



226 South Maple Avenue
Greensburg, PA 15601
724.834.1260
1.800.816.0022
Fax: 724.838.9563
www.westmorelandca.org
info@westmorelandca.org

Dear Future Homebuyer,

We are dedicated to assisting you in making the right decisions. We provide counseling services and education to the community at no cost. Please complete the application using the following guidelines:

- All WCA Forms must be signed and dated.
- Only use Black or Blue ink.
- It is important to disclose all pertinent information, so we can have a complete and accurate picture of your situation and assist you in the best way possible.
- Be advised that appointments are prioritized based on Housing Counselor schedule.
- Income documentation for ALL household occupants. (Past 90 days or most recent paystub with a year-to-date gross amount. Proof of income includes paystubs, award letters, bank statements and court ordered documents. Unless otherwise advised.)
- Income would include the following sources:
 - Wages/Self-Employment
 - Supplemental Security Income/Disability
 - Retirement/VA Pension
 - Alimony and/or Child Support
 - Survivor Benefits
- Upon completing the processing of your application, you will be contacted to schedule an appointment. Counseling sessions will include an assessment of your credit and financial profile, measurement of your loan repayment ability, credit enhancement, development of a plan to become mortgage ready, comparison of loan programs and budgeting for a home purchase.
- If the requested information is not provided, the housing counselors will contact you. If the information is not provided in a timely manner, the housing counselors will not be able to process your application.

Sincerely,

Whitney Stinebiser
Supervisor
Phone: 724-834-1260 Ext. 1150
Fax: 724-838-9563, Attn: Whitney
Wstinebiser@Westmorelandca.org

Rudy Horwatt
Case Manager
Phone: 724-834-1260 Ext. 1146
Fax: 724-838-9563, Attn: Rudy
Rhorwatt@Westmorelandca.org



Westmoreland Community Action strengthens communities and families to eliminate poverty.

Westmoreland Community Action is a 501(c)3 tax exempt organization under the Internal Revenue Service Code. The official registration and financial information of Westmoreland Community Action may be obtained from the PA Dept of State by calling toll free, within PA, 1-800-782-0999. Registration does not imply endorsement. Registered at the Bureau of Charitable Organizations website: www.state.pa.us/char.

ARE YOU READY TO BE A HOMEOWNER? SELF ASSESSMENT TOOL

- | | | |
|--|-----------|----------|
| 1. Being in debt does not bother me. | Yes _____ | No _____ |
| 2. The thought of having long-term debt is disturbing to me. | Yes _____ | No _____ |
| 3. I enjoy working around the house and yard. | Yes _____ | No _____ |
| 4. I would much rather shop, go out to eat, or read a book then spend any time around the house or yard. | Yes _____ | No _____ |
| 5. I prefer finding a good job and staying with it. | Yes _____ | No _____ |
| 6. I prefer changing jobs from time to time, finding excitement in starting all over. | Yes _____ | No _____ |
| 7. I prefer staying in one place and being committed to one community. | Yes _____ | No _____ |
| 8. I do not like being limited to one community or location for a long period of time. | Yes _____ | No _____ |
| 9. I am able to handle the financial responsibilities of mortgage payments now. | Yes _____ | No _____ |
| 10. I would be better off waiting until I can save more money or my financial situation improves. | Yes _____ | No _____ |

OTHER QUESTIONS TO HELP YOU MAKE THE HOME BUYING DECISION

- | | | |
|---|-------------|--------------------|
| 1. Is owning a home important to you? | Yes _____ | No _____ |
| 2. Are you currently renting a home or apartment? | Home _____ | Apartment _____ |
| 3. Are you paying your rent on time? | Other _____ | Yes _____ No _____ |
| 4. Do you have any outstanding debt? | Yes _____ | No _____ |
| 5. Are you paying this debt on time? | Yes _____ | No _____ |
| 6. Do you have any forms of credit? | Yes _____ | No _____ |
| 7. Do you have a bank account? | Yes _____ | No _____ |
| 8. Do you have a checking account? | Yes _____ | No _____ |
| 9. Are you responsible for your utilities? | Yes _____ | No _____ |
| 10. Do you pay your utility bill on time? | Yes _____ | No _____ |
| 11. How is your credit? | Good _____ | Bad _____ Ok _____ |

