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:

- Only use Black or Blue ink.
- All WCA Forms must be signed and dated.
- Please return ALL pages.
- Include a copy of photo identification.
- Be advised that appointments are prioritized based on Housing Counselor’s 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.
- 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.
- 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.
- Please use the checklist on the following page before submitting 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.
Application Checklist

Before submitting your application. Did you remember to....

_____ Sign and Date page #6
_____ Sign and Date page #10
_____ Sign and Date page #11
_____ Sign and Date page #12
_____ Sign and Date page #13
_____ Sign and Date page #14
_____ Initial on page #15- refer to handouts included with application.
_____ Sign and Date page #16

✓ Pages #17, 18, 19 ARE OPTIONAL- DOES NOT APPLY TO ALL APPLICANTS!

✓ DON'T FORGET TO INCLUDE PHOTO ID!

✓ DON'T FORGET TO INCLUDE INCOME DOCUMENTATION!
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______ Other______
3. Are you paying your rent on time? 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/ Alaskan Native ___ Black or African American
___ American Indian/Alaskan Native/Black or ___ Black or African American and White
African American ___ Native Hawaiian or Other Pacific Islander
___ American Indian or Alaskan Native and ___ Other Multiple Race
White ___ White
___ Asian ___ Choose Not to Respond
___ Asian and White

Ethnicity: (Please select only one option)

___ Hispanic or Latino ___ Choose Not to Respond
___ Not Hispanic or Latino
Education: Highest Level

- Master’s or Higher
- Some Post-Secondary
- Non-Graduate
- Bachelors
- High School Graduate
- Choose Not To Respond
- Associates
- GED

Preferred Language:

- Arabic
- French
- Spanish
- ASL
- Haitian Creole
- Tagalog
- Chinese
- Indonesian
- Vietnamese
- English
- Other
- Choose Not to Respond
- Farsi
- Russian

Military Status:

- Active Duty Personnel
- National Guard
- Not Applicable
- Duty 1 – 4 Years
- Retired Military
- Duty 5 – 8 Years
- Unknown

Please list any disabilities:

________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates Employed</th>
<th>Job Title</th>
<th>Rate of Pay</th>
<th>Hours Per Week</th>
<th>Address</th>
<th>Telephone</th>
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</tbody>
</table>
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 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

___ American Indian or Alaskan native and Black or African American

___ American Indian or Alaskan Native and White

___ Asian

___ Asian and White

___ Black or African American

___ Black or African American and White

___ Native Hawaiian or Other Pacific Islander

___ Other Multiple Race

___ White

___ Choose Not to Respond

**Ethnicity: (Please select only one option)**

___ Hispanic or Latino

___ Not Hispanic or Latino

___ Choose Not to Respond
Education: Highest Level

___ Master’s or Higher  ___ Some Post-Secondary  ___ Non-Graduate
___ Bachelors  ___ High School Graduate  ___ Choose Not To Respond
___ Associates  ___ GED

Preferred Language:

___ Arabic  ___ Farsi  ___ Russian
___ ASL – American Sign Language  ___ French  ___ Spanish
___ Haitian Creole  ___ Tagalog
___ Chinese  ___ Indonesian  ___ Vietnamese
___ English  ___ Other  ___ Choose Not to Respond

Military Status:

___ Active Duty Personnel  ___ National Guard Personnel  ___ Unknown
___ Duty 1 – 4 Years  ___ Retired Military Personnel  ___ Not Applicable
___ Duty 5 – 8 Years

Please list any disabilities:

________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates Employed</th>
<th>Rate of Pay</th>
<th>Hours per Week</th>
<th>Job Title</th>
<th>Address</th>
<th>Employer Telephone</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
List all other property occupants. Do not list Applicant or Co-Applicant.

