



HOPE Fund 21 Homes on the Hill **(HF 21 HOH)**

• 3659 Soldano Blvd • Columbus, OH 43228 • Phone: 614-275-HOME • Fax: 614-275-3060 • www.hoth-cdc.org •

As part of the application process you will need to supply the required documents listed below.

Please be sure to read all notes and instructions carefully for each document requested.

INFORMATION AND DOCUMENTS NEEDED

— **Landlord/Property Manager's Contact Information**

We must have all of the following information in order to submit your request to your landlord...Company Name, A specific contact person, Contact's phone number, Contact's email address and the mailing address of where the payment will be sent.

— **HOTH Rental Assistance Packet** (Attached)

The information and signatures you provide in this packet will be used to setup your online application and allow Homes on the Hill CDC to continue to provide this service, and any other financial and housing counseling services you may be interested in, at no cost to you.

PLEASE NOTE: All signature lines must be signed.

If an individual does not have any income mark N/A under source and \$0 under the amount.

The dollar amounts on this form will be checked against your lease agreement, any amounts mentioned on Eviction or Delinquent Notices and confirmed with your landlord for accuracy. If for any reason the figures do not match please provide an explanation as to why, otherwise the application may be delayed or denied.

— **Proof of Income (All household members over the age of 18)**

Documentation May be on an Annual or Monthly Basis as Explained in the HF21 COUNTY Application.

Examples – 2020 Tax Return 1040(must show proof of filing), 2020 W2, Last 90 day's Pay Stubs, Benefits Statements, Child Support Order

— **Proof of Rental Householder** (Lease)

Examples – Copy of Written Signed Lease/Rental Agreement or Other Acceptable Documentation Outlined in the HF21 COUNTY Application. (Only the amounts, utilities and fees listed in your agreement will be covered, so please include all pages and any increase notices if applicable.)

NOTE: Additional documentation may be required for applicants who rent from a family member.

— **Valid Driver's License or Comparable Photo ID** (For Head of Household)

(Only 1 photo id required, but must be government issued, local or foreign)

Examples – Driver's License, State ID, Conceal Carry Permit, Passport, Department of Homeland Security Document

— **Proof of Residency for Head of Household**

This is to prove you actually reside in the place you're requesting assistance for.

Examples – Driver's License, Current Utility Bill, 2020 W-2 (The address must match rental property address)

— **Proof of Risk of Experiencing Homelessness/Housing Instability**

(On or After March 13, 2020) If you are unable to provide proof of risk you will need to provide a signed explanation of your situation/risk of homelessness.

Examples – Past Due Rent Notice, Eviction Notice, Letter From Landlord

— **Proof of Citizenship or Legal Residency** (All Household Members)

Examples – Birth Certificate, Social Security Card, Driver's License, State ID, Passport, Department of Homeland Security Document. If you do not have them for the US, please submit those from the individual's country of origin.

— **Proof of Cause of Hardship Event, as it relates to COVID-19**

A Self-Certification Form Must Be Completed online and Signed by Head of Household. The documentation listed here will not be uploaded if it is medical in nature, but you will need to keep a copy on hand in case of an audit.

On or After March 13, 2020, at Least One Member of the Household Has Either:

- Qualified for Unemployment
- Experienced a Reduction in Household Income
- Incurred Significant Costs Due to COVID Mandates
- Delayed Medical Treatment causing more time off work
- Experienced Other Financial Hardship Due Directly or Indirectly to the Pandemic (If you are unsure of the event qualifying please call.)

DOCUMENT SUBMISSION

You may submit the required documents by sending them to Homes on the Hill along with your packet at one of the addresses stated below.

Email as attachments, preferably in **PDF** form, to: Credit@hoth-cdc.org

*If you or your landlord does not have access to a scanner we can provide you with instructions for downloading and using a Safe Free App on your smart phone that will create a scanned document using your phones camera. Please Note: This is different than just using your phone to take a picture. Sorry, but **we may not be able to use picture files from your phone.***

Fax to: Attn: Corissa Dyer, 614-275-3060

Please include with any faxes the name of the individual applying for assistance as well as a phone number where you may be reached should we have any questions concerning the documents submitted.

Mail copies of your documents to us at: Homes on the Hill CDC, 3659 Soldano Blvd., Columbus, OH 43228

Drop-off or Scanning Appointments can be scheduled by calling:

Corissa Dyer, 614-275-4663 Ext. 111

Please be sure to have copies if you are planning on dropping off your documents. If you do not have copies you will be asked to wait while we scan your originals.

