

CONGRATULATIONS on your decision to become a new home owner! Thank you for selecting Lighthouse of Oakland County to assist with the process. Our Homebuyer Education Program is offered through our Lighthouse Emergency Services subsidiary. We are a NeighborWorks Chartered and HUD Certified organization. Our caring and professional counselors are NeighborWorks and MSHDA certified and prepared to work with you toward your homeownership goals.

If you have taken our live homebuyer education seminar, or if you have taken our online education training, you are invited to contact our agency for two additional hours of one-on-one counseling to review your credit report and budget, and identify and work through barriers with a tailored action plan to get you to your goal.

Throughout the home buying process you will be asked to complete lots of paperwork, which may seem redundant, but it is necessary to ensure that your file is complete and compliant. You will be provided with the following required documents for our agency:

- MSHDA Household Profile
- Counseling Agreement and Release of Information
 - Ten Important Questions to Ask Your Home Inspector (*Keep for your records*)
 - For Your Protection Get a Home Inspection (*Keep for your records*)
- LES Intake Form
- Disclosure Statement
- Grievance Policy
- Vendor and Speaker Disclosure
- Lender Document Release

The required fields are highlighted on each form. Please complete each document in its entirety and then sign and date each form. If you have co-borrower(s), they will need to sign and date each form as well. Each form must include all of the required information in order for us to provide you with your certificate of completion. Your certificate will be emailed and/or mailed to you within one week after the completion of the course and after all paperwork has been completed.

If you have any questions about the program, you may contact **Sheila Lincoln** at **slincoln@LighthouseOakland.org** or **(248) 920-6060** ext. **2225**, or **Janet McMickens** at **jmcmickens@LighthouseOakland.org** or by phone at ext. **2243**. Emailing or mailing your documentation is best, but if you would like to fax your documentation, you may fax it to **(248) 335-1099**. If you would like to mail your documentation, please address your envelope to Sheila Lincoln or Janet McMickens at:

Lighthouse Emergency Services
PO Box 430508
Pontiac, MI 48343-0508

Household Profile

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Section I – <u>Must</u> be completed for all clients | | | | Date: | |
| Client Name (First, Middle Initial, Last): | | | Social Security Number: | | |
| Street Address (<u>do not</u> use PO Box): | | City: | | State: | Zip: |
| Home or Cell Phone Number: | | Email Address: | | Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| County Client Resides In: | | Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family | | Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Job Duration: | | Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| For statistical purposes, circle or check appropriate answer as it applies to Client: | | | | | |
| Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/> | | | | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Single Race: 1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Native Hawaiian/Pacific Islander 5. White 6. Choose Not to Respond | | Multi-Race: 7. American Indian/Alaskan Native <u>and</u> White 8. Asian <u>and</u> White 9. Black/African American <u>and</u> White 10. American Indian/Alaska Native <u>and</u> Black/African American 11. Other Multiple Race | | Household Type: 1. Single adult 2. Female-headed single parent 3. Male-headed single parent 4. Married without children 5. Married with children 6. Two or more unrelated adults 7. Other | |
| For statistical purposes, please indicate clients highest level of education: | | | | | |
| Education: <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Master's Degree <input type="checkbox"/> Postsecondary Non-Degree Award <input type="checkbox"/> Less than High school <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some College, No Degree | | | | | |

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Co-Client Name (First, Middle Initial, Last): | | | Social Security Number: | | |
| Street Address (<u>do not</u> use PO Box): | | City: | | State: | Zip: |
| Home or Cell Phone Number: | | Email Address: | | Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| County Client Resides In: | | Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family | | Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Job Duration: | | Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| For statistical purposes, please circle or check appropriate answer as it applies to Client: | | | | | |
| Ethnicity (You must select one): Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to respond <input type="checkbox"/> | | | | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Single Race: 12. American Indian/Alaskan Native 13. Asian 14. Black/African American 15. Native Hawaiian/Pacific Islander 16. White 17. Choose Not to Respond | | Multi-Race: 18. American Indian/Alaskan Native <u>and</u> White 19. Asian <u>and</u> White 20. Black/African American <u>and</u> White 21. American Indian/Alaska Native <u>and</u> Black/African American 22. Other Multiple Race | | Household Type: 8. Single adult 9. Female-headed single parent 10. Male-headed single parent 11. Married without children 12. Married with children 13. Two or more unrelated adults 14. Other | |
| For statistical purposes, please indicate clients highest level of education: | | | | | |
| Education: <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Master's Degree <input type="checkbox"/> Postsecondary Non-Degree Award <input type="checkbox"/> Less than High school <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some College, No Degree | | | | | |

