



improving opportunity.
empowering our community.

Congratulations for taking the first step and contacting Tejano Center's Affordable Housing Program about **Pre-Purchase Counseling**. We will work with you to help you get ready for home purchase.

To better assist you with the most effective and efficient counseling service, completely fill out the attached Intake Application and submit all the required documents.

Submit a good visible COPY of the following documents:

- Picture ID and Social Security Card
- Last 30 days of ALL Household Income
(Check Stubs, Child Support, Social Security, Disability, Unemployment, Self-Employment Profit/Loss Statements, etc.)
- Last 2 years (2016 & 2015) of Tax Returns and W-2/1099 Forms
(complete with all schedules)
- Last 2 months of bank statements (all pages) for all asset accounts
(Checking, savings, 401(k), etc.)

Based on various options that will be discussed with your housing counselor, additional financial documentation may be required.

To submit your documents you can either:

- Drop off or mail documents to our office at 6901 Brownwood Street, Houston, TX 77020.
- Email to housing@tejanocenter.org and use **Subject Line: Pre-Purchase Counseling Client**

Once your documents are received, you will be called by staff to schedule your appointment.

Appointments available Monday through Friday at:

9:00 A.M. 10:30 A.M. 1:00 P.M. 3:00 P.M.

Counseling Location: 6901 Brownwood Street, Houston, TX 77020

Please arrive 30 minutes before your appointment. If you are not able to attend a counseling session in person call our office to find out more information about our phone counseling sessions.

Thank you,
TCCC Staff

Housing Program
6901 Brownwood Street
Houston, Texas 77020
713.673.1080 Tel.
713.673.1304 Fax

TejanoCenter.org



Affordable Housing Program

6901 Brownwood Street

Houston, TX 77020

PHONE: (713) 673-1080

EMAIL: housing@tejanocenter.org

Pre-Purchase Counseling Intake

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Primary Client Name _____ **Date of Birth** _____ **Social Security #** _____

Co-Client Name _____ **Date of Birth** _____ **Social Security #** _____

Address _____ **City** _____ **State** _____ **ZIP** _____

How long have you lived at this address? _____ yrs. _____ mos. Rent Own Other

Monthly Payment \$ _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Work Phone (____) _____ - _____

Email Address: _____

Primary Client Gender: Male Female Disabled Head of Household

Co-Client Gender: Male Female Disabled Head of Household Relationship to Primary Client _____

Family Type: Single Adult Married without Children Married with Children Divorced Widowed

Two or more unrelated adults Female Headed Single Parent Male Headed Single Parent Other

Family Size: _____ **Language Preference:** English Spanish Other: _____

Who referred you to our agency? (Please Circle)

Print Advertisement Bank TV TCCC Staff Radio Realtor Friend Internet Other

If you were referred by a bank or realtor please let us know who? _____

EMPLOYMENT INFORMATION

Primary Client's Employer _____ **Work Phone** (____) _____ - _____

Occupation/Title _____ **How Long?** _____ yrs. _____ mos. **Self Employed**

Income \$ _____ Weekly Bi-Weekly Bi-Monthly Monthly Year

Co-Client's Employer _____ **Work Phone** (____) _____ - _____

Occupation/Title _____ **How Long?** _____ yrs. _____ mos. **Self Employed**

Income \$ _____ Weekly Bi-Weekly Bi-Monthly Monthly Year

Other Household Income Sources (amount per month)

Bonuses/Commission \$ _____ **Child Support \$** _____ **Spousal Support \$** _____

SSI \$ _____ **Unemployment \$** _____ **VA \$** _____ **Other \$** _____

Household Current Assets (current balance)

Checking \$ _____ Stocks/Bonds \$ _____ Savings \$ _____
 401K \$ _____ CD/Money Market \$ _____ Gift Funds \$ _____
 Other \$ _____ Other \$ _____ Other \$ _____

Household Monthly Debt Obligations (minimum amount due per month)

Total Credit Card Payments \$ _____ Student Loans \$ _____
 Car Payments \$ _____ Personal Loans \$ _____
 Child Support \$ _____ Other _____ \$ _____

Please circle your answer.