THE PROCESS

- 1) Once we have received all of the required documents from you, all documents and figures will be checked. If everything is present and in order, your application and documents will be uploaded into the HOPE Fund's online portal.
 - You will receive an email notice to log into your application online where you will need to Create a password known only to you.
 - Verify your information is correct.
 - Fill in any missing information. If you are claiming \$0 income there will be additional questions you will need to answer online and you will need to explain how you have been paying your bills.
 - Read and Sign all statements and disclosures not previously signed off on in your paperwork.
- 2) After all requirements above have been reached, an email will be sent to your landlord contact for review and approval.
- 3) If your landlord confirms all charges, uploads all necessary documentation that may be needed for payment and agrees to accept payment from the HOPE Fund on your behalf. Your application will be submitted for final approval by the HOPE Fund.
- 4) After final approval has been verified, your rental assistance request amount will be submitted to the fiscal department for payment.

PAYMENTS will be SENT DIRECTLY TO the NAME and ADDRESS stated ON the W-9 FORM YOUR RENTAL COMPANY SUBMITTED.

Please Note: You and/or your landlord may receive some emails directly from Impact and the HOPE Fund, concerning your application and payment that Homes on the Hill is unaware of, due to the automation of some emails. If you receive duplicate information or Homes on the Hill staff is unfamiliar with the text in an email you received from the fund please do not be alarmed.

If you have any questions, please feel free to contact me.

Corissa Dyer, Housing Assistance Coordinator, 614-275-4663 ext. 111, credit@hoth-cdc.org



HOPE Fund 21 Homes on the Hill **(HF 21 HOH)**

Please read this page and sign and date to acknowledge you understand the terms and conditions of applying for and receiving assistance from Hope Fund 2021 (COUNTY Homes on the Hill CDC).

Affidavit Statements

Instructions:

Read each statement and sign at the bottom of the form to agree for each household member.

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need for assistance.
2. I/we understand and acknowledge that IMPACT and/or its agents may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal and/or state law.
3. I/we understand that if I/we have engaged in fraud or misrepresented any fact(s) in connection with this HF 21 HOH Affidavit, or if I/we do not provide all of the required documentation, that the IMPACT may seek additional information for verify accuracy and/or I may be disqualified for assistance.
4. I/we understand that the HF 21 HOH funds are not intended to duplicate any other funds I/we have received for the same expenses, and I/we certify that I/we have not received duplicate benefits from any other source for the funding I/we are requesting in this HF 21 HOH application.
5. I/we understand that IMPACT and/or its agents will use this information to evaluate my/our eligibility for assistance, but IMPACT and its agents are not obligated to offer me/us assistance based solely on the representations in this affidavit.
6. I/we understand that HF 21 HOH assistance is only available for primary residences, and I/we hereby confirm that the address listed in my/our application is our primary residence.

Privacy and protection of personal information

1. I understand that the submission of an application does not guarantee HF 21 HOH assistance.
2. I hereby authorize the IMPACT and its employees and agents to discuss, share, release and otherwise provide information about my rental history, utility payment status, employment, and financial and rent situation as it is necessary to seek solutions to my housing and/or utility problem, and as necessary to prevent a duplication of benefits.
3. I understand that this information will be treated as confidential and that access to this information will be limited to those who are directly involved in assisting with my application.
4. I understand the IMPACT may provide certain information not covered under applicable privacy laws to be reported to the United States Department of the Treasury or its successors or assigns for limited reporting purposes related to federal housing programs.
5. I consent to being contacted concerning this request for rental assistance at any mobile telephone number or address I have provided. This includes email addresses, text messages, and telephone calls to my mobile telephone.

Application process

1. I understand that I do not automatically qualify for HF 21 HOH assistance by submitting an application or any additional forms or documents requested by IMPACT, their assignees or agents.
2. I understand that this is only an application for assistance and that the IMPACT and its agents or its assignees will consider additional factors in reviewing my application.
3. I understand that my application may not meet applicable criteria and that I will be notified in writing via mail, email, or through the online application, of my application's acceptance or denial.
4. I certify that I am willing to provide all requested documents and to respond to all communications from the IMPACT and its partners in a timely manner.
5. I authorize the IMPACT, its agents, and its assignees to review and verify information contained in my HF 21 HOH application at any time.
6. I understand that I may be audited by the IMPACT or its assignees and agree to provide requested documents in a timely manner or risk termination or repayment of my assistance.
7. I agree to provide the IMPACT immediate notice if I move before the last day of the month for which I have received HF 21 HOH assistance for future rent. In such case, the party receiving the prospective rent (either me or the landlord) will be responsible for repaying all or a portion of the prospective rent.
8. Applicant acknowledges that if the IMPACT or any of its partners determine that any information submitted by the applicant is incorrect or inaccurate, the information may be adjusted by the IMPACT or its partners.

