

Today's Date

**WRIGHT COUNTY COMMUNITY ACTION, INC.**

130 W DIVISION ST, P.O. BOX 787, MAPLE LAKE, MN 55358

Phone (320) 963-6500 • TDD (800) 627-3529 • Fax (320) 963-5745

www.wccaweb.com



**CLIENT INTAKE FORM**

Program Applying For \_\_\_\_\_

**1. HEAD OF HOUSEHOLD INFORMATION**

First Name	Last Name	Email Address	Address	City	Zip Code
County	Home Phone	Cell Phone	Do you or your children need translator services? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	( ) -	( ) -	What is the household's primary language? _____		

**2. HOUSEHOLD MEMBERS**

Full Name of all household members including yourself	Gender	Data of Birth	Race (see key)	Work Status (see key)	Health Coverage (see key)	Last Grade Completed	Disabled	Military Status (see key)	Hispanic/Latino	Currently in School
1. Self (same as above)		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**KEY**

Race	Work Status	Health Coverage	Military Status
(W) White (B) Black/African American (A) Asian (I) American Indian/Alaskan Native (H) Native Hawaiian/Pacific Islander (M) Multi-Racial (O) Other: _____	(f) Full-Time (p) Part-Time (c) Contract (t) Temporary (r) Retired (l) Unemployed 6 months or less (g) Unemployed more than 6 months (u) Unemployed (not in labor force) (s) Migrant Seasonal farm worker	(W) Medical Assistance (B) Minnesota Care (A) Medicaid (I) Medicare (H) Private (through employment) (M) Private (direct-purchase) (O) Military Health Insurance	(a) Active (b) N/A (c) Veteran

### 3. INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS

Name	Annual Gross Income	Source(s)	Key
1.	\$		(1) Alimony/Spousal Support (10) Self-Employment (2) Child Support (11) Social Security
2.	\$		(3) EITC (12) SSDI (4) Employment (13) SSI
3.	\$		(5) General Assistance (14) Unemployment Insurance (6) MFIP (15) VA (Non-Service-Connected)
4.	\$		(7) No Income (16) VA (Service-Connected) (8) Private Disability Insurance (17) Worker's Compensation
5.	\$		(9) Retirement/Pension (18) Other: _____

4. ON-CASH BENEFITS	5. TYPE OF HOUSHOLD	6. HOUSING SITUATION
<b>Check the non-cash benefits your household receives</b>		
<input type="checkbox"/> SNAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> WIC <input type="checkbox"/> Permanent Supportive <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Housing <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Affordable Care Act <input type="checkbox"/> Public Housing <input type="checkbox"/> Subsidy <input type="checkbox"/> Childcare Voucher	<input type="checkbox"/> Single person <input type="checkbox"/> Two parents with children <input type="checkbox"/> Single parent <input type="checkbox"/> Two adults/NO children <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multigenerational household <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Own home/rent lot <input type="checkbox"/> Homeless <input type="checkbox"/> Living with family/friends <input type="checkbox"/> Other permanent housing <input type="checkbox"/> Other

7. CHECK THE MAIN REASON FOR YOUR VISIT		
<input type="checkbox"/> Death in family or household <input type="checkbox"/> Fire <input type="checkbox"/> Homeless <input type="checkbox"/> Increase in household size <input type="checkbox"/> Long term medical expenses	<input type="checkbox"/> Loss of job <input type="checkbox"/> Loss or reduction of income/food stamps <input type="checkbox"/> Loss or reduction of other financial support <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Unexpected expenses	<input type="checkbox"/> Unexpected medical expenses <input type="checkbox"/> Other: Specify _____ _____

8. CHECK THE PROGRAMS YOU WOULD LIKE MORE INFORMATION ON				
<input type="checkbox"/> Family Budgeting	<input type="checkbox"/> Tax Preparation	<input type="checkbox"/> Food Shelf	<input type="checkbox"/> Home Repair Loans	<input type="checkbox"/> Early Head Start
<input type="checkbox"/> Foreclosure Prevention/Counseling	<input type="checkbox"/> Thrift Shop	<input type="checkbox"/> Mobile Food Shelf	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Head Start
<input type="checkbox"/> Home Buyer Training	<input type="checkbox"/> Backpack Program	<input type="checkbox"/> WIC	<input type="checkbox"/> Weatherization	<input type="checkbox"/> Aging Services
<input type="checkbox"/> MNsure Navigator	<input type="checkbox"/> Emergency Food Box Network	<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> Voter Registration	