	PRIMARY CLIENT		CO-CLIENT	
Are you a First Time Homebuyer?	Yes	No	Yes	No
Ethnicity:	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Race:	American Indian or Alaskan Native		American Indian or Alaskan Native	
	Asian		Asian	
	Black or African American		Black or African American	
	Native Hawaiian or Other Pacific Islander		Native Hawaiian or Other Pacific Islander	
	White		White	
	Other		Other	
	I do not wish to furnish this information		I do not wish to furnish this information	
Do you intend to occupy the property as your primary residence?	Yes	No	Yes	No
Have you owned any property in the past 3 years?	Yes	No	Yes	No
Have you declared bankruptcy within the past 7 years?	Yes	No	Yes	No
Have you had a property been foreclosed on or given title or deed in lieu thereof in the past 7 years?	Yes	No	Yes	No
What is your citizenship?	US Citizen		US Citizen	
	Permanent Resident		Permanent Resident	
	Non-Perm. Resident		Non-Perm. Resident	
Active Military?	Yes	No	Yes	No
Highest Level of Education?	Below High School	High School Diploma	Below High School	High School Diploma
	Two Year College	Bachelor's Degree	Two Year College	Bachelor's Degree
	Master's Degree	Above Master's Degree	Master's Degree	Above Master's Degree

Please list contact persons in case we cannot contact you to leave a message.

Name _____ Phone Number (____) _____ - _____ Relationship to you _____

Name _____ Phone Number (____) _____ - _____ Relationship to you _____

Name _____ Phone Number (____) _____ - _____ Relationship to you _____

Agreement

By signing below, I (we) acknowledge that a copy of this form is as valid as the original. I (We) acknowledge that the information I (we) have provided in this form is true and accurate to the best of my (our) knowledge. This Intake Application and all financial documents submitted will be retained by the Affordable Housing Program of Tejano Center for Community Concerns (counseling agency) even if I (we) do not obtain the result I (we) desired or decide to withdraw from their services.

I (We) have given this information to the counseling agency to determine if I (we) are mortgage ready to begin the process of applying for a mortgage loan to purchase a house. I (We) understand that this form may be provided to any source deemed necessary to process my (our) mortgage loan request. I (We) also understand that receiving services from the counseling agency does not guarantee me (us) a mortgage loan, house, or any other tangible benefit. The counseling agency makes no final determination concerning my (our) ability to meet the down payment assistance programs requirements or lending requirements of any particular lender. The counseling agency also owns and sells real estate; however, I (we) are under no obligation to purchase real estate through this agency.

Authorization to Verify Credit

I (We) hereby authorize the counseling agency to obtain a soft pull credit report from Experian and Transunion thru the agency's partnership with Freddie Mac Loan Prospector Outreach Mortgage Loan Assessment for Housing Professionals. The counseling agency also has my (our) authorization to verify my/our bank accounts, employment, credit history, outstanding debt, including any present or previous mortgages as needed. The counseling agency can make any other inquires necessary to determine if I (We) are ready to apply for a mortgage loan.

Privacy Policy

The Affordable Housing Program at Tejano Center for Community Concerns values your trust and is 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 housing counseling and to aid you in the services you desire. We collect personal information about you from the following sources:

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

Information We Disclose

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

- Information we receive from you orally, 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; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom Do We Disclose

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

- 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 to know the information to provide services to you and to help them do their jobs aiding you in obtaining housing 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. Our safeguards comply with federal regulations to guard your personal information.

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 chose to “opt-out” please request the Affordable Housing staff provide you with the Privacy Choices form.** Once you filled out the form please send it back to the Affordable Housing Program office at 6901 Brownwood Street, Houston, TX 77020. Please allow approximately 30 days from our receipt of your Privacy Choices form for it to become effective.

I (We) acknowledge that I received a copy of the following documents.

- HUD Approved For Your Protection: Get a Home Inspection
- Ten Important Questions to Ask your Home Inspector

Print Primary Client’s Name

Print Co-Client’s Name

Primary Client’s Signature

Date

Co-Client’s Signature

Date





Affordable Housing Program

6901 Brownwood St.

Houston, TX 77020

PHONE: (713) 673-1080

EMAIL: housing@tejanocenter.org

Statement of Non-Obligation

The Affordable Housing Program at Tejano Center for Community Concerns is a HUD Approved nonprofit counseling agency. Tejano Center for Community Concerns offers an array of services to meet the needs of our clients and the community at large. These are the services Tejano Center for Community Concerns provides, but not limited to:

Affordable Housing Program:

Pre Purchase Homebuyer Education Workshop: Eight hour group education class which covers the home buying process.