HOUSING COUNSELING & MONEY MANAGEMENT CENTER INTAKE APPLICATION

Date: _____

Applicant: _____

Do you have a Co-Applicant? Yes No ** Co-Applicant questions start on page 4**

Address: _____

Length of time at this address: _____

Date of Birth: _____ Social Security Number: _____

Gender: Male Female Choose Not to Respond

Home Phone: _____ Cell Phone: _____

Email: _____

Have you ever owned a home? _____ If Yes, how long ago? _____

Do you own/lease a car? _____

Do you have a valid driver's license? _____

Do you have Health Insurance? Provider: _____

How did you hear about us: _____

Marital Status:

Married Divorced Separated Unmarried Widowed Choose Not to Respond

Race: (Please select only one option)

American Indian or Alaskan Native

Black or African American

American Indian or Alaskan native and Black or African American

Black or African American and White

American Indian or Alaskan Native and White

Native Hawaiian or Other Pacific Islander

Asian

Other Multiple Race

Asian and White

White

Choose Not to Respond

Ethnicity: (Please select only one option)

Hispanic or Latino

Information Not Provided

Not Hispanic or Latino

Choose Not to Respond

Education: Highest Level

- | | | |
|---|---|--|
| <input type="checkbox"/> Master's or Higher | <input type="checkbox"/> Some Post-Secondary | <input type="checkbox"/> Non-Graduate |
| <input type="checkbox"/> Bachelors | <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Choose Not To Respond |
| <input type="checkbox"/> Associates | <input type="checkbox"/> GED | |

Preferred Language:

- | | | |
|---|---|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi | <input type="checkbox"/> Russian |
| <input type="checkbox"/> ASL – American Sign Language | <input type="checkbox"/> French | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> English | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Vietnamese |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Choose Not to Respond |

Military Status:

- | | | |
|--|---|---|
| <input type="checkbox"/> Active Duty Personnel | <input type="checkbox"/> National Guard Personnel | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Duty 1 – 4 Years | <input type="checkbox"/> Retired Military Personnel | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Duty 5 – 8 Years | | |

Please list any disabilities:

Employment History- Include all employers for the past 2 years.

Employer	Dates Employed	Rate of Pay	Hours per Week	Job Title	Address	Employer Telephone

Co-Applicant: _____

****Co-Applicant MUST have a source of Income, if not, list on page 6 as a property occupant. ****

Address: _____

Length of time at this address: _____

Date of Birth: _____ Social Security Number: _____

Gender: ___ Male ___ Female ___ Choose Not to Respond

Home Phone: _____ Cell Phone: _____

Email: _____

Have you ever owned a home? _____ If Yes, how long ago? _____

Do you own/lease a car? _____

Do you have a valid driver's license? _____

Do you have Health Insurance? ___ Provider: _____

Marital Status:

___ Married ___ Divorced ___ Separated ___ Unmarried ___ Widowed ___ Choose Not to Respond

Race: (Please select only one option)

___ American Indian or Alaskan Native

___ Black or African American

___ American Indian or Alaskan native and Black or African American

___ Black or African American and White

___ American Indian or Alaskan Native and White

___ Native Hawaiian or Other Pacific Islander

___ Asian

___ Other Multiple Race

___ White

___ Asian and White

___ Choose Not to Respond

Ethnicity: (Please select only one option)

___ Hispanic or Latino

___ Not Hispanic or Latino

___ Choose Not to Respond

___ Information Not Provided

Education: Highest Level

- | | | |
|---|---|--|
| <input type="checkbox"/> Master's or Higher | <input type="checkbox"/> Some Post-Secondary | <input type="checkbox"/> Non-Graduate |
| <input type="checkbox"/> Bachelors | <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Choose Not To Respond |
| <input type="checkbox"/> Associates | <input type="checkbox"/> GED | |

Preferred Language:

- | | | |
|---|---|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi | <input type="checkbox"/> Russian |
| <input type="checkbox"/> ASL – American Sign Language | <input type="checkbox"/> French | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> English | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Vietnamese |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Choose Not to Respond |

Military Status:

- | | | |
|--|---|---|
| <input type="checkbox"/> Active Duty Personnel | <input type="checkbox"/> National Guard Personnel | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Duty 1 – 4 Years | <input type="checkbox"/> Retired Military Personnel | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Duty 5 – 8 Years | | |

Please list any disabilities:

Employment History- Include all employers for the past 2 years.

