



Calcasieu Parish Housing Counseling Agency
2001 Moeling Street
Lake Charles, La 70601
337/721-4030 ext. 5125

www.calcasieuparish.gov/housingcounseling

Documentation required during your One-on-One Counseling Session

1. Completed application package and submit documents require below.
2. Provide two updated check stubs, Retirement letter, Social Security award letter and any other form of income that your household is receiving.
3. Provide the last two years of income tax returns plus your W2's.
4. Provide any and all collections and or judgement letters along with Bankruptcy documents.
5. Provide and complete an outline of all bills as well as balances that you pay monthly.
6. Provide Picture Id's of all adults.
7. Provide a money order or cashier's check payable to:

Calcasieu Parish Housing Counseling Agency

- a. Single \$24
- b. Couples \$48

We are a HUD approved Housing Counseling Agency

****PLEASE SEAL ENVELOPE BEFORE RETURNING****



CALCASIEU PARISH HOUSING COUNSELING AGENCY
CLIENT APPLICATION FORM

Applicant Name _____

Current Address _____ Apt No: _____

City, State, Zip Code _____

Home Phone _____ Work _____ Cellular _____

E-Mail: _____ Fax _____

- Do you have limited English Proficient? Yes No
- Do you live in a Rural Area? Yes No
- Are you a Veteran? Yes No
- Are you Disabled? Yes No

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the unit.

MEMBER'S FULL NAME	BIRTH DATE	SEX	SOCIAL SECURITY #

Family household size: _____ Ethnicity: Hispanic Non-Hispanic

Marital Status: _____ Single: _____ Married: _____ Divorced: _____ Separated Widowed: _____

Handicapped? Yes No First Time Homebuyer? Yes No

RACE

- White Latin Asian Asian & White Black or African American
- Black or African American & White American Indian/Alaskan Native
- American Indian/Alaskan Native & White American Indian/Alaskan Native & Black or African American
- Native Hawaiian/Other Pacific Islander Other Multiple Race Chose Not to Respond

Do you make payments on time? Yes No

Are you currently in Chapter 13 bankruptcy? Yes No

Have you had a Chapter 7 bankruptcy? Yes No

Are there any outstanding judgements against you? Yes No

Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu? Yes No

My Housing Goals is to.....Check all that apply

- Buy a home (pre-purchasing counseling)
- Prevent foreclosure
- Discuss a fair housing rights violation
- Transition from homelessness
- Receive financial management counseling
- Maintain home
- Obtain rental housing
- Other _____

ADDITIONAL INFORMATION

Have you owned a home in the last three (3) years? Yes No

Do you have a contract on a house at this time? Yes No

Are you currently working with a real-estate agent? Yes No

Have you been affected by the recent hurricanes? Yes No

Are you currently receiving any type of housing subsidized (Section 8 or Public Housing)? Yes No

Highest level of Education? Vocational/Technical School High School/GED
 Junior College College Graduate School

CURRENT LIVING EXPENSES

Expenditures	Monthly Debt	Expenditures	Monthly Debt
Current monthly rent or mortgage		Car Insurance	
Electric/Gas/Solid Waste		Gas/Transportation	
Telephone		Childcare/Daycare	
Cellular/Pager		Alimony/Child Support	
Cable/Satellite TV		Food (Groceries + Eating Out)	
Credit Cards		Student Loan Debt	
Loans		Tithing	
Car Note		Other	

\$ Total Value, Liquid Assets:	\$ Total Value, Hard Assets:
Stocks/Bonds/CDs:	Owner Occupied Property Value:
Savings Account:	Investment Property Value:
Checking Account:	Automobile:
Other:	Other:
Total Value:	Total Value:

AUTHORIZATION

I authorize Calcasieu Parish Housing Counseling Agency to: refer my file to a lender to pull my/our credit report in connection with my pursuit of a loan to purchase a home; to review my/our credit file for housing counseling in connection with my pursuit of a loan to purchase a home; pull my/our credit report and review my/our credit file for informational inquiry purposes.

I/We understand that any intentional or negligent representation (s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18. United States Code, Section 1001.

Applicant

Date

Co-Applicant

Date



Credit Report Authorization Form

(To be completed prior to running credit reports by authorized counselors only)

I hereby authorize and instruct the Calcasieu Parish Housing Counseling Agency (hereinafter referred to as HCA) to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by HCA. I understand and agree that HCA intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in pre-post purchase counseling activities.

I hereby agree to pay a \$24.00 non-refundable fee for a single report and a \$48.00 non-refundable fee for a couple's report payable to Calcasieu Parish Housing Counseling Agency in the form of a money order or a cashier check to cover the cost of obtaining my/our credit report.

My signature below also authorizes the release to credit reporting agencies, financial or other information that I have supplied to HCA in connection with such an evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

Authorize Do Not Authorize

HCA to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

In addition, in connection with pre-post purchase counseling activities, I hereby authorize HCA to:

- a. Share my client information with other counseling agencies and grant funding sources
- b. Allow my client file to be reviewed by other counseling agencies and grant funding sources for program monitoring and compliance purposes
- c. Allow follow-up with me related to program evaluation

Clients Name (Print)

Clients Name (Print)

Client Signature

Client Signature

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Date

Date



Calcasieu Parish Housing Counseling Agency (HCA)

Privacy Policy

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Calcasieu Parish Housing Counseling Agency (HCA) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publicly available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does HCA collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others, such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency, such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally

identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs. • We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to HCA employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct HCA to not disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit HCA's ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that HCA make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that HCA will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting HCA and signing a new privacy policy form.

Client (Printed) Signature Date

Client (Printed) Signature Date

RELEASE: I hereby authorize HCA to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Client (Printed) Signature Date

Client (Printed) Signature Date



Calcasieu Parish Housing Counseling Agency
2001 Moeling Street Lake Charles, La 70601
Phone: 337/721-4030 ext. 5125 Fax: 337/721-4180

Housing Counseling Agreement

- I understand that Calcasieu Parish Housing Counseling Agency (HCA) provides confidential pre-purchase & post-purchase housing counseling after which I will receive a written action plan consisting of recommendations for handling my credit and finances, possibly including referrals to other agencies as appropriate.
- I understand HCA is a non-profit and / or government housing counseling agency that is in partnership with my lenders, servicer or insurer and may require that HCA share my information with my servicer to better assist me. I authorize my lender, servicer, or insurer to share my information with HCA. Funding comes from HUD, lender partners and private foundations.
- I may be referred to other services or agencies 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.
- A counselor may answer questions and provide information but is not allowed to give legal advice. If I am in need of any legal advice, I will be referred for appropriate assistance.
- I understand that HCA provides information on numerous loan products and I further understand that the housing counseling I receive from HCA in no way obligates me to choose any of these particular loan products.
- I acknowledge that I have received a copy of the Privacy Policy

Applicant Signature

Date

Co-Applicant Signature

Date



C A L C A S I E U P A R I S H P O L I C E J U R Y
GOVERNING AUTHORITY OF CALCASIEU PARISH, LOUISIANA

HOUSING COUNSELING AGENCY

2001 Moeling Street
Lake Charles, Louisiana 70601 – 1583
337/721-4030 ext. 5125
Fax: 337/721-4180
TDD: 1-800-947-5277

www.calcasieuparish.gov/housingcounseling

ACKNOWLEDGEMENT OF RECEIPT

Housing and Urban Development (HUD) guidelines require that all pre-purchase counseling and/or homebuyer education clients/participants receive a copy of the following material:

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

By signing this acknowledgement, I certify that I have been advised and provided a copy of the above aforementioned information during my counseling session.

Client Signature

Date

Counselor Signature