Fraud

1. I have described my current financial condition, and certify that all information presented herein, as well as attachments are true, accurate, and correct to the best of my knowledge.
2. I understand that false or misleading information will affect my ability to receive assistance and may be grounds for rejection of my application or termination of assistance I may receive.
3. I understand that false or misleading information may result in a request for immediate repayment of any assistance that I receive.
4. I/we also understand that knowingly submitting false information may violate Federal law.

Disclaimer/Limitation of liability

You agree to defend, indemnify and hold harmless IMPACT and its assignees ("Agency") and its affiliates, subsidiaries, agents, and their respective officers, directors, employees, and agents from and against all claims, liabilities, costs, and expenses arising under any representation or warranty made by the Agency; your failure to comply with the Terms and Conditions', your negligence, actions, or omissions; your violation or alleged violation of the rights of a third party. Under no circumstances will IMPACT or its assignees be liable for any lost profits, lost opportunity or any direct, consequential, incidental, special, punitive, or exemplary damages arising out of your use of or inability to use the IMPACT site or its services or programs, even if the IMPACT has been apprised of the likelihood of such damages occurring and regardless of the form of action, whether in contract, warranty, tort (including negligence), strict liability, or otherwise. This includes any damages or losses based on any statement, representation, negligence, action, or omission by any housing counselor or their employees or their agents.

Counseling Applicant Signature: _____ Date: _____

Counseling Co-Applicant Signature: _____ Date: _____



Homes on the Hill Housing Counseling Packet

Type of Counseling Service: ___ PrePurchase ___ PostPurchase ___ COCLT ___ Foreclosure Prevention ___ Credit/Financial Capability ___ Rental ___ Other

Personal Information	Counseling Applicant	Counseling Co-Applicant
Name		
Address		
City, State, Zip Code		
County		
Residency Status	Rent Own Other	Rent Own Other
Length of Current Occupancy/Ownership	Years Months	Years Months
Date of Birth		
Social Security No.		
Home Phone		
Work Phone		
Cell Phone	<input type="checkbox"/> Texting is okay	<input type="checkbox"/> Texting is okay
Email Address		
Preferred Contact Method (Home Phone, Cell, Work)		
Best Time For Us to Call		
How did you hear about Homes on the Hill?	<input type="checkbox"/> Please add me to HOTH's email contact list.	
If Purchasing, are you a First Time Homebuyer?	Yes No	Yes No
Current Landlord Information	Name Phone Email	Name Phone Email
Is anyone in your household over the age of 62? ___ Yes ___ No		
Demographics	Counseling Applicant	Co-Applicant
Race (Check all that apply) ↑ <i>Please answer both sections.</i> ↓	___ American Indian/Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian or Pacific Islander ___ White	___ American Indian/Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian or Pacific Islander ___ White
	Ethnicity Type ___ Hispanic or Latino ___ Not Hispanic or Latino	___ Hispanic or Latino ___ Not Hispanic or Latino
Household Size: _____ <small>(Total number of people living in the house)</small>	Number of Adults Number of Dependents	
Marital Status		
Gender		

Demographics cont.	Counseling Applicant	Counseling Co-Applicant
Citizenship	<input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> U.S. Citizen
Country of Origin		
Preferred Language		
Are you disabled?		
Highest Education Level	<input type="checkbox"/> No High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> No High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree
Please check all that apply	<input type="checkbox"/> Female Head of Household <input type="checkbox"/> Single Head of Household <input type="checkbox"/> U.S. Veteran <input type="checkbox"/> Owned Home in Last 3 Years	<input type="checkbox"/> Female Head of Household <input type="checkbox"/> Single Head of Household <input type="checkbox"/> U.S. Veteran <input type="checkbox"/> Owned Home in Last 3 Years
Employment / Income	Counseling Applicant	Counseling Co-Applicant
	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Farm Worker	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Farm Worker
Employer		
Job Title		
Start Date/End Date	_____ to _____	_____ to _____
Income Source No. 1:	\$ _____ gross \$ _____ net <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	\$ _____ gross \$ _____ net <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
Income Source No. 2:	\$ _____ gross \$ _____ net <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	\$ _____ gross \$ _____ net <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
Income Source No.3:	\$ _____ gross \$ _____ net <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	\$ _____ gross \$ _____ net <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
What is/are your Financial Goal(s) at this time?		

