional information on a separate sheet.  
I have a life insurance policy **with a cash surrender value**.  
Source Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

B-10   If received from more than one source provide additional information on a separate sheet.  
I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.  
List items: \_\_\_\_\_ Sale amount \$ \_\_\_\_\_

B-11   I have income/assets from sources **other** than those listed above. Describe: \_\_\_\_\_  
Source Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_  
If received from more than one source, provide additional information on a separate sheet.

**To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -**

B-12   **Yes**  **No** I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately)  
Name of bank: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax#: \_\_\_\_\_  
Account Number: \_\_\_\_\_

If more than two financial institutions, provide additional information on a separate sheet.

**CHECKLIST (continued)**

**Section C – Rental Rehabilitation**

**NA for Homebuyer Programs**

Yes No

C-1   I am disabled and receive Supplemental Security Income (SSI).

**To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household.**

Yes No

C-2   I have a family member(s) under age 6 who has an *identified* environmental intervention blood lead level (EIBLL). List their names: \_\_\_\_\_

\_\_\_\_\_

Please return to:

**Certification:**

I certify to the best of my knowledge that all statements are true. I understand that providing false information will result in denial or termination of benefits.

\_\_\_\_\_  
Signature Date

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).





Kalamazoo Neighborhood Housing Services

AUTHORIZATION FOR RELEASE OF INFORMATION AND PRIVACY ACT NOTICE

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to comply will result in denial of benefits.

The undersigned authorize Kalamazoo Neighborhood Housing Services (KNHS) and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or MSHDA Housing Resource Fund (HRF) Programs, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Human Services (DHS) programs. MSHDA may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to MSHDA on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

Signature of Head of Household, Social Security Number, Date, Signature of Spouse, Social Security Number, Date, Other Adult Signature (if applicable), Social Security Number, Date, Other Adult Signature (if applicable), Social Security Number, Date, Other Adult Signature (if applicable), Social Security Number, Date

Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Nuestro número de teléfono es 517.373.1974.

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).





1219 South Park Street Kalamazoo MI 49001

Phone (269) 385-2916

Fax (269) 385-9912

## AFFILIATED BUSINESS DISCLOSURE

Kalamazoo Neighborhood Housing Services, Inc. (KNHS) provides homeownership education, financial management education, homeownership and financial counseling, foreclosure counseling, lending services, rental opportunities and construction services to clients. KNHS also maintains an ownership interest in Roosevelt Hills Limited Partnership and Central Corners, LLC., which provide rental opportunities, as well as Kalamazoo Lending Solutions, which provides lending services.

You, as a client of KNHS, are not obligated to receive any other services offered by KNHS or any of its partners. KNHS will not receive a fee for referring you to the services of any specific lender. This means that if KNHS refers a client to any agency it will provide the client a choice of agencies from which he or she may choose.

I have read and understand the above disclosure.

Applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_





1219 South Park Street Kalamazoo MI 49001  
Phone (269) 385-2916 Fax (269) 385-9912

## CONFLICT OF INTEREST DISCLOSURE FOR SERVICES

Welcome! We understand that you are seeking services from KNHS.

KNHS is a HUD approved Counseling Agency. Our role is not to be judgmental, but to provide assistance. Specifically, we will do an analysis that will examine your financial situation, discuss the factors that may be the cause of your current difficulties and explore your options for developing a reasonable plan for dealing with your situation. Our counseling services are offered free of charge.

In connection with Counseling Services the Grantee hereby agrees to obtain from its NFMC program clients an executed authorization form satisfactory to NeighborWorks America that will permit Grantee to (i) submit client-level information relating to this grant to the NFMC data collection system ("The Data Collection System"). (ii) open files to be reviewed for program monitoring and compliance purposes and (iii) conduct follow-up with client related to program evaluation.

Because KNHS is a non-profit organization your intake specialist may be a volunteer. While all of our intake specialists and counselors have some expertise and certification with respect to mortgage loans or helping those with financial problems, they cannot provide you with legal advice. In fact, our counseling service is designed to provide you with information and alternatives; it is not intended to take the place of a consultation with an attorney to explore your legal rights and options.

While we hope we can help you, it is important for you to remember that counseling at KNHS will not necessarily result in the purchase of a home or financial stability.

In order to assist you, it is essential that you provide us with information that is as accurate and complete as possible. For that reason, we may ask you to authorize us to access your credit history. Rest assured that the information concerning your financial condition and status that you provide is strictly confidential. In addition to detailed information about your mortgage, such information would include, but is not limited to, income, debts, credit accounts, earnings, assets and employment data. We will not disclose any such information that you provide orally or in writing to anyone, except as authorized by you in writing or as required by law, such as in response to a subpoena. We may compile data and aggregate information that you give us, but, this information will not be disclosed in any manner that would personally identify you. KNHS will not disclose or provide any information about this session to a credit-reporting agency.

