




Homebuyer Education Workshop & Counseling Registration

The information you provide allows you to register for the workshop, is used in your counseling session and is required by our funding sources.

 **Please be aware you are registered for a workshop when we have received your completed Workshop Registration, signed Customer Service Agreement, the non-refundable fee, AND you have received a confirmation letter.** (Registration materials need to be received approximately 1 week prior to workshop to process and confirm.)

Section (1) - CUSTOMER INFORMATION: Please be sure that all the adult members of the household completely fill out the Workshop Registration. We need this information to best serve your current home buying needs; regardless of whether both individuals

- 1) Attend the workshop and/or counseling,
- 2) Will be included on the mortgage or title, or
- 3) Whether we provide a credit report and/or counseling for both parties.

Section (1) CUSTOMER INFORMATION for **Customer (1)**

First Name _____ MI _____ Last Name _____

_____ / _____ / _____
 Social Security _____ Birth Date _____
(to provide you with a credit report)

Mailing Address _____

City _____ State _____ Zip Code _____

Street Address (if different) _____

E-Mail Address _____

Home Phone Number _____ Cell Phone Number _____

Marital Status: Single Separated Divorced
 Widowed Married/Civil Union

What is your current housing situation? Rent
 Own a home (with a mortgage) Own a home (no mortgage)
 Other

What is your monthly housing cost (without utilities)? \$ _____

How many people in your household? (including Cust. #2) _____
 How many dependents? (**Do not** include Customer #2) _____
 What ages are they? _____, _____, _____, _____, _____

Section (1) CUSTOMER INFORMATION for **Customer (2)**

First Name _____ MI _____ Last Name _____

_____ / _____ / _____
 Social Security _____ Birth Date _____
(to provide you with a credit report)

Mailing Address _____

City _____ State _____ Zip Code _____

Street Address (if different) _____

E-Mail Address _____

Home Phone Number _____ Cell Phone Number _____

Marital Status: Single Separated Divorced
 Widowed Married/Civil Union

What is your current housing situation? Rent
 Own a home (with a mortgage) Own a home (no mortgage)
 Other

What is your monthly housing cost (without utilities)? \$ _____

How many dependents? (**Do not** include Customer #2) _____
 What ages are they? _____, _____, _____, _____, _____

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

EMPLOYER: _____

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

Position/Title _____

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 _____

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	<input type="radio"/> Yes <input type="radio"/> No
Retirement Accounts/Vested Interest:	Value: \$ _____	Value: \$ _____
	Value: \$ _____	Value: \$ _____
Do you expect to use gift money?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, how much	\$ _____	\$ _____
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
Please let us know which newspaper, lender, website, etc:

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
Please let us know which newspaper, lender, website, etc:

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
- 2. _____ 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.

- 1. _____ D. Champlain Housing Trust is pleased to offer fair and easy access to all programs and services. If I
- 2. _____ 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.**

CHT has 2 HomeOwnership Centers to serve you best:

Please send all Registrations to Burlington office for processing



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 phone: 1-877-274-7431

Website: 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: _____

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

Name _____ Date _____



Customer Service Agreement & Authorization to Release Information

Champlain Housing Trust's service area is Chittenden, Franklin and Grand Isle counties in Vermont. 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 ½ 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 authorize Champlain Housing Trust 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 CBC Innovis);
 - b. pull my credit report as requested by me thereafter;
(Note: Additional fees apply);
4. 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 the HUD-1 settlement statement from the Lender where I obtained a loan and/or the Closing Agent that closed the loan.
5. I understand that Champlain Housing Trust is given funding from a variety of sources and that HomeOwnership Center is required to share statistical and demographic information about the customers served and services provided.

_____/_____/_____
Customer (1) Signature Date

_____/_____/_____
Customer (2) Signature Date

Customer (1) Printed Name

Customer (2) Printed Name:



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