List **ALL** Household Members including Client and **ALL** sources of income for adult members of the household. Include unearned income of minor children. **DO NOT** include earned income of minor children. **Income sources:** Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient. List **ALL** sources of revolving credit and installment loan debt. **Debt sources:** Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

| Name | Date of Birth | High School Student | Gross Annual Income | Primary Source of Income | Relationship to Client |
|------|---------------|--------------------------|---------------------|--------------------------|------------------------|
| | | <input type="checkbox"/> | | | Client |
| | | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | | | |

Total Household Income: (Excluding minor children's) \$

Total Household Debt: \$

Section II – Complete this section for Foreclosure or National Foreclosure Mitigation Counseling; otherwise leave blank and go to Section III:

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of Originating Lender (if available): | | Original Loan Number (if available): | |
| Name of Current Servicer: | | Loan number assigned by Current Servicer: | |
| When did you purchase your home? | | Does your name appear on the deed and mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Total Monthly Payment (PITI) at intake: | | What is your current interest rate? | |
| If type of loan at intake is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Does client have a second loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Credit Score at Intake: _____ Source: TransUnion <input type="checkbox"/> EquiFax <input type="checkbox"/> Experian <input type="checkbox"/> Tri-merge <input type="checkbox"/> | | Current status of Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late | |
| Total amount delinquent on Mortgage? \$ | Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$ | Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$ | |
| Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, what is the date of the Sherriff's Sale? | Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you currently working with an attorney regarding the delinquency of your mortgage or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please provide attorney information? | | | |
| Have you been a victim of Housing Discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Have you been a victim of Predatory Lending? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Select type of first loan product: | | | |
| <input type="checkbox"/> Hybrid ARM <input type="checkbox"/> Option ARM <input type="checkbox"/> Interest only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FHA or VA fixed rate loan | | <input type="checkbox"/> FHA or VA ARM <input type="checkbox"/> Privately held <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> Unknown | |
| | | NFMC Foreclosure Mitigation Counseling <input type="checkbox"/> Reporting on First loan <input type="checkbox"/> Reporting on Second loan | |
| NFMC Foreclosure Mitigation Counseling – must select type of first loan product below: <input type="checkbox"/> Fixed rate currently under 8% <input type="checkbox"/> Fixed rate currently 8% or greater <input type="checkbox"/> ARM currently under 8% <input type="checkbox"/> ARM currently at 8% or greater <input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months <input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months <input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months <input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months <input type="checkbox"/> Client did not disclose | | Select primary reason for default: <input type="checkbox"/> Reduction in income <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Medical issues <input type="checkbox"/> Increase in Expense <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death of Family member <input type="checkbox"/> Business Venture Failed <input type="checkbox"/> Increase in loan payment <input type="checkbox"/> Other | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------|------|
| Please provide the following information for the mortgage servicer or land contract holder that you make your payments to: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | Email: | |
| Please describe the circumstance(s) that occurred which resulted in the mortgage or land contract payments getting behind? | | | |
| What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments? | | Do you feel that you have recovered from the situation listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Section III – Must be completed for ALL Counseling Services | | |
| How did client hear about MSHDA's Homeownership Counseling Programs: | | |
| <input type="checkbox"/> Referral from MSHDA <input type="checkbox"/> Referral from Department of Human Services <input type="checkbox"/> Referral from Lender | <input type="checkbox"/> Referral from a Real Estate Professional <input type="checkbox"/> Referral from a Community Organization <input type="checkbox"/> Referral from Friend/Relative | <input type="checkbox"/> Referral from Habitat <input type="checkbox"/> Walk in Self-Referral <input type="checkbox"/> Radio, TV, or PSA <input type="checkbox"/> Other: |
| If client is looking to purchase a home, list the county they intend to reside in: | | |

I hereby certify that the information given above is accurate and complete. I understand that if information I provided is discovered to be false or misleading, my participation may be denied or terminated.