Employer	Dates Employed	Rate of Pay	Hours per Week	Job Title	Address	Employer Telephone

List all other property occupants. Do not list Applicant or Co-Applicant.

Name	Social Security Number	Date of Birth	Gender	Race	Ethnicity	Education Level	Health Insurance

Please list the GROSS amount (before taxes) of income for ALL property occupants. Include wages, business income, unemployment, worker's compensation, public assistance, social security, pension, alimony child support, etc.

Name of Occupant	Amount of Income	Income Source

I/We, certify that the above information is true and accurate to the best of my/our knowledge.

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____

**WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING AND MONEY MANAGEMENT CENTER
Household Budget Worksheet
(Completion Required for Program Participation)**

MONTHLY INCOME	Applicant	Co-Applicant
Wages and Salaries		
Unemployment Compensation		
Social Security benefits		
Alimony/Child Support Received		
Unemployment		
Cash Income (under the table)		
Cash Assistance		
Pension/Retirement		
Roth IRA or Roth 401(k)		
Inheritance received		
Interest and dividends		
Gifts received		
Gambling income		
Court awards and damages		
Other: Please Specify		

Monthly Debt Payments	Applicant \$\$	Co-Applicant \$\$
Auto		
Auto		
Credit Card		
Credit Card		
Credit Card		
Credit Card		
Personal Loan		
Personal Loan		
Education Loan		
Education Loan		
Child Support		
Alimony		
Other		
Other		
Total		

Monthly Living Expenses	\$\$
Rent/Mortgage	
Alimony/Child Support	
Auto Gas/Repairs	
Auto Insurance	
Cable	
Child Care	
Children's Activities	
Clothing Purchases	
Electric Bill	
Food (Dining Out)	
Food (Groceries)	
Health/Dental Insurance	
Renter's Insurance	
Household Items	
Internet	
Life/Disability Insurance	
Memberships	
Personal Care Products	
Prescriptions	
SAVINGS	
Sewage	
Telephone-Cell	
Telephone-Home	
Trash	
Water	
Other	
Other	
Total	

**WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING AND MONEY MANAGEMENT CENTER**

Current Accounts- Required for Participation

Applicant

Type Of Asset	Yes/No	Name of Institution	Current Amount
Checking Account			
Savings Account			
Trusts			
Rental Property			
Capital Investment			
Stocks			
Bonds			
CD's			
Money Market			
IRA			
401K/403B			
Retirement/Pension			
Assets/Lump Sum			
Inheritance			
Capital Gains			
Lottery Winnings			
Insurance Settlements			

**WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING AND MONEY MANAGEMENT CENTER**

Current Accounts- Required for Participation

Co-Applicant

Type Of Asset	Yes/No	Name of Institution	Current Amount
Checking Account			
Savings Account			
Trusts			
Rental Property			
Capital Investment			
Stocks			
Bonds			
CD's			
Money Market			
IRA			
401K/403B			
Retirement/Pension			
Assets/Lump Sum			
Inheritance			
Capital Gains			
Lottery Winnings			
Insurance Settlements			

**WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING AND MONEY MANAGEMENT CENTER**

ACKNOWLEDGEMENT OF WAIVER AND RELEASE

Westmoreland Human Opportunities d/b/a Westmoreland Community Action (WCA) is a Pennsylvania non-profit corporation, primarily located at 226 South Maple Avenue, Greensburg, PA 15601. WCA, through their Neighborhood Revitalization Program, develops single family dwellings as a service to the community and prospective homebuyers. As part of the program, WCA offers Homebuyer Education Classes through their Housing Counseling & Money Management Center. After completion of the class, income qualified graduates may be offered, based upon availability, the option to purchase homes owned by WCA. Graduates of the class are under no obligation to purchase any property offered for sale by WCA. Rather, the Housing Counseling and Money Management Center's sole objective is to educate and guide prospective homebuyers in their pursuit of homeownership.

