



Washington County CDA-Homebuyer Counseling Program Application

Appointment Information

Date: _____ **Time** _____ **Specialist:** _____

Application Checklist

To better serve you, please provide all required documents 2 business days in advance of your appointment.

Questions? Call 651-202-2822

Required First Appointment Documents

- Completed Application Form. **Review, sign and date all release forms**
- Monthly Budget Worksheet
- Proof of All Household Income
 - Pay stubs: Most recent 30 days
 - Benefit Statement/Letter: Example: Social Security, Disability, Pension, Food Support or Unemployment
 - **If self-employed, Profit & Loss Statement for most recent quarter**
- Two most recent bank statements for all accounts used regularly, **all pages**
- If you receive child support and/or spousal maintenance must have copy of Divorce Decree**
- Most recently filed Federal Tax Returns and W2s

Send completed application packet to:

- Fax: 651-458-1696
Attn: Homeownership Department
- Email Homeownership Specialist:

When emailing your application, re-save documents as "Last Name_HB_Date"

homeownership@washingtoncountycda.org

- Mail: Homeownership Department
Washington County CDA
7645 Currell Blvd.
Woodbury, MN 55125



HOMEBUYER COUNSELING INTAKE FORM

Case Number _____	<input type="checkbox"/> In- Person counseling
Date of Intake _____	<input type="checkbox"/> Telephone counseling

NOTE: If you have 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 specialist about arranging alternative accommodations.

****Do you need an interpreter when communicating with your advisor?** Yes _____ (language) No

Instructions: Please fill out as completely as possible. If you need additional space, please feel free to use the back side or make additional copies as necessary.

1. How did you hear about this counseling?

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Mailer, Flyer, or Brochure | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Agency (which one: _____) |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Internet | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Someone who took a workshop <input type="checkbox"/> Lender / Mortgage company <input type="checkbox"/> Other: _____ | | |

2.

Individual #1

Name: _____
 (Please print) First MI Last

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Home Phone: _____ Work Phone: _____

Email: _____

Preferred contact method: _____

Preferred Language: _____

Individual #2

Name: _____
 (Please print) First MI Last

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Home Phone: _____ Work Phone: _____

Email: _____

Relationship to Individual #1 _____

Individual #1 (only) please continue:

3. Have you received financial services from another agency? (DMP, credit repair, financial lit, etc.)

- Yes No If yes, please note the type and length of services:

4. Gender Identity/Expression: Male Female Other (please specify) _____

5. Your ethnicity: Hispanic, Latino, or Spanish Non-Hispanic

6. Race: (select one)

Single Race

Individual #1 Mark Left Individual #2 Mark Right

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

Multiple Race

Individual #1 Mark Left Individual #2 Mark Right

- American Indian / Alaskan Native & White
- American Indian / Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/Other Pacific Islander & Black
- Other race: _____ Other race Co-App: _____

Information about Individual #1 (continued):

7. Are currently enlisted in the Armed Forces? Yes No Are you a veteran? Yes No
8. Your age: _____ Date of Birth: _____ CoApp age: _____ Date of Birth: _____
 Were you born outside of the U.S.? Yes No Co:App: Yes No
9. Are you disabled? Yes No CoApp: Yes No
10. Marital Status (select one): Married Partnered Single Divorced Separated Widowed
11. Number of people in household? _____
12. Are you a single parent household? Yes No
13. How many dependent children under 18 years of age live in the house? _____ Ages _____
14. Please check the highest education level you completed:
 Some high school Some college or trade school Bachelor's degree
 High school diploma / GED Associates degree Graduate or professional degree
15. Income. Please include income for **all** individuals from all sources (*work, disability, child support, etc.*)

Name (person receiving income)	Employer/ Income Source	Hire Date	Gross Monthly Income (before deductions)	Net Monthly Income (after taxes)	Frequency of Pay (Every Week, Every Other Week, Once a month or explain)
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

16. What was your household annual gross income (you can find this on last year's taxes)? \$ _____
17. Do you currently have a checking/savings account? Yes No
18. Current housing: Rent Own Staying with family/friends ****How long have you lived there? _____**
19. Are you a first-time homebuyer? Yes No (You have not owned a home for the past three years.)
20. Are you a first-generation homebuyer? Yes No (Your parents did not own their own home.)
21. Have you experienced a home foreclosure, deed-in-lieu, pre-foreclosure/short sale, or bankruptcy in the past 3 years? Yes No **If yes, which one and when?** _____
22. Current household rent / mortgage payment: \$ _____ / month.

Information about Individual #1 (continued):

23. Did you complete a Home Stretch Workshop OR Framework course online? No Yes:

Location & Date(s): _____

24. Ideally, when would you like to buy a home Month: _____ Year: _____

25. How much money do you have saved towards your home? \$ _____

26. Have you applied for a mortgage loan or have you signed a purchase agreement? Yes No

***If you answered yes, please complete the purchase property information for your new home here:**

Purchase property address:

City: _____ State: _____ Zip: _____ Purchase price: \$ _____

Loan amount: \$ _____ Loan interest rate: _____ % Closing date: _____

Lender (Bank/Mortgage Co.): _____ Loan program (FHA, RD, etc): _____

-- For Office Use Only --

Advisor/Coach Name: _____

Appointment Type: In-person Telephone

1:1 Screening (Case Term): Financial Wellness (Long Term) Homebuyer Counseling (Short Term)

Financial snapshot at intake

Monthly Debt: Total of minimum payments: \$ _____

Debt: Total balance owed: \$ _____

Current Savings (total of cash, non-retirement savings) \$ _____

FICO Credit Score: _____ No score Client declined