

Section (2) EMPLOYMENT & INCOME for **Customer (1)**

EMPLOYER: _____

Self-employed? Yes No Part-time Full-time

Position/Title _____

Address _____ (____) _____ - _____
Phone Number

Dates of Employment ____/____/____ to ____/____/____
Mm/dd/yy Mm/dd/yy

Gross Monthly Income: \$ _____
Gross Monthly Income is the amount **before taxes** or any other deductions are taken out of your paycheck.

If employed for **Less Than Two** years with current employer, please list previous employer below.

EMPLOYER: _____

Position/Title: _____

Dates of Employment: ____/____/____ to ____/____/____
Mm/dd/yy Mm/dd/yy

OTHER INCOME INFORMATION:

Social Security/Retirement: Yes No
If yes, gross monthly amount? \$ _____

Disability/SSI: Yes No
If yes, gross monthly amount: \$ _____

Child support/Spousal support? Yes No
If yes, gross monthly amount: \$ _____

Other Income? \$ _____ per _____

Type & Source: _____

Do you receive Section 8 rental assistance? Yes No
If yes, through which housing authority?

Section (2) EMPLOYMENT & INCOME for **Customer (2)**

EMPLOYER: _____

Self-employed? Yes No Part-time Full-time

Position/Title _____

Address _____ (____) _____ - _____
Phone Number

Dates of Employment ____/____/____ to ____/____/____
Mm/dd/yy Mm/dd/yy

Gross Monthly Income: \$ _____
Gross Monthly Income is the amount **before taxes** or any other deductions are taken out of your paycheck.

If employed for **Less Than Two** years with current employer, please list previous employer below.

EMPLOYER: _____

Position/Title: _____

Dates of Employment: ____/____/____ to ____/____/____
Mm/dd/yy Mm/dd/yy

OTHER INCOME INFORMATION:

Social Security/Retirement: Yes No
If yes, gross monthly amount? \$ _____

Disability/SSI: Yes No
If yes, gross monthly amount: \$ _____

Child support/Spousal support? Yes No
If yes, gross monthly amount: \$ _____

Other Income? \$ _____ per _____

Type & Source: _____

Do you receive Section 8 rental assistance? Yes No
If yes, through which housing authority?

Section (3) DEBTS & LIABILITIES

What is your total monthly debt?

(Include: *minimum* payments on credit cards, car loans, student loans, etc.)

Are you required to pay child support or spousal support?
If yes, list amount:

Customer (1)

\$ _____

Yes No

\$ _____

Customer (2)

\$ _____

Yes No

\$ _____

Section (4) ASSETS	Customer (1)	Customer (2)
Do you own property? If yes, is it a house or land?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Property's current value	<input type="radio"/> House <input type="radio"/> Land \$ _____	<input type="radio"/> House <input type="radio"/> Land \$ _____
Have you owned a home in the last 3 years?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Savings account balance:	\$ _____	\$ _____
Checking account balance:	\$ _____	\$ _____
Any bounced checks in the past 12 months?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you own stocks or bonds?	<input type="radio"/> Yes <input type="radio"/> No Value: \$ _____	<input type="radio"/> Yes <input type="radio"/> No Value: \$ _____
Retirement Accounts/Vested Interest:	Value: \$ _____	Value: \$ _____
Do you expect to use gift money? If yes, how much	<input type="radio"/> Yes <input type="radio"/> No \$ _____	<input type="radio"/> Yes <input type="radio"/> No \$ _____
Money for closing cost and/or down payment? From where?	\$ _____ _____	\$ _____ _____

Section (5) - OTHER INFORMATION: This information is very important and requested to ensure CHT's compliance with the Equal Housing Opportunity Act. The registration is not complete without it.

Section (5) OTHER INFORMATION for **Customer (1)**

Race (please check all that apply):
 American Indian or Alaskan Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander
 Bi-racial (specify by checking all of the above that apply)
 Other _____

Ethnicity: Hispanic Not Hispanic

Gender: Male Female

Were you born a US Citizen? Yes No

Are you disabled? Yes No

Are you a Veteran? Yes No

How did you hear about the Homeownership Center?
 Friend Radio Newspaper TV
 Brochure Mailing / Flyer Lender Website
 Other: _____

Education Completed: Some High School
 High School Graduate 2yr College/Associate Degree
 Bachelor Degree Masters' Degree or above

Section (5) OTHER INFORMATION for **Customer (2)**

Race (please check all that apply):
 American Indian or Alaskan Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander
 Bi-racial (specify by checking all of the above that apply)
 Other _____

Ethnicity: Hispanic Not Hispanic

Gender: Male Female

Were you born a US Citizen? Yes No

Are you disabled? Yes No

Are you a Veteran? Yes No

How did you hear about the Homeownership Center?
 Friend Radio Newspaper TV
 Brochure Mailing / Flyer Lender Website
 Other: _____

Education Completed: Some High School
 High School Graduate 2yr College/Associate Degree
 Bachelor Degree Masters' Degree or above

IMPORTANT INSTRUCTIONAL INFORMATION – PLEASE READ & INITIAL EACH:

Please have each customer read the following statements & initial on each line
(registration is not completed without initials).

- 1. _____ A. I am including my completed Workshop Registration and signed Customer Service Agreement
- 2. _____ with my
 - \$75.00 fee per household, **non-refundable**, (checks payable to Champlain Housing Trust
 - I am a CHT tenant (rental or co-op), no fee required (for office use: verified by _____)
 - Payment voucher from _____ please include with registration

The Your registration fee covers up to 2 individuals who are purchasing a home together and covers the workshop, materials, one-on-one counseling session, tri-merge credit report, access to financial assistance, grants, special lender programs and so much more.