**DISCRIMINATION STATEMENT**

The above programs are Equal Opportunity Programs. If you believe you have been discriminated against because of race, color, national origin, sex, age, or handicap, please contact WCCA immediately. If you are applying for WIC services and you feel you have been discriminated against, write immediately to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue S.W., Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

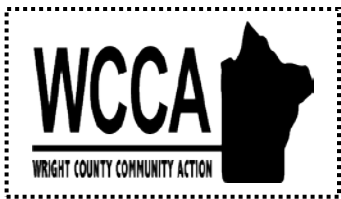
**TENNESSEN WARNING**

This data is being collected to verify program eligibility and to provide Wright County Community Action (WCCA) information needed to complete state and federal reports as well as agency needs and demographic studies. You are not legally required to provide this information; however missing information may impact your program eligibility. WCCA may share some of this information with government agencies and public organizations as allowed by law under State and Federal Data Practices Act. If it is determined that any eligibility information has been deliberately falsified, this application will be null and void.

I understand the warning stated above and certify that the information I have provided is true to the best of my knowledge.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



**FORECLOSURE PROGRAM – INTAKE FORM**

Today's Date \_\_\_\_\_

**Reason for Call/Concern**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Foreclosure Organization**

Are you working with any other organization offering foreclosure services?  Yes  No

Organization: \_\_\_\_\_

**Authorization / Privacy Forms**

Reviewed and signed Privacy Notice & Disclosure Forms:  Yes  No

**Demographic Information**

Name: \_\_\_\_\_

Other name(s) / co-owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Number of people in household: \_\_\_\_\_ Children under 18:  Yes  No

Gender:  Male  Female

Are you a Veteran?  Yes  No

Were you born outside of the U.S?  Yes  No

Are you a single parent household?  Yes  No

Do you need a language assistance or an interpreter?  Yes  No

Your age? \_\_\_\_\_

Are you disabled?  Yes  No

Highest education level completed:

- Some high school                       some college or trade school                       Bachelor's degree
- High school diploma / GED                       Associates degree                       Graduate degree

Marital Status:  Single  Married  Divorced  Widow

Are you Active Military?  Yes  No

*Single Race*

- American Indian / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Undisclosed

*Multiple Race*

- American Indian / Alaskan Native & White
- American Indian / Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/Other Pacific Islander & Black
- Other multiple race: \_\_\_\_\_

Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino

What is your household annual gross income (you can find this on last year's taxes)? \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ Title/Position \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ Title/Position \_\_\_\_\_

**Mortgage Information**

Mortgage company/servicer: \_\_\_\_\_ Investor: \_\_\_\_\_

Current Monthly payment: \$ \_\_\_\_\_ Interest Rate:  Fixed: Rate \_\_\_\_\_%  ARM: Rate \_\_\_\_\_%

If ARM: Rate prior to reset \_\_\_\_\_% Previous payment \$ \_\_\_\_\_

Term type (30 year, 20 year, 2/28, etc.): \_\_\_\_\_

Current Principal Balance: \_\_\_\_\_

Delinquency: # Months behind \_\_\_\_\_ Past Due Amount \$ \_\_\_\_\_

Have you been behind on this mortgage before?  Yes  No

Have you received a loan modification before?  Yes  No

Reason for falling behind on mortgage payments: \_\_\_\_\_

\_\_\_\_\_

Have you talked to the mortgage company/servicer?  Yes  No *If Yes, what was discussed:*

\_\_\_\_\_

\_\_\_\_\_

Have you heard from a foreclosure attorney?  Yes  No

Is there a foreclosure sale (Sheriff's Sale) scheduled?  Yes  No If yes, date: \_\_\_\_\_