Now, therefore, in consideration of the above, I agree as follows:

1. I fully understand that Westmoreland Community Action's Housing Counseling and Money Management Center does not guarantee me of a residential mortgage application with any financial institution.
2. I hereby give Westmoreland Community Action's Housing Counseling and Money Management Center permission to discuss any of the enclosed information for the sole purpose of helping me/us to apply for a mortgage. I understand that I must first be notified before this occurs.
3. I acknowledge and understand that I have no obligation to purchase property owned by WCA upon completion of any required classes or enhancement plans
4. I waive any potential conflicts of interest WCA may have in providing a Homebuyer Class and owning a property for sale.
5. I acknowledge and understand that participation in the Homebuyer Class does not entitle me to an absolute right to purchase WCA property. Instead, the WCA property will be sold, as available, pursuant to all applicable Housing and Urban Development (HUD) regulations.
6. I acknowledge and understand that I am under no obligation to utilize affordable homes, lending products and other forms of assistance made available through Westmoreland Community Action (WCA) and its partnerships.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

WESTMORELAND COMMUNITY ACTION

HOUSING COUNSELING AND MONEY MANAGEMENT CENTER

DISCLOSURE STATEMENT

1. The Housing Counseling and Money Management Center, certified by the U.S. Department of Housing and Urban Development (HUD) and the Pennsylvania Housing Finance Agency (PHFA), provides free comprehensive housing counseling services to all Westmoreland County residents with housing needs or problems potentially resolvable through homebuyer education and/or pre-purchase counseling. Income qualified participants of the Housing Counseling and Money Management Center are under no obligation to purchase homes or rental units owned by Westmoreland Community Action or enroll in additional programs offered by Westmoreland Community Action. Rather, the HCMMC's sole objective is to provide housing counseling that enables a client to make informed and reasonable decisions to achieve their goal of homeownership.

2. Programs include: American Architectural Salvage, Head Start, Early Head Start, Pre-K Counts, Community Prevention Services, Substance Abuse Hotline, Mothers Making More (M3), Jeannette JAYS, Energy Assistance Program, Emergency Foodbank, Foodbank, Work Ready, SNAP Work Ready, Volunteer Income Tax Assistance Program (VITA), Crisis Hotline, Crisis Mobile, New Foundations, Permanent Supportive Housing for Transitional Age and Veterans, Shared Housing, Housing Counseling & Money Management Center, Keystone Hope Development Corporation, LLC, Neighborhood Revitalization, Permanent Supportive Housing for Families, Ways to Work and Bridges.

3. The Housing Counseling & Money Management Center receives funding from the following sources: The PA Department of Community and Economic Development (DCED), the Pennsylvania Housing Finance Agency (PHFA), the United States Department of Agriculture (USDA) and Westmoreland County Housing Authority/ Section 8 Voucher Homeownership Program.

4. Clients are provided with a variety of information and are encouraged to thoroughly evaluate mortgage loan products and lenders and are free to choose the lender, loan, realtor, home inspector, contractor and attorney for their home purchase/refinance.

5. This discloser aims to avoid conflicts of interest in the delivery of housing services.

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

**WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING AND MONEY MANAGEMENT CENTER
CREDIT REPORT AUTHORIZATION**

In order to review my credit history, I request that a credit report be prepared.

There is no fee charged for WCA pulling a client's credit report.

Information needed to obtain the report:

Applicant Name: _____

Applicant Social Security Number: _____

Applicant Date of Birth: _____

Address: _____

Previous Address (If less than 2 years at current address):

Co-Applicant Name: _____

Co-Applicant Social Security Number: _____

Co-Applicant Date of Birth: _____

Address: _____

Previous Address (If less than 2 years at current address):

AUTHORIZATION

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

**WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING AND MONEY MANAGEMENT CENTER
ACTION PLAN AGREEMENT**

As a client of Westmoreland Community Action's Housing Counseling and Money Management Center, I/we agree to follow the action plan that will be developed for me/us by the Housing Counselors. Adhering to your action plan will enable you to reach your goal of homeownership.