By signing below I agree that, to the best of my knowledge, the above information is true.

Counseling Applicant Signature: _____ Date: _____

Counseling Co-Applicant Signature: _____ Date: _____



Homes on the Hill
Extended Household Information

Extended Demographics	Counseling Applicant	Co-Applicant
Household Member Type	<input type="checkbox"/> Head of Household <input type="checkbox"/> Co-head of Household <input type="checkbox"/> Spouse to Head of Household <input type="checkbox"/> Significant Other <input type="checkbox"/> Other _____	<input type="checkbox"/> Head of Household <input type="checkbox"/> Co-head of Household <input type="checkbox"/> Spouse to Head of Household <input type="checkbox"/> Significant Other <input type="checkbox"/> Other _____
Military Status	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner
Employment Status	<input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Part-Time Employment <input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Short-Term (6 mos. or less) <input type="checkbox"/> Long-Term (more than 6 mos.) <input type="checkbox"/> Not In Labor Force or Under Age	<input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Part-Time Employment <input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Short-Term (6 mos. or less) <input type="checkbox"/> Long-Term (more than 6 mos.) <input type="checkbox"/> Not In Labor Force or Under Age
Disconnected Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Status	<input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Employment Based <input type="checkbox"/> Other _____	<input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Employment Based <input type="checkbox"/> Other _____

If you have more than two people in your household, please fill out an "Extended Household Member" column for EACH person.

Personal Information	Extended Household Member 1	Extended Household Member 2
Name		
Age		
Date of Birth		
Social Security No.		
Household Member Type	<input type="checkbox"/> Dependent Child <input type="checkbox"/> Unborn Child <input type="checkbox"/> Non-Dependent Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Live-in Caretaker <input type="checkbox"/> Foster Child/Adult <input type="checkbox"/> Parent/Parent-In-Law <input type="checkbox"/> Sibling/Sibling-In-Law <input type="checkbox"/> Grandparent/Grandparent-In-Law <input type="checkbox"/> Other Family Member <input type="checkbox"/> Adult Other _____	<input type="checkbox"/> Dependent Child <input type="checkbox"/> Unborn Child <input type="checkbox"/> Non-Dependent Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Live-in Caretaker <input type="checkbox"/> Foster Child/Adult <input type="checkbox"/> Parent/Parent-In-Law <input type="checkbox"/> Sibling/Sibling-In-Law <input type="checkbox"/> Grandparent/Grandparent-In-Law <input type="checkbox"/> Other Family Member <input type="checkbox"/> Adult Other _____

Demographics	Extended Household Member 1	Extended Household Member 2
Race (Check all that apply) <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> ↑ <i>Please answer both sections.</i> ↓ </div> <div> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White </div> </div>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
Ethnicity Type	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disconnected Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner
Citizenship	<input type="checkbox"/> Undocumented <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Undocumented <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> U.S. Citizen
Country of Origin		
Primary Language		
Military Status	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None
Current Education Level	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12 / Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College/Postsecondary <input type="checkbox"/> Vocational Graduate/Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12 / Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College/Postsecondary <input type="checkbox"/> Vocational Graduate/Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree
Health Insurance Status	<input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Employment Based <input type="checkbox"/> Other	<input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Employment Based <input type="checkbox"/> Other
Employment Status	<input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Part-Time Employment <input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Short-Term (6 mos. or less) <input type="checkbox"/> Long-Term (more than 6 mos.) <input type="checkbox"/> Not In Labor Force or Under Age	<input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Part-Time Employment <input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Short-Term (6 mos. or less) <input type="checkbox"/> Long-Term (more than 6 mos.) <input type="checkbox"/> Not In Labor Force or Under Age