## Other Housing Expenses

	Company	(#) Months Delinquent	Monthly Payment	(\$ Amount Delinquent
2 <sup>nd</sup> Mortgage:				
3 <sup>rd</sup> Mortgage:				
Homeowners Association:				

	Escrowed	(#) Months Behind	Monthly Amount	(\$ Amount Delinquent
Property Taxes:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

	Escrowed	Policy lapsed?	Notice of Force-Placed?	(\$ Amount Delinquent
Homeowners Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

## Budget

Complete Basic Monthly Budget (attached)

## Additional Information

Do you wish to stay in your home?  Yes     No

Please list any other relevant information or steps taken to resolve the situation:

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**2019-2021**  
**CONFLICT OF INTEREST**  
**DISCLOSURE**

**Return to: WCCA**  
**Box 787 Maple Lake, MN 55358**  
**Phone: (320) 963-6500**  
**TDD Relay: 1-800-627-3529**  
**FAX: (320) 963-5745**  
**E-Mail: [wcca@wccaweb.com](mailto:wcca@wccaweb.com)**

Date: \_\_\_\_\_

I understand that Wright County Community Action (WCCA) is required to fully disclose potential and actual conflicts of interest so that I am in a position to make fully informed decisions.

I understand that WCCA or one of its foreclosure counselors may have one of the following conflicts through referral or in fact:

- Receive financial support from mortgage servicer or investor. Payment may be based on acceptance of a loss mitigation offer.

I understand that I am not obligated to receive services from the organization, the mortgage servicer or investor, and have the right at any time to accept or decline any loss mitigation offer.

Home Owner Name(s): \_\_\_\_\_

Address of Home Owners: \_\_\_\_\_

Loan number(s): (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

Mortgage Company: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Homeowner signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Homeowner signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(WCCA Counselor signature)

\_\_\_\_\_  
(Date)

# WRIGHT COUNTY COMMUNITY ACTION

## Housing Counseling Program Disclosure

*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 communicate with your Homeownership Advisor about arranging alternative accommodations.*

About Us and Program Purpose: WRIGHT COUNTY COMMUNITY ACTION is a non-profit 501c3 organization. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, familial status, marital status, disability, status with regard to public assistance, sexual orientation or gender identity. We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.), title VIII of the Civil Rights Act, as well as the Human Rights Act.

Description of Services: [Note to Organization: Edit list below to include services offered and appropriate description for your organization. Information below is intended to be used as a template.]

**Financial Wellness** In depth, one-on-one program designed to increase successful homeownership and household stability through intensive financial empowerment education and coaching. Homeownership Advisors analyze your current financial situation, review credit and debt, and assist in setting goals to help you become mortgage-ready.

**Home Buyer Education** A course offered in a group setting designed to prepare you for the process of purchasing a home.

**Homebuyer Counseling** Homeownership Advisors work one-on-one with you to look at what you can afford, explain mortgage terms, and how to prepare and what to expect at closing. Advisors also help analyze your current financial situation, review credit and debt, and assist in setting goals to help you achieve homeownership.

**Foreclosure Counseling** Assists homeowners who have fallen behind or are in danger of falling behind on their mortgage. Homeownership Advisors guide homeowners through workout options relevant to the particular situation. In cases where foreclosure is unavoidable, Homeownership Advisors help organize an effective exit strategy.

Organization Conduct: No WRIGHT COUNTY COMMUNITY ACTION employee, director, volunteer, contractor or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our organization's compliance with federal or state regulations and our commitment to serving the best interests of our clients.

Organization Relationships: WRIGHT COUNTY COMMUNITY ACTION has a financial affiliation or professional affiliation with Minnesota Housing Finance Agency, Minnesota Homeownership Center, and banks including US Bank Home Mortgage and Wells Fargo Home Mortgage.

**It is our duty to inform you that WRIGHT COUNTY COMMUNITY ACTION can and may receive payment for the following services:** Homebuyer Education. If you choose to utilize this service, WRIGHT COUNTY COMMUNITY ACTION will disclose any associated fees prior to your commitment.