Further, I/we understand that I/we am required to contact the HCMMC Counselors within 60 days of receiving my/our action plan in order to assure that I/we am making progress and to assess if additional services are necessary.

Should I not contact the HCMMC in the required period of time, I/we will receive a letter requesting that I/we contact the HCMMC no later than 10 days from the date of the letter. Failure to respond to the letter will result in the mailing of a termination of counseling letter.

Participant Name: _____

Date: _____

Participant Name: _____

Date: _____

HCMMC Counselor: _____

Date: _____

Please Note: If you contact WCA after your file is closed, housing counselors will request an updated application to be filled out along with income documentation.

**WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING AND MONEY MANAGEMENT CENTER
DISPOSITION OF ASSETS**

I/We certify that during the two year (24 month) period preceding the effective date of my certification or recertification of eligibility for program participation, I/We have not disposed of more than \$1,000 in assets for less than fair market value.

If asset(s) were disposed of for less than fair market value, describe:

Asset Description

Date of Disposition

_____	_____
_____	_____
_____	_____
_____	_____

Check here if no assets were disposed of for less than fair market value.

Signature of Applicant #1: _____ Date: _____

Signature of Applicant #2: _____ Date: _____

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Authorization, Disclosure, Privacy Statement (3-in-1)

COUNSELING SERVICES AUTHORIZATION

My personal information and counseling services

By signing this form I agree to share my personal financial and other private information. Signing this form also allows lenders and the Counseling Agency to discuss my accounts, credit, and finances, and to share my nonpublic personal information, described in the Privacy Policy provided with this authorization.

I understand that funders provide grants to make the counseling services possible, and that the Counseling Agency shares my information with these funders. These funders review Counseling Agency files, including my file, and may contact me to evaluate the counseling services that I receive.

I authorize my Counselor and the Counseling Agency to negotiate for me. The counseling services are offered free of charge, and neither the Counselor, nor the Counseling Agency, guarantees any result or outcome. I may be referred to other housing agencies for their services. I am not obligated to accept services or products from the Counseling Agency, its partners, or any organization I am referred to.

I understand that my Counselor cannot offer me legal or other professional advice or representation. If I need legal or other professional services I can ask my Counselor for information about referral services.

Counseling Services Checklist

Client must initial all items that are applicable

I have been verbally advised of the fee schedule, if any, prior to services being provided

I have discussed Home Buyer Options and related Pre-Purchase topics and I have received the HUD forms: "Ten Important Questions to Ask Your Home Inspector" & "For Your Protection: Get a Home Inspection"

I have received and reviewed a copy of the Fair Housing Pamphlet

I understand that the counselor will discuss my budget with me and I will receive a copy of my Budget

I understand that the counselor will discuss my Action Plan with me and I will receive a copy of my Action Plan

I understand the counselor will explain the next steps needed to reach my financial goal to my satisfaction

Homebuyer Counseling

Homebuyer Education

Homeowner Counseling

Homeowner Education

Delinquency and Default Counseling

Delinquency and Default Education

Reverse Mortgage Counseling

Fair Housing Education

Tenant Counseling

Homelessness and Displacement Counseling

I want to buy a home in the next six (6) months

I want to buy a home, but not in the next six (6) months

Other programs, services, or products:

Counseling Agency Information

Counselor Name: Rudy Horwatt and/or Whitney Stinebiser

Phone: 724-834-1260 Ext. 1146/1150

Counseling Agency: Westmoreland Community Action

Email: Wststinebiser@Westmorelandca.org

RX Client Number: _____

Fax: 724-838-9563



Authorization, Disclosure, Privacy Statement (3-in-1)

PRIVACY POLICY

This Counseling Agency respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with our legal and ethical obligations to you taken into consideration. We will not sell your personal information and we only share it to provide you with counseling services.

Your "nonpublic personal information" (including total debt information, income, living expenses, and personal information concerning your financial circumstances) will be shared with creditors, funders, and others only after you sign the Counseling Services Authorization. We may also collect, use, and share anonymous aggregated case file information to evaluate our services, to gather valuable research information, and to design future programs.