| | | |
|--------------|-----------|-------|
| _____ | _____ | _____ |
| Printed Name | Signature | Date |
| _____ | _____ | _____ |
| Printed Name | Signature | Date |
| _____ | _____ | _____ |
| Printed Name | Signature | Date |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------|
| Section IV – To be completed by Homeownership Counselor for MSHDA Homeownership Counseling Program(s) eligibility. | | |
| Verified Family Income: | Family Maximum Income Limit: | |
| \$ | \$ | |
| Family is Eligible for Pre-Purchase Counseling: | Family is Eligible for Post-Purchase Counseling: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Agency Name: | Agency Phone Number: | |
| Lighthouse Community Development | 248-920-6000 | |
| Counselor Name: | Counselor Signature | Verifying Information: Date: |

MSHDA's Homeownership Division
Counseling Agreement and Release of Information

Select Service Type:

- ☒ Homeownership Counseling
☐ Foreclosure Counseling
☐ NFMC Foreclosure Counseling

| | | |
|------------------------------------------------------------------------------|-------|--------------|
| MSHDA Approved Counseling Agency: Lighthouse Community Development | | Loan Number: |
| Address for Foreclosure Counseling: | City: | Zip: |

In signing this agreement and release, I am agreeing to actively participate in the Homeownership Counseling Program being offered by this Michigan State Housing Development Authority (MSHDA) counseling agency in order to receive counseling services. Participation in this program is voluntary and requires me to establish the reason for my delinquency and to develop an Action Plan in cooperation with the Counselor, and understand that I will receive a copy of that Plan.

1. I may be referred to other housing services of the organization or another agency 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.
2. I understand that this Agency receives funds through MSHDA, HUD and NFMC Programs and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. If the services received from this agency are funded by the NFMC Program, I give permission for NFMC program administrators and/or evaluators to follow-up with me for up to three (3) years from the date of this signed form for the purposes of program evaluation.
4. I understand that a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
5. I understand that this Agency provides both pre-purchase and post-purchase counseling services and I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies or organizations as appropriate.
6. I understand that this Agency provides information and education on numerous housing programs and loan products and I further understand that the housing counseling I receive from this Agency in no way obligates me to choose any of these particular housing programs or loan products.

Failure to sign the consent form may result in denial of program assistance or termination of counseling program benefits.

CONSENT: I/We hereby allow this Agency its agents, employees, or its affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Homeownership Counseling Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

For Pre-Purchase Counseling Services only:

☐ I acknowledge the agency provided me with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

NOTE: If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related services, please contact MSHDA's Homeownership Counseling Program at (517)373-6840.

| | | |
|---------------------------------------------------------------|------------------------------------------|--------------------------------|
| _____ | _____ | _____ |
| Client's Printed Name | Signature | Date |
| _____ | _____ | _____ |
| Client's Printed Name | Signature | Date |
| _____ | _____ | _____ |
| Counselor's Printed Name | Counselor's Signature | Date signed |
| _____ | _____ | _____ |
| Lighthouse Community Development Name of Counseling Agency | Pontiac, MI City – Location of Agency | 248-920-6000 Contact Number |

Ten Important Questions to Ask Your Home Inspector

1. What does your inspection cover?

The inspector should ensure that their inspection and inspection report will meet all applicable requirements in your state if applicable and will comply with a well-recognized standard of practice and code of ethics. You should be able to request and see a copy of these items ahead of time and ask any questions you may have. If there are any areas you want to make sure are inspected, be sure to identify them upfront.

2. How long have you been practicing in the home inspection profession and how many inspections have you completed?

The inspector should be able to provide his or her history in the profession and perhaps even a few names as referrals. Newer inspectors can be very qualified, and many work with a partner or have access to more experienced inspectors to assist them in the inspection.

3. Are you specifically experienced in residential inspection?

Related experience in construction or engineering is helpful, but is no substitute for training and experience in the unique discipline of home inspection. If the inspection is for a commercial property, then this should be asked about as well.

4. Do you offer to do repairs or improvements based on the inspection?

Some inspector associations and state regulations allow the inspector to perform repair work on problems uncovered in the inspection. Other associations and regulations strictly forbid this as a conflict of interest.

5. How long will the inspection take?

The average on-site inspection time for a single inspector is two to three hours for a typical single-family house; anything significantly less may not be enough time to perform a thorough inspection. Additional inspectors may be brought in for very large properties and buildings.

6. How much will it cost?

Costs vary dramatically, depending on the region, size and age of the house, scope of services and other factors. A typical range might be \$300-\$500, but consider the value of the home inspection in terms of the investment being made. Cost does not necessarily reflect quality. HUD Does not regulate home inspection fees.

7. What type of inspection report do you provide and how long will it take to receive the report?

Ask to see samples and determine whether or not you can understand the inspector's reporting style and if the time parameters fulfill your needs. Most inspectors provide their full report within 24 hours of the inspection.