**Alternative Services, Programs and Products:** WRIGHT COUNTY COMMUNITY ACTION, as appropriate, refers clients to other community service organizations. These organizations provide services such as emergency shelter, financial assistance, utility assistance and access to other locally available resources.

## WRIGHT COUNTY COMMUNITY ACTION Housing Counseling Program Disclosure

While you may learn about the advantages/disadvantages of specific services, programs, and products during the education or counseling sessions, you are free to choose the services, programs, and products of your own choosing regardless of the recommendations made by the educator/counselor. You are not obligated to receive, purchase, or utilize any services offered or referred to by WRIGHT COUNTY COMMUNITY ACTION or its partners. It is your responsibility and based on decisions made of your own free will to determine which services, programs, or products best meet your needs.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, WRIGHT COUNTY COMMUNITY ACTION, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with WRIGHT COUNTY COMMUNITY ACTION funders such as HUD, the Minnesota Homeownership Center and/or the Minnesota Housing Finance Agency.

Errors and Omissions and Disclaimer of Liability: I/we agree WRIGHT COUNTY COMMUNITY ACTION, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in WRIGHT COUNTY COMMUNITY ACTION counseling; and I hereby release and waive all claims of action against WRIGHT COUNTY COMMUNITY ACTION and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

**I/we acknowledge that I/we received, reviewed, and agree to *WRIGHT COUNTY COMMUNITY ACTION'S* Program Disclosure.**

Client Signature	Date	Client Signature	Date
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Client Name (please print)	Client Name (please print)
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**Verbal acknowledgement is acceptable if information was provided to client in non-face-to-face session.**

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained in this document and understood its nature and intended use of the released information.

Client Name	Homeownership Advisor/Coach's Signature	Date
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**NOTE:** A copy of this notice with Homeownership Advisor/Coach's signature has been mailed to the client.





**2019-2021**  
**CONFLICT OF INTEREST**  
**DISCLOSURE**

**Return to: WCCA**  
**Box 787 Maple Lake, MN 55358**  
**Phone: (320) 963-6500**  
**TDD Relay: 1-800-627-3529**  
**FAX: (320) 963-5745**  
**E-Mail: wcca@wccaweb.com**

Date: \_\_\_\_\_

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Address of Home Owners: \_\_\_\_\_

Loan number(s): (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

Mortgage Company: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Homeowner signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Homeowner signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(WCCA Counselor signature)

\_\_\_\_\_  
(Date)

# Household Budget Worksheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Monthly Take Home Income	
Salary/Wages/Business Draw	
Salary or Wages (Spouse)	
Social Security	
Pension/Retirement	
Interest on Accounts	
Alimony / Child Support	
Real Estate rent (income)	
Investment Dividends	
Unemployment/ Food Stamps	
Other	
<b>Total Take Home Income</b>	

Monthly Living Expenses	
Alimony / Child Support (outgoing)	
Auto Gas and Repair	
Auto Insurance	
Cable TV/ Satellite Fees	
Charitable Contributions	
Child Care	
Children's' Activities	
Clothing Maintenance (Laundry/Dry cleaning)	
Clothing Purchases	
Electric Bill	
Food (In-home / Groceries)	
Food (Out of home - Lunch, Dining)	
Gas and Oil Bill	
Health and Dental Insurance	
Homeowner/Condo fees	
Homeowners/ Renters Insurance	
Household items	
Internet Access (AOL,MSN, DSL)	
Life and Disability Insurance	
Memberships (Health club etc.)	
Personal Care (Grooming)	
Prescriptions	
Property Services (Gardener, Pool)	
Security Services (Alarm)	
Subscriptions	
Telephone (Home, Cell, Pager)	
Trash Disposal	
Tuition and School Supplies	
Water Bill	
Tobacco, alcohol, gambling	
Pets, hobbies	
Other Expenses	
<b>Total Monthly Living Expenses</b>	


Secured Debts	Balance	Min. Pymt.
Rent		
1st Mortgage		
2nd Mortgage		
Land Lease (Trailer park, other)		
Student Loans		
Auto Loans/Leases		
Recreation (Boat, ATV, etc.)		
Past Due Taxes		
Other Debts		
Other Debts		
Other Loans		
Other Loans		
<b>Total Secured Debt</b>		