Pre Purchase Counseling: Private individual counseling to assess mortgage readiness & assistance eligibility.

Financial Management/ Budget Counseling: Private individual counseling to address any issues related to homeownership.

Mortgage Delinquency and Default Resolution Counseling: Private individual counseling to address retention and/or disposition housing options.

- Baylor College of Medicine Teen Health Clinic
- Nueva Vida Elderly Housing
- Juvenile Justice Diversion Program
- Raul Yzaguirre Schools for Success
- Child Placing Agency
- Adult Education Services

Tejano Center for Community Concerns also has financial arrangements, but not limited to:

- Bank of America
- BBVA Compass
- Community Bank
- Capital One
- Chase
- eHomeAmerica
- National Council of La Raza
- NeighborWorks America
- OCWEN Loan Servicing
- Wells Fargo Bank

Tejano Center's Affordable Housing Program is an impartial service provider and will in no way pressure clients to purchase Tejano Center homes, utilize an affiliate or any of our current or future services. You may find other housing agencies offering similar services by visiting www.hud.gov/housingcounseling

Client Agreement

I (We) understand that participation in any of Tejano Center for Community Concerns services does not obligate me (us) to receive any of the other Tejano Center for Community Concern services or from any of their exclusive partners. I (We) also understand that I (we) have the right to freely choose my own house, lender, and/or any other type of service related to my home buying process. I (we) also understand that Tejano Center for Community Concerns is not obligated to sell a home or provide any of the other services to me(us).

Print Primary Client's Name

Print Co-Client's Name

Primary Client's Signature

Date

Co-Client's Signature

Date





Affordable Housing Program

6901 Brownwood St.

Houston, TX 77020

PHONE: (713) 673-1080

EMAIL: housing@tejanocenter.org

Authority to Release Closing Disclosure

By signing below, I (we) hereby authorize the Affordable Housing Program staff of Tejano Center for Community Concerns to obtain a copy of my **CLOSING DISCLOSURE** from the Title Company, Mortgage Lender or Realtor for the purpose of closing my file, if indeed I (we) purchase a property. I (We) acknowledge that a copy of this form is as valid as the original.

Privacy Act Notice: This information is to be used by the agency collecting it and it will not be disclosed outside the agency except as required and permitted by law.

Primary Client's Social Security Number

Co-Client's Social Security Number

Print Primary Client's Name

Print Co-Client's Name

Primary Client's Signature Date

Co-Client's Signature Date



Monthly Budget/Expenses Sheet

Please fill in with your household monthly expenses for each section.

Housing	Amount
Rent	
Renters Insurance	
Other: _____	
Utilities	
Electric	
Natural Gas	
Water/Sewer/Trash	
Telephone	
Cellphone	
Cable/Satellite	
Internet	
Transportation	
Car Payment #1	
Car Payment #2	
Gasoline	
Car Insurance	
Car Repair & Maintenance	
Public Transportation	
Parking & tolls	
Food	
Groceries	
Eating Out	
School Lunches	
Work Related (lunches and snacks)	
Insurance	
Health (medical/dental if not payroll deducted)	
Life	
Disability/Accidental	
Medical	
Doctor	
Dentist	
Prescriptions	
Other: _____	
Child Care	
Childcare or babysitter	
Child Support/Alimony	
Children Allowance	
Other: _____	

Entertainment	Amount
Movies, Concerts, etc.	
Video Rentals	
Clothing	
Clothing	
Landry/Dry Cleaning	
Donations	
Tithe/Church	
Charity	
Education	
Tuition & lessons	
Books, papers & supplies	
Newspapers & magazines	
Other: _____	
Gifts	
Birthdays	
Holidays	
Family \$ Contributions	
Personal	
Barber & Beauty Shop	
Personal Care Products	
Tobacco/wine/liquor	
Household/Cleaning Products	
Other: _____	
Miscellaneous	
Home Maintenance /Furnishings	
Checking/Saving acct. fees	
Pet Care & Supplies	
Debts	
Student Loans	
Credit Card #1	
Credit Card #2	
Credit Card #3	
Credit Card #4	
Medical Bills	
Personal Loans	
Other: _____	
Other: _____	
Other: _____	

Primary Client Signature _____ Date _____

Co-Client Signature _____ Date _____