### WAIVER AND RELEASE

By signing below, I/we agree that I/we have read and understood the disclosures' made above.

By signing below, I/we hereby release, waive and discharge Kalamazoo Neighborhood Housing Services and its officers, directors, volunteers, employees and agents (collectively KNHS) to the fullest extent permitted by law from any and all liability arising from counseling provided by KNHS or from my participation in KNHS's counseling program generally.

By signing below, I/we hereby agree to hold KNHS harmless from any claims, suits, actions or demand made by any creditor or other person in connection with any services rendered by KNHS to me/us.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



## PRIVACY POLICY AND PRACTICES OF



1219 S. Park St. • Kalamazoo, MI 49001 • (269) 385-2916 • Fax (269) 385-9912

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We at Kalamazoo Neighborhood Housing Services, Inc. value your trust and are committed to the responsible management use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

### Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in your research of and obtaining a home mortgage from a conventional lender. We collect personal information about you from following sources:

- Information that we receive from you on applications or other forms
- Information about you transactions with us, our affiliates or others
- Information we receive from a consumer reporting agency
- Information that we receive from personal and employment references

### Information We Disclose

We may disclose the following types of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address social security number, employer, occupation, assets, debts and income
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions.
- Information we receive from a consumer reporting agency, such as your credit bureau reports, you credit history and your credit-worthiness

### To Whom do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans
- Others, such as nonprofit organizations involved in community development but only for program review, auditing, research and oversight purposes

We may also disclose personal information about you to third parties as permitted by law.

*Prior to sharing personal information with unaffiliated third parties except as described in this policy, we will give you an opportunity to direct that such information not be disclosed*

### Confidentiality and Security

We restrict access to personal information about you to those of our employees who need the information to perform their duties providing products and services to you, including underwriting and servicing loans, making loan decisions, in addition to aiding you in obtaining loans from other institutions and receiving financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

PRIVACY POLICY AND PRACTICES  
KALAMAZOO NEIGHBORHOOD HOUSING SERVICES, INC

**Directing Us Not to Make Disclosures to Unaffiliated Third Parties**

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

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PRIVACY CHOICE FORM

If you want to opt out, that is direct us to not make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

Box 1

Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

Box 2

Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program reviews, auditing, research and oversight purposes.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you have checked any of the boxes above, please mail this form in a stamped envelope to:

Kalamazoo Neighborhood Housing Services, Inc.  
1219 S. Park St. Kalamazoo MI 49001

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.



**MSHDA's Homeownership Division  
Counseling Agreement and Release of Information**

**Select Service Type:**

- Homeownership Counseling
- Foreclosure Counseling
- NFMC Foreclosure Counseling

MSHDA Approved Counseling Agency: <b>Kalamazoo Neighborhood Housing Services</b>		Loan Number:
Address for Foreclosure Counseling: <b>1219 S. Park St.</b>	City: <b>Kalamazoo</b>	Zip: <b>49001</b>

In signing this agreement and release, I am agreeing to actively participate in the Homeownership Counseling Program being offered by this Michigan State Housing Development Authority (MSHDA) counseling agency in order to receive counseling services. Participation in this program is voluntary and requires me to establish the reason for my delinquency and to develop an Action Plan in cooperation with the Counselor, and understand that I will receive a copy of that Plan.

1. I may be referred to other housing services of the organization or another agency 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.
2. I understand that this Agency receives funds through MSHDA, HUD and NFMC Programs and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. If the services received from this agency are funded by the NFMC Program, I give permission for NFMC program administrators and/or evaluators to follow-up with me for up to three (3) years from the date of this signed form for the purposes of program evaluation.
4. I understand that a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
5. I understand that this Agency provides both pre-purchase and post-purchase counseling services and I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies or organizations as appropriate.
6. I understand that this Agency provides information and education on numerous housing programs and loan products and I further understand that the housing counseling I receive from this Agency in no way obligates me to choose any of these particular housing programs or loan products.

*Failure to sign the consent form may result in denial of program assistance or termination of counseling program benefits.*

**CONSENT:** I/We hereby allow this Agency its agents, employees, or its affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Homeownership Counseling Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

**For Pre-Purchase Counseling Services only:**

I acknowledge the agency provided me with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

**NOTE:** If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related services, please contact MSHDA's Homeownership Counseling Program at (517)373-6840.

Client's Printed Name	Signature	Date
Client's Printed Name	Signature	Date
Counselor's Printed Name	Counselor's Signature	Date signed
<b>Kalamazoo Neighborhood H.S.</b> Name of Counseling Agency	<b>Kalamazoo</b> City – Location of Agency	<b>269-385-2916</b> Contact Number

# 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

CAUTION

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.