Unsecured Debt	Balance	Min. Pymt.
Credit Card 1		
Credit Card 2		
Credit Card 3		
Credit Card 4		
Credit Card 5		
Credit Card 6		
Credit Card 7		
Credit Card 8		
Personal Loan 1		
Personal Loan 2		
Medical Bill Payment		
Other		
Other		
<b>Total unsecured Debt</b>		

Summary	
Total Take Home (Income )	
Total Living Expenses (-)	
Total Secured Debt Payments (-)	
Total Unsecured Debt Payments (-)	
<b>Disposable Income **</b>	
<b>Disposable Income as Percent</b>	

## ASSETS

Savings Account: \$ \_\_\_\_\_  
 Checking Account: \$ \_\_\_\_\_  
 Retirement (401k, IRA) \$ \_\_\_\_\_  
 Other Investments: \$ \_\_\_\_\_  
 Other real estate: \$ \_\_\_\_\_  
 Vehicles (total net val.) \$ \_\_\_\_\_  
 Other assets value: \$ \_\_\_\_\_

	<p><b>WCCA</b></p> <p><b>Third Party Authorization</b></p>	<p><b>Return to: WCCA</b>  <b>Box 787 Maple Lake, MN 55358</b>  <b>Phone: (320) 963-6500</b>  <b>TDD Relay: 1-800-627-3529</b>  <b>FAX: (320) 963-5745</b>  <b>E-Mail: wcca@wccaweb.com</b></p>
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I/We, \_\_\_\_\_, authorize Wright County Community Action (WCCA) homeownership counselor Lori Herwig to discuss my loan on my behalf with my lender or mortgage servicer, \_\_\_\_\_, **as well as with the owner of the property (such as Fannie Mae or Freddie Mac)**. I authorize all WCCA counselors to provide any information required by my lender on my behalf and to discuss any workout options presented. I am aware that this authorization is effective the day it is signed and covers both records prepared and information collected prior to and after the date of this authorization. Unless revoked sooner, this consent will automatically **expire one year** from the date of signature.

**Wright County Community Action (WCCA) is a non-profit 501c(3) organization. WCCA is a sub-grantee under the MN Home Ownership Center and Neighborworks America as a HUD approved counseling agency.**

My/Our account number(s) are \_\_\_\_\_.

The property address is: \_\_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last 4 SSN

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last 4 SSN

# WRIGHT COUNTY COMMUNITY ACTION Homeownership Advisor – Client Agreement

## Homeownership Advisor Roles & Responsibilities

- Providing services confidentially, honestly and respectfully.
- Reviewing your housing goal and your finances; including income, debts, assets, and credit history.
- In partnership with you, developing a household budget to assist you with managing your debt, expenses, and savings.
- In partnership with you, creating a client action plan with steps that you and your Homeownership Advisor will take in order to achieve your housing goal.
- Presenting reasonable options available based on your current situation.
- Offering referrals to needed resources.
- Providing guidance and education in support of your goal.
- Neither your Homeownership Advisor nor Wright County Community Action, employees, agents, contractors, or directors may provide legal advice.

## Client Roles & Responsibilities

- Providing accurate information about your income, debts, expenses, credit and employment.
- Attending meetings, returning calls, and promptly providing requested paperwork.
- Being an active participant in the creation and completion of steps on your Action Plan.
- Notifying Wright County Community Action or your Homeownership Advisor if your housing situation or goal changes.
- Attending educational workshops (i.e. Homebuyer Education) as recommended.
- Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

**Termination of Services:** You or the advisor may terminate counseling services at any time. Reasons the advisor may terminate services include, but are not limited to, no progress on the agree-upon Action Plan steps, not responding to an advisor's attempt to contact you, or missing scheduled appointments.

## Signatures

\_\_\_\_\_

Client

\_\_\_\_\_

Date

\_\_\_\_\_

Client

\_\_\_\_\_

Date

\_\_\_\_\_

Homeownership Advisor/Coach

\_\_\_\_\_

Date