

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 _		Cel	llular
E-Mail:		Fax	
Do you have limited English Proficient?	s \square^{No}		
Do you live in a Rural Area?	s \No		
Are you a Veteran?	s \Boxed{\Boxes}\No		
Are you Disabled?	s No		
HOUSEHOLD COMPOSITION AND CI	HARACTERIST	ics	
List the Head of Household and all other memb	pers who will be livi	ing 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	Widow:
Handicapped? Yes No First Time l	Homebuyer? Yes	□No	
RACE			
White Latin Asian As	ian & White	Black or Af	frican American
Black or African American & White Ar	nerican Indian/Alaska	ın Native	
American Indian/Alaskan Native & White Ar	merican Indian/Alaska	an Native &	Black or African American
Native Hawaiian/Other Pacific Islander Ot	her Multiple Race	Chose N	Not to Respond

SOURCE OF INCOME			
TYPE OF INCOME		MONTHLY INCOM	
Alimony/Child Support Incom	ie e		
Social Security/SSI Income			
Pension Income			
Disability Income			
Rental Income			
Dependent SSI Income			
Self-employment Income			
Unemployment Income			
Public Assistance			
Salary/Wage Earning Income	2		
Other Income			
Current Employment Information			
Name:	Data of Hira		
Address:	City/State/Zip:		
Position: FT/PT	T: Phone		
Gross Income (before taxes): h	ourly Dweekly Devery two wee	ks Utwice a month	
aross meeme (serore takes).	darry Greenly Gevery two wee	no Envice a mona	
[
Current Employment Information			
Name:	Date of Hire:		
Address:	City/State/Zip:		
Position: FT/PT	Γ: Phone		
		. .	
Gross Income (before taxes): h	ourlyweeklylevery two wee	ks t wice a month	i ∐monthly
LIABILITIES/DEBT			
Please list any debts you have, including credit utilities:	cards, auto loans, student loans, an	d child-care expense	s. Do not include rent o
NAME OF COMPANY	CURRENT BALANCE	MONTHLY PAYMENT	WHO OWES DEBT? A-Applicant B- Both C-Co-Applicant

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 again	nst you?	□No	
Within the past seven years, have you had a	property foreclosed	d or surrendered through a deed-in-li	ieu? Yes No
My Housing Goals is toCheck a	ll that apply		
Buy a home (pre-purchasing counseling)	Receive finar	ncial management counseling	
Prevent foreclosure	Maintain hor	ne	
☐Discuss a fair housing rights violation	Obtain renta	l housing	
☐Transition from homelessness	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	ne?	∐Yes □No	
Are you currently working with a real-estate	e agent?	□Yes □No	
Have you been affected by the recent hurric	anes?	∐Yes □No	
Are you currently receiving any type of hous	sing subsided (Section	on 8 or Public Housing)? Yes] No
Highest level of Education?	l/Technical School	High School/GED	
☐ Junior Col	lege Colle	ege 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: Other:		Automobile: Other:	
Total Value:		Total Value:	

AUTHORIZATION	
I authorize Calcasieu Parish Housing Counseling Agency to: refer with my pursuit of a loan to purchase a home; to review my/our pursuit of a loan to purchase a home; pull my/our credit report a purposes.	credit file for housing counseling in connection with my
I/We understand that any intentional or negligent representation civil liability and/or criminal liability under the provisions of Tit	•
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.

report.	e credit reporting agency deems necessary to complete my credit
In addition, in connection with determining my abil	ity to obtain a loan, I
☐ Authorize ☐ Do Not Authorize	
provided, including any computations and assessme	or counseling agencies my credit report and any information that I have ents that have been produced based upon such information. These may be eligible, and these counseling agencies may contact me to
In addition, in connection with pre-post purchase co	ounseling activities, I hereby authorize HCA to:
a. Share my client information with other countb. Allow my client file to be reviewed by other monitoring and compliance purposesc. Allow follow-up with me related to program	r counseling agencies and grant funding sources for program
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 337/721-4030 ext. 5125

www.calcasieuparish.gov/housingcounseling

Client Disclosure Form

Calcasieu Parish Housing Counseling Agency (HCA) is pleased that you have come to us for services and are looking forward to working with you. We are here to assist you in resolving your housing issues. However, you may use services other than those provided by this agency. Generally, your services may include the following:

- The gathering of essential demographic and financial information to help us resolve your housing need
- An assessment of your housing situation
- A case management plan that provides instructions and identifies resources for resolving your housing need
- Individual face to face, telephone and/or group counseling designed to guide you through the process of resolving housing needs.
- Follow-up calls and/or letters to track the outcome of our services.

HCA's focus is to provide homebuyer's education, pre/post one-on-one counseling, and rental education services related to landlord/tenant disputes and/or fair housing issues.

HCA upholds the highest standards of customer service. As such, HCA staff members providing these services will adhere to the following guidelines:

HCA does not offer legal counsel or services. HCA staff members will provide counseling, group education and/or instructional information only regarding your housing, personal financial management or credit situation under this program.

HCA does not provide debt consolidation services nor will any member of HCA's staff takeover or assume responsibility for the finances of any participating client.

HCA does not pay or receive fees or other considerations for referrals to or from any program administered by us.

HCA staff members will not recommend that clients participate or engage in any services whereby the staff members themselves or any member of their immediate family have a financial interest.

No staff member of HCA will disclose any personal information without proper authorization of the participant. HCA strongly believes in and promotes housing choice. To that end, HCA does not endorse any realtor or lender.

Participants in HCA's Pre-Purchase Counseling/Down payment Assistance Programs shop for and select the lender and realtor that best suits their needs.

HCA in many instances, will need to pull your credit report in order to assess the condition of your credit either to determine your readiness for ownership or to assist in the resolution of mortgage delinquency. HCA has the ability to pull your credit with little to no effect on your credit score.

HCA employs persons who are qualified to provide the services rendered. To that end, all HCA housing counselors are required to be certified. New counselors employed by HCA have one year to acquire such certification, which can be obtained through the Association of Housing Counselors, the National Federation of Housing Counselors or Neighbor Works. Central to HCA's mission is the elimination of housing discrimination. All of HCA's programs and services are required to educate participants. Please be advised that you, the client, are not obligated to receive, purchase, or utilize any other services offered by HCA, or its exclusive partners, in order to receive housing counseling services. This certifies that I have read and understood the above statement of disclosure.

Participant Signature	Date	Participant Signature Date	
• 0		Telephone/Online Counseling: or	
Counselor Signature	Date	Yes No	



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

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

Counselor Signature

• Ten Important Questions to Ask Your Home Inspector

aforementioned information during my counseling	ng session.	
Client Signature	Date	

By signing this acknowledgement, I certify that I have been advised and provided a copy of the above