8. Will I be able to attend the inspection?

This is a valuable educational opportunity, and an inspector's refusal to allow this should raise a red flag. Never pass up this opportunity to see your prospective home through the eyes of an expert.

9. Do you maintain membership in a professional home inspector association?

There are many state and national associations for home inspectors. Request to see their membership ID, and perform whatever due diligence you deem appropriate.

10. Do you participate in continuing education programs to keep your expertise up to date?

One can never know it all, and the inspector's commitment to continuing education is a good measure of his or her professionalism and service to the consumer. This is especially important in cases where the home is much older or includes unique elements requiring additional or updated training.



For Your Protection: Get a Home Inspection

Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information about the overall condition of the home prior to purchase. In a home inspection, a qualified inspector takes an in-depth, unbiased look at your potential new home to:

- ✓ Evaluate the physical condition: structure, construction, and mechanical systems;
- ✓ Identify items that need to be repaired or replaced; and
- ✓ Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

Appraisals are Different from Home Inspections

An appraisal is different from a home inspection. Appraisals are for lenders; home inspections are for buyers. An appraisal is required to:

- ✓ Estimate the market value of a house;
- ✓ Make sure that the house meets FHA minimum property standards/requirements; and
- ✓ Make sure that the property is marketable.

FHA Does Not Guarantee the Value or Condition of your Potential New Home

If you find problems with your new home after closing, FHA can not give or lend you money for repairs, and FHA can not buy the home back from you. That is why it is so important for you, the buyer, to get an independent home inspection. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

Radon Gas Testing

The United States Environmental Protection Agency and the Surgeon General of the United States have recommended that all houses should be tested for radon. For more information on radon testing, call the toll-free National Radon Information Line at 1-800-SOS-Radon or 1-800-767-7236. As with a home inspection, if you decide to test for radon, you may do so before signing your contract, or you may do so after signing the contract as long as your contract states the sale of the home depends on your satisfaction with the results of the radon test.

Be an Informed Buyer

It is your responsibility to be an informed buyer. Be sure that what you buy is satisfactory in every respect. You have the right to carefully examine your potential new home with a qualified home inspector. You may arrange to do so before signing your contract, or may do so after signing the contract as long as your contract states that the sale of the home depends on the inspection.



LIGHTHOUSE EMERGENCY SERVICES INTAKE FORM

Please complete this form in its entirety. When completed, please return it to LCD with your income documentation.

BASIC / CONTACT INFORMATION:

Date: _____ E-Mail Address: _____

Name (applicant): _____ Male ☐ Female ☐

Name (co-applicant): _____ Male ☐ Female ☐

Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____ Cell: _____
(applicant)

Home Phone: _____ Work Phone: _____ Cell: _____
(co-applicant)

SSN: _____ D.O.B.: _____
(applicant) (applicant)

SSN: _____ D.O.B.: _____
(co-applicant) (co-applicant)

DEMOGRAPHIC INFORMATION: (Check ALL that apply)

Ethnicity (applicant):

African American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Asian ☐ Other ☐

Ethnicity (co-applicant):

African American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Asian ☐ Other ☐

Marital Status (applicant):

Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐

Marital Status (co-applicant):

Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐

Lighthouse Emergency Services
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LIGHTHOUSE EMERGENCY SERVICES INTAKE FORM

INCOME & EMPLOYMENT INFORMATION:

Employer: _____ Start Date: _____
(applicant)

Wage/Salary: _____ Check one: Weekly ☐ Bi-weekly ☐ Monthly ☐ Annual ☐

Employer: _____ Start Date: _____
(co-applicant)

Wage/Salary: _____ Check one: Weekly ☐ Bi-weekly ☐ Monthly ☐ Annual ☐

Social Security Income: _____ Type: _____

Food Stamps/Bridge Card: _____ FIA Income: _____

Child Support: _____ Other Income: _____

EXPENSES: (minimum monthly payment)

Monthly Rent: _____ Auto Loan: _____ (Lease OR Own)

Student Loans: _____ Cell Phone: _____

Personal Loan: _____ Payday Loans: _____

Credit Card 1: _____ Credit Card 2: _____ Credit Card 3: _____

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LIGHTHOUSE EMERGENCY SERVICES INTAKE FORM

MARKETING: (Check ALL that apply)

How did you find out about our Homebuyer Seminar and/or Financial Fitness classes?