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Education Level</th>
<th>Health Insurance</th>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name of Occupant</th>
<th>Amount of Income</th>
<th>Income Source</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

Applicant:_________________________________________ Date:______________

Co-Applicant:______________________________________ Date:______________
## Household Budget Worksheet

**WESTMORELAND COMMUNITY ACTION**

**HOUSING COUNSELING AND MONEY MANAGEMENT CENTER**

*(Completion Required for Program Participation)*

### MONTHLY INCOME

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

### Monthly Living Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th>$</th>
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</thead>
<tbody>
<tr>
<td>Rent/Mortgage</td>
<td></td>
</tr>
<tr>
<td>Alimony/Child Support</td>
<td></td>
</tr>
<tr>
<td>Auto Gas/Repairs</td>
<td></td>
</tr>
<tr>
<td>Auto Insurance</td>
<td></td>
</tr>
<tr>
<td>Cable</td>
<td></td>
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<tr>
<td>Child Care</td>
<td></td>
</tr>
<tr>
<td>Children's Activities</td>
<td></td>
</tr>
<tr>
<td>Clothing Purchases</td>
<td></td>
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<tr>
<td>Electric Bill</td>
<td></td>
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<tr>
<td>Food (Dining Out)</td>
<td></td>
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<tr>
<td>Food (Groceries)</td>
<td></td>
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<tr>
<td>Health/Dental Insurance</td>
<td></td>
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<tr>
<td>Renter’s Insurance</td>
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<tr>
<td>Household Items</td>
<td></td>
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<tr>
<td>Internet</td>
<td></td>
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<tr>
<td>Life/Disability Insurance</td>
<td></td>
</tr>
<tr>
<td>Memberships</td>
<td></td>
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<tr>
<td>Personal Care Products</td>
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<tr>
<td>Prescriptions</td>
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<td>SAVINGS</td>
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<td>Sewage</td>
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<td>Telephone-Cell</td>
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<tr>
<td>Telephone-Home</td>
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<tr>
<td>Trash</td>
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<tr>
<td>Water</td>
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<td>Total</td>
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### MONTHLY DEBT PAYMENTS

<table>
<thead>
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<th>Co-Applicant</th>
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<td>Auto</td>
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<td>Education Loan</td>
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<td>Other</td>
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<td>Other</td>
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<td>Total</td>
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</table>
Westmoreland Community Action  
Housing Counseling and Money Management Center  
Please list all current accounts and dollar amounts.  
Use this for Applicant and Co-Applicant.

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Applicant Name</th>
<th>Yes/No</th>
<th>Institution</th>
<th>Current Amount</th>
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<td>Savings Account</td>
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<tr>
<td>Trusts</td>
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<tr>
<td>Rental Property</td>
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<td>Capital Investment</td>
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<td>Stocks</td>
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<td>Bonds</td>
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<td>CD's</td>
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<td>IRA</td>
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<td>401K/403B</td>
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<td>Retirement/Pension</td>
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<td>Assets/Lump Sum</td>
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<td>Inheritance</td>
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<tr>
<td>Capital Gains</td>
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<tr>
<td>Lottery Winnings</td>
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<tr>
<td>Insurance Settlements</td>
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</table>
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; American Architectural Salvage Demolition Company; Drug Overdose Task Force (DOTF); Mothers Making More (M3); Head Start; Early Head Start; Pre-K Counts; Energy Assistance; Emergency Foodbank and Pantry; Work Ready; The Volunteer Income Tax Assistance (VITA); Crisis Hotline; Crisis Mobile; New Foundations; Community Solutions; Permanent Supportive Housing; Shared Housing; Housing Counseling & Money Management Center; Keystone Hope Development Corporation, LLC; Neighborhood Revitalization; Jeannette Neighborhood Partnership Program (NPP).

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.

Applicant Signature: ___________________________ Date: ______________

Co-Applicant 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.

This authorization is valid for one year from the date the Authorization is signed.

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 HCMCC 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 HCMCC in the required period of time, I/we will receive a letter requesting that I/we contact the HCMCC no later than 30 days from the date of the letter. Failure to respond to the letter will result in the mailing of a termination of counseling letter.