How many will attend? <input type="radio"/> One <input type="radio"/> Two
Workshop dates: First Choice ____/____/____ Second Choice ____/____/____

I understand that if I do not attend the workshop I must contact CHT within 30 days. CHT will happily reschedule me for another workshop: if I do not attend and do not contact CHT the fee is forfeit. Further, I understand all workshop fees expire 6 months from date of submission.

- 1. _____ B. Confirmation sent via email unless otherwise specified. Check here for US mail.
- 2. _____ **You will be sent a confirmation packet as soon as we process your completed registration - please allow approximately 1 week prior to workshop to process and confirm.**

- 1. _____ C. I am aware that I will receive my homebuyer education certificate at my counseling appointment which occurs after the workshop. It is important to note that depending on the size of the workshop and availability of counselors that it may take up to 3 weeks to have a counseling appointment.
- 2. _____

- 1. _____ D. Champlain Housing Trust is pleased to offer fair and easy access to all programs and services. If I am in need of an accommodation due to a special need, disability, learning barrier or language barrier I can contact CHT prior to the workshop or service. CHT asks for ample notice that allows enough time to coordinate the accommodation **Please check if you need an accommodation.**
- 2. _____

CHT has 2 HomeOwnership Centers to serve you best:

Burlington Office – Please send all Registrations to Burlington office for processing

88 King Street Burlington, VT 05401 Phone: 802-862-6244 Fax: 862-5054

St. Albans Office

13 Lake Street St. Albans, VT 05478 Phone: 802-527-2361 Fax: 527-2373

Toll free 1-877-247-7431

www.getahome.org

THIS BOX FOR OFFICE USE

Date of Workshop: ____/____/____ Date payment received: ____/____/____ Check amount and #: \$ ____ Ck# ____ Initials: _____
Date Registration entered in N-Step: ____/____/____ Initials: _____ Confirmation provided: ____/____/____ Initials: _____

CHAMPLAIN HOUSING TRUST



Champlain Housing Trust **HomeOwnership Center**

Customer Service Agreement & Authorization to Release Information

The mission of the HomeOwnership Center is to promote access to safe, decent and affordable housing. To guide customers through an educational process, empowering individuals and families to pursue the housing options that best meet their needs. Our full cycle lending services include education, counseling, financial assistance and post-purchase support.

Customer Service Agreement

In order to become a HomeOwnership Center customer (which entitles you to the full range of our services) you understand and agree to the following:

1. I will attend the full 7.5 hour Homebuyer Education workshop conducted by the NeighborWorks® HomeOwnership Centers of the Champlain Housing Trust.
2. I will participate in at least one individual counseling session in which I will review a tri-merged credit report with a Counselor, receive help to determine my affordability, discuss applicable programs, and develop an action plan.
(Note: It is at this one-on-one session that you receive your completion certificate.)
3. I agree to provide the HomeOwnership Center a copy of my HUD-1 settlement statement and complete a Welcome Home form when I successfully purchase my home. If I do not provide a copy of my HUD-1, my signature on this form authorizes the HomeOwnership Center to obtain a copy directly from my lender and/or attorney on my behalf.
4. I will attend at least one post-purchase individual counseling session within 6 months after purchasing a home where I will again be provided a credit report. I understand that if I neglect to arrange a counseling appointment, the HomeOwnership Center will still pull my credit report.
5. I understand I have access to other post-purchase workshops and services including, but not limited too, assistance with budgeting, tax planning, home maintenance and delinquency intervention/foreclosure prevention.



Burlington Office
88 King Street
Burlington, VT 05401
P 802-862-6244 Fax: 862-5054

St Albans Office
13 Lake Street
St. Albans, VT 05478
P 802-527-2361 Fax: 527-2373



Toll free 1-877-247-7431

www.getahome.org

Authorization to Release Information

I authorize the Champlain Housing Trust HomeOwnership Center to:

- (a) pull my credit report for educational purposes in connection with my pursuit for a loan to purchase a home
(Note: Review occurs during your initial one-on-one counseling, registration fee covers the cost; Please be aware if you choose to provide a credit report from a lender it must be less than 60 days old and include at least one score, if no report is provided CHT will pull from CBCInnovis);
- (b) pull my credit report as requested by me thereafter;
(Note: Additional fees apply);
- (c) pull my credit report and review my credit file for informational inquiry purposes 6 months after a home purchase;
(Note: Review occurs during your post-purchase counseling, registration fee covers the cost);
- (d) obtain a copy of my credit report for the initial counseling session as well as obtain the HUD-1 settlement statement from the Lender where I obtained a loan and/or the Closing Agent that closed the loan;
- (e) give my lender permission to request assistance for me should I get behind in my mortgage payments and to share information regarding my mortgage status in order to be provided delinquency intervention and foreclosure prevention services; and
- (f) share information with HomeOwnership Center funding sources about demographic and statistical data.

_____/_____/_____
Customer (1) Signature Date

_____/_____/_____
Customer (2) Signature Date

Customer (1) Printed Name

Customer (2) Printed Name:

If you have any questions regarding this Agreement/Authorization please feel free to contact:
The Homebuyer Education program: Burlington 802-862-6244 St Albans 802-527-2361
Or toll free 1-877-247-7431

THIS BOX FOR OFFICE STAFF ONLY

On behalf of the Champlain Housing Trust's NeighborWorks® HomeOwnership Center I hereby verify that the above listed individuals are customers of the HomeOwnership Center.

Name _____ Date _____
Title _____