| | | |
|-----------------|--------------------------|-------|
| Referral/Friend | <input type="checkbox"/> | _____ |
| Flyer | <input type="checkbox"/> | _____ |
| Newspaper | <input type="checkbox"/> | _____ |
| TV/Radio | <input type="checkbox"/> | _____ |
| Lender | <input type="checkbox"/> | _____ |
| Realtor | <input type="checkbox"/> | _____ |
| Seminar | <input type="checkbox"/> | _____ |
| Agency | <input type="checkbox"/> | _____ |
| City/County | <input type="checkbox"/> | _____ |
| Habitat | <input type="checkbox"/> | _____ |
| Other | <input type="checkbox"/> | _____ |

EDUCATION: (Check the ONE that best applies to the highest education you have completed)

| | | | | | |
|--------------------|--------------------------|-------|--------------|--------------------------|-------|
| Bachelor's Degree | <input type="checkbox"/> | _____ | Master's | <input type="checkbox"/> | _____ |
| College | <input type="checkbox"/> | _____ | None | <input type="checkbox"/> | _____ |
| Doctorate/Ph.D . | <input type="checkbox"/> | _____ | Other | <input type="checkbox"/> | _____ |
| Elementary | <input type="checkbox"/> | _____ | Primary | <input type="checkbox"/> | _____ |
| Graduate School | <input type="checkbox"/> | _____ | Some College | <input type="checkbox"/> | _____ |
| High School/GED | <input type="checkbox"/> | _____ | University | <input type="checkbox"/> | _____ |
| Junior College | <input type="checkbox"/> | _____ | Unknown | <input type="checkbox"/> | _____ |
| Junior High School | <input type="checkbox"/> | _____ | Vocational | <input type="checkbox"/> | _____ |

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LIGHTHOUSE EMERGENCY SERVICES INTAKE FORM

TYPE OF ASSISTANCE: (Check the box that best applies and provide details on the line)

| | | |
|----------------------|--------------------------|-------|
| MSHDA | <input type="checkbox"/> | _____ |
| NSP | <input type="checkbox"/> | _____ |
| Habitat | <input type="checkbox"/> | _____ |
| Bank Grant | <input type="checkbox"/> | _____ |
| City/Community Grant | <input type="checkbox"/> | _____ |
| Other | <input type="checkbox"/> | _____ |

**** I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL STATEMENTS ARE TRUE, AND WHEN CIRCUMSTANCES CHANGE I WILL NOTIFY MY COUNSLEOR. I FURTHER UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN DENIAL OR TERMINATION OF BENEFITS AND/OR SERVICES OR FURTHER PENALTY. ****

Applicant

Date

Co-applicant

Date

Lighthouse Emergency Services
46156 Woodward Avenue ♦ Pontiac, MI 48342 ♦ Phone (248) 920-6100 ♦ Fax (248) 335-1099

LENDER DOCUMENT RELEASE FORM

The U.S. Department of Housing and Urban Development (HUD) requires that when a counseling agency provides homeownership services, such as a homebuyer seminar or one-on-one counseling sessions, specific documents must be collected from the homebuyer to provide proof that the client did purchase a home. Lighthouse Emergency Services (LES) is required to have these documents in the client files for auditing and reporting purposes. Lenders are often reluctant to send these documents to us because they do not have written authorization from you, the homeowner. Therefore, we ask that you sign this Lender Document Release Form, which will authorize your lender to provide the following forms to LES so we can meet HUD's guidelines and requirements.

I, _____, authorize my lender to provide the following documents to Lighthouse Emergency Services (LES) as part of my homebuyer education. These documents are required in order to meet HUD guidelines and will be retained in my file at LES in a secure location for up to (7) years as required by HUD and/or other government entities. The documentation may be emailed to **Sheila Lincoln** or **Janet McMickens** at slincoln@LighthouseOakland.org or jmcmickens@LighthouseOakland.org or faxed to (248) 335-1099 within (3) business days of closing. I further agree to inform the lender at closing of the need to send these documents to LES. These documents may include, but are not necessarily limited to, the following:

1. Purchase Agreement
2. Signed and fully executed HUD-1 Settlement Statement (Closing Statement)
3. Uniform Residential Loan Application (Fannie Mae Form 1003)
4. Good Faith Estimate (GFE)
5. Truth-In-Lending Disclosure Statement (TIL)
6. Paystubs (last 30 days)
7. Bank Statements (last 60 days)
8. Credit Report
9. HUD 1 Settlement Statement

I understand that if these documents (*particularly the HUD 1 Settlement Statement*) are provided to LES after closing, I will be entered into a drawing for a \$100 gift card to be used at any retailer. The new homeowner will be entered into the drawing within the quarter that follows the date of their closing.