Client: ______________________________________
Date: ______________________________________

Client: ______________________________________
Date: ______________________________________

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:

<table>
<thead>
<tr>
<th>Asset Description</th>
<th>Date of Disposition</th>
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</table>

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

Applicant Signature: ___________________________  Date: ________________
Co-Applicant Signature: ___________________________  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.
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

Initial — 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” (In handout packet)

— I have received and reviewed a copy of the Fair Housing Pamphlet (In handout packet)

— 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
— Homeowner Counseling
— Delinquency and Default Counseling
— Reverse Mortgage Counseling
— Tenant 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: Whitney Stinebiser and/or Rudy Horwatt
Counseling Agency: Westmoreland Community Action (WCA)
RX Client Number:

Phone: (724)-834-1260 Ext. 1150 or 1146
Email: wstinebiser@westmorelandca.org
Fax: (724)858-9563
rhorwatt@westmorelandca.org

Page 14
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.

<table>
<thead>
<tr>
<th>CLIENT NAME(s):</th>
<th>CLIENT SIGNATURE(s):</th>
<th>DATE:</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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</tbody>
</table>
CLIENT ENGAGEMENT AGREEMENT-OPTIONAL FORM-
(This agreement is optional and does not impact the rest of the 3-in-1 form)

Today’s consumer is searching for real-time information on how to maneuver through the maze of financial products and services, establish or rebuild credit, reduce debt and save for the future. Helping clients reach their potential through a variety of services has never been more essential.

Financial counseling is an emerging field that supports clients as they work towards goals and strive to maximize their financial potential. Through an ongoing, systematic and collaborative process, coaches that specialize in financial capabilities can facilitate changes in clients’ financial habits so that they can reach financial security. Participating in a regimented course of financial counseling services can increase the client’s sense of well-being and safety through knowledge, and promote changing behaviors that will improve their financial circumstance.

If you are interested in improving your financial capabilities, please agree to the following:

I am willing to commit to at least four sessions (minimum of one hour per session) over the course of 12 months and a minimum of one follow-up survey within three months of the final session.

The first session must be a face-to face session with a counselor. Upon submission of required documentation, subsequent sessions can be conducted using alternative methods of communication such as: telephone, internet, Skype, Smart Phone, etc.

I understand that my counselor will review and discuss an updated Action Plan for each session, and I will receive a copy.

CLIENT NAME(S):

1. ____________________________
2. ____________________________

CLIENT SIGNATURE(S):

________________________________________
________________________________________

DATE:

___

Please ask your counselor about these other types of counseling that may be available to you at this agency.

One-on One Counseling

___ Pre-Purchase
___ Credit & Budget
___ Post Purchase – Non-Delinquency
   (Home maintenance/Financial Mgt)
___ Post-Purchase – Foreclosure Mitigation
___ Reverse Mortgage/HECM
___ Rental Topics
___ Homeless Assistance
___ Financial Education Coaching (after the Financial Education Workshop)

Workshops

___ Financial Education
___ Pre-Purchase
___ Anti-Predatory Lending &
___ Foreclosure Prevention
___ Fair Housing/Fair Lending

Instructions for counselor: This page can be omitted if the client is not interested in the financial capability process as defined above. In the event your agency does not provide any of the above counseling services, please put “n/a” on the appropriate line.
WESMORFLAND 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: ____________
Witness 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 Auxiliary 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: ____________
Witness Signature: ___________________________ Date: ____________
Counselor Signature: ___________________________ Date: ____________
MORTGAGE QUALIFICATIONS & OTHER CONSIDERATIONS:

<table>
<thead>
<tr>
<th>Credit Report Score</th>
<th>Gross Monthly Income</th>
<th>First Time Home Buyer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes_____ No_____</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Years of Employment</th>
<th>Net Monthly Income</th>
<th>County of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Yearly Gross Income</th>
<th>Current Monthly Expenses</th>
<th>Purchase Price</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Average Yearly Overtime</th>
<th>Current Monthly Rent</th>
<th>Home of Interest : Existing Home New Home</th>
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<thead>
<tr>
<th>Cash Reserves Available Securities, Mutual Funds, Stocks</th>
<th>Monthly Section 8 Voucher Income</th>
<th>Monthly Child Support Payment Court Ordered</th>
<th>Yes No</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Monthly Social Security, Disability, Public Assistance Income</th>
<th>Number of persons in Household</th>
<th>Number of Children in Household</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Are you living with persons who are disabled</th>
<th>Are you disabled?</th>
<th>Yes No</th>
<th>Front End Ratio Limits Back end Ratio Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes No</td>
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</table>

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__________________________