Types of Information That We Gather About You:

- Spoken or written information on applications and other documents, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You May Opt-Out if You Do Not Want Us to Share Your Information:

- You may "opt-out" to prevent the disclosure of your nonpublic personal information to third parties (such as your creditors).
- If you opt-out we cannot share your nonpublic information and we cannot answer questions from your creditors. We need to share your information to provide you with most services.
- You may opt-out at any time by calling the Counseling Agency at the phone number listed on the Counseling Services Authorization provided with this Privacy Policy.

How We Use Your Information:

- If you do not opt-out we may share information that we collect about you with your creditors or others if we think it would be helpful to you, would help us counsel you, or when required by funders that make our services possible.
- We may share information about you to anyone as permitted or as required by law (e.g., if a Court requires us to provide it with documents).
- Within our organization, we restrict access to your information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your information as required by federal and state law.

Client Authorization

By signing below I authorize my employers, lenders, creditors, servicers, and others to share personal and financial information with my Counselor and the Counseling Agency. I authorize my Counselor and the Counseling Agency to collect information about my accounts and to share this information with others, including funders, as needed to provide counseling services, to seek assistance from programs, or for related products and services. I authorize funders to contact me to evaluate programs that I participate in.

CLIENT NAME(S):

CLIENT SIGNATURE(S):

DATE:

1.

2.

**WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING AND MONEY MANAGEMENT CENTER**

Free Language Assistance Available Upon Request

To request FREE interpretation or translation services, please submit the completed form.

Date: _____

Name: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Mailing Address: _____

Please check the services needed:

Interpretation _____ Translation Services _____ relative to:

Homebuyer Counseling _____

Avoidance of Foreclosure _____

Homeowner Counseling _____

Fair Housing Issue _____

Rental Counseling _____

Fair Lending Issue _____

Credit Counseling _____

Home Repairs/Maintenance _____

Money Management _____

Homelessness _____

Avoidance of Mortgage Default _____

Other: (specify) _____

Some persons who are deaf or hard of hearing may prefer to use a family member or friend as an interpreter. However, family members or friends of the person will not be used for interpreter unless specifically requested by the individual and after an offer of an interpreter at no charge to the person has been made by the housing counselor. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, the issues of competency of interpretation and confidentiality will be considered. If the family member or friend is not complete or appropriate for any of these reasons, competent interpreter services will be provided.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____

**WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING AND MONEY MANAGEMENT CENTER**

**Free Auxiliary Aids and Services for Persons with Disabilities
To request FREE Auxillary Aids and Services, please submit the completed form.**

Date: _____

Name: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Mailing Address: _____

The Housing Counseling and Money Management Center will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing or blind or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities and programs. All auxiliary aids and services will be provided without cost to the person being served.

I need auxiliary aids and services relative to the following conditions:

Please Check:

Deaf _____

Hard of Hearing _____

Blind _____

Other sensory or manual impairment (Please specify):

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____

For Office Use Only:

MORTGAGE QUALIFICATIONS & OTHER CONSIDERATIONS:

Credit Report Score _____	Gross Monthly Income _____	First Time Home Buyer Yes _____ No _____
Years of Employment _____	Net Monthly Income _____	County of Interest _____
Yearly Gross Income _____	Current Monthly Expenses _____	Purchase Price _____
Average Yearly Overtime _____	Current Monthly Rent _____	Home of Interest : Existing Home ____ New Home _____
Cash Reserves Available _____ Securities, Mutual Funds, Stocks _____	Monthly Section 8 Voucher Income _____	Monthly Child Support Payment _____ Court Ordered Yes _____ No _____
Monthly Social Security, Disability, Public Assistance Income _____	Number of persons in Household _____	Number of Children in Household _____
Are you living with persons who are disabled Yes _____ No _____	Are you disabled? Yes _____ No _____	Front End Ratio Limits _____ Back end Ratio Limits _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (Day) _____ (Evening) _____

(For Official Use Only)

Based on information provided, above client is:

(Check one) _____ PHFA Potential Candidate

_____ Presenting Credit Issues

Appointment (Day & Date) _____ Time: _____ AM _____ PM

Counselor Assigned _____