Cell #: (____) _____ - _____ Home #: (____) _____ - _____ Work #: (____) _____ - _____

Email Address: _____ @ _____

Applicant

Date

Co-applicant

Date

Lighthouse Emergency Services
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DISCLOSURE STATEMENT

I/We, _____, am/are participating voluntarily in the Homebuyer Education and Counseling and Financial Management Program offered by Lighthouse Emergency Services (LES). I/We understand that my/our participation in this program does not obligate me/us to purchase a home directly from Lighthouse Community Development and/or any of its subsidiaries or affiliates.

Applicant

Date

Co-applicant

Date

Lighthouse Emergency Services
46156 Woodward Avenue ♦ Pontiac, MI 48342 ♦ Phone (248) 920-6100 ♦ Fax (248) 335-1099

VENDOR / SPEAKER DISCLOSURE AND HOLD HARMLESS FORM

Lighthouse Emergency Services (LES) works closely with a number of professionals who are familiar with its programs and the home-buying process. As part of our services to you, LES staff will often ask these professionals to come and speak at our seminars in order to provide you with an understanding of what they do in the process of purchasing a home and to provide their industry expertise. In some cases, we can also provide you with a list of professionals with whom LES has done work with in the past. However, in no way does LES guarantee that everything that they present at the seminars or disclose to you in private to be 100% true and accurate for your specific situation. In addition, you are under no obligation to have to use any of these professionals that we provide to you. As a willing participant in LES's housing education and development program, you may choose any professional you desire to assist you during the process of purchasing a home.

Applicant

Date

Co-applicant

Date

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LIGHTHOUSE EMERGENCY SERVICES HOUSING GRIEVANCE POLICY

Lighthouse Emergency Services (LES) does not discriminate on the basis of age, race, religion, marital status, gender, sexual orientation and/or any other factor(s). We provide homebuyer education to all parties that request it. Housing purchases are restricted to first time homebuyers and they must meet the guidelines of HUD, MSHDA, the City of Pontiac, the Lighthouse Community Development (LCD) Homeownership Committee, and/or any other entities that may apply.

Anyone who believes they have been discriminated against, or otherwise treated unfairly, may file a grievance. This must be done in writing and such grievance should be submitted to the Fair Housing Representative (LES Manager). The Fair Housing Representative will respond to the complaint in writing within seven (7) business days of the receipt of the complaint. In addition, the grievance will be submitted to the LCD Homeownership Committee within fifteen (15) business days of the receipt of the complaint. If further action is required, the complaint will be forwarded to the LCD Board of Directors for action.

Applicant

Date

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Date

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LIGHTHOUSE EMERGENCY SERVICES
HOMEBUYER EDUCATION SEMINAR PARTICIPANT INFORMATION REQUEST

Name _____ **Date** _____

1. Where are you in the home buying process? (Check all that apply)

- ☐ I/We am/are thinking about buying a home.
☐ I/We have started looking for a home.
☐ I/We have been pre-approved for a mortgage loan.
☐ I/We are applying for/have been approved for an NSP home in the city of _____.
☐ I/We have applied for/have been approved for a Habitat for Humanity home.
☐ I/We have found a house. I/We are waiting for a closing date.
☐ I have a closing date. It is: _____.
☐ I/We are applying for/receiving down payment assistance funds from _____.

2. We recommend scheduling additional 1-on-1 homebuyer education sessions with a Lighthouse Counselor. Are you interested in additional counseling?

☐ Definitely ☐ Probably ☐ Not Sure ☐ Probably Not ☐ Definitely Not

3. Are you seeking or have been approved for a MSHDA Mortgage Product?

☐ Yes ☐ No

If you are not seeking a MSHDA Mortgage, what type loan are you seeking, or have received approval? _____

4. I am working with a ☐ Lender ☐ Broker

Name: _____

Company: _____

Phone Number: _____

Email Address: _____

5. I am working with a Realtor

Name: _____

Company: _____

Phone Number: _____

Email Address: _____

6. I/We are interested in Lighthouse Center for Working Families Coaching Services

☐ Financial ☐ Employment ☐ Both ☐ Maybe ☐ No Thanks