Income	Extended Household Member 1	Extended Household Member 2
Income Source No. 1: _____	\$_____ gross \$_____ net ____ Weekly ____ Bi-weekly ____ Monthly	\$_____ gross \$_____ net ____ Weekly ____ Bi-weekly ____ Monthly
Income Source No. 2: _____	\$_____ gross \$_____ net ____ Weekly ____ Bi-weekly ____ Monthly	\$_____ gross \$_____ net ____ Weekly ____ Bi-weekly ____ Monthly
Income Source No.3: _____	\$_____ gross \$_____ net ____ Weekly ____ Bi-weekly ____ Monthly	\$_____ gross \$_____ net ____ Weekly ____ Bi-weekly ____ Monthly
Personal Information	Extended Household Member 3	Extended Household Member 4
Name		
Age		
Date of Birth		
Social Security No.		
Household Member Type	<input type="checkbox"/> Dependent Child <input type="checkbox"/> Unborn Child <input type="checkbox"/> Non-Dependent Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Live-in Caretaker <input type="checkbox"/> Foster Child/Adult <input type="checkbox"/> Parent/Parent-In-Law <input type="checkbox"/> Sibling/Sibling-In-Law <input type="checkbox"/> Grandparent/Grandparent-In-Law <input type="checkbox"/> Other Family Member <input type="checkbox"/> Adult Other	<input type="checkbox"/> Dependent Child <input type="checkbox"/> Unborn Child <input type="checkbox"/> Non-Dependent Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Live-in Caretaker <input type="checkbox"/> Foster Child/Adult <input type="checkbox"/> Parent/Parent-In-Law <input type="checkbox"/> Sibling/Sibling-In-Law <input type="checkbox"/> Grandparent/Grandparent-In-Law <input type="checkbox"/> Other Family Member <input type="checkbox"/> Adult Other
Demographics	Extended Household Member 3	Extended Household Member 4
Race (Check all that apply) ↑ Please answer both sections. ↓	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
Ethnicity Type	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Gender	____ Male ____ Female	____ Male ____ Female
Disabled	____ Yes ____ No	____ Yes ____ No
Disconnected Status	____ Yes ____ No	____ Yes ____ No
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner
Citizenship	<input type="checkbox"/> Undocumented <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Undocumented <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> U.S. Citizen
Country of Origin		
Primary Language		
Military Status	____ Active ____ Veteran ____ None	____ Active ____ Veteran ____ None

Demographics cont.	Extended Household Member 3	Extended Household Member 4
Current Education Level	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12 / Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College/Postsecondary <input type="checkbox"/> Vocational Graduate/Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12 / Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College/Postsecondary <input type="checkbox"/> Vocational Graduate/Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree
Health Insurance Status	<input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Employment Based <input type="checkbox"/> Other	<input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Employment Based <input type="checkbox"/> Other
Employment Status	<input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Part-Time Employment <input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Short-Term (6 mos. or less) <input type="checkbox"/> Long-Term (more than 6 mos.) <input type="checkbox"/> Not In Labor Force or Under Age	<input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Part-Time Employment <input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Short-Term (6 mos. or less) <input type="checkbox"/> Long-Term (more than 6 mos.) <input type="checkbox"/> Not In Labor Force or Under Age
Income	Extended Household Member 3	Extended Household Member 4
Income Source No. 1: _____	\$_____ gross \$_____ net ____ Weekly ____ Bi-weekly ____ Monthly	\$_____ gross \$_____ net ____ Weekly ____ Bi-weekly ____ Monthly
Income Source No. 2: _____	\$_____ gross \$_____ net ____ Weekly ____ Bi-weekly ____ Monthly	\$_____ gross \$_____ net ____ Weekly ____ Bi-weekly ____ Monthly
Income Source No.3: _____	\$_____ gross \$_____ net ____ Weekly ____ Bi-weekly ____ Monthly	\$_____ gross \$_____ net ____ Weekly ____ Bi-weekly ____ Monthly

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the HF 21 HOH Program and other remedies available under applicable law.

Counseling Applicant Signature: _____ Date: _____

Counseling Co-Applicant Signature: _____ Date: _____



Rental Information

Landlord Information																					
Rental/Management Company:	Owner, Landlord or Contact Person:																				
Contact Phone Number:	Contact Direct Email:																				
Payment and Fee Information																					
Household Member(s) Name on the Lease:																					
Who Pays the Rent?:																					
Number of Rooms:																					
Monthly Rent Amount:	Reoccurring Monthly Fixed Fee Amount Total:																				
Please List <u>Unpaid</u> Rent & Fixed Fee Amounts, Still Owed, Next to the Month They Were Due.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">_____ Mar. 2020</td> <td style="width: 25%; text-align: center;">_____ Aug. 2020</td> <td style="width: 25%; text-align: center;">_____ Jan. 2021</td> <td style="width: 25%; text-align: center;">_____ June 2021</td> </tr> <tr> <td style="text-align: center;">_____ April 2020</td> <td style="text-align: center;">_____ Sept. 2020</td> <td style="text-align: center;">_____ Feb. 2021</td> <td style="text-align: center;">_____ July 2021</td> </tr> <tr> <td style="text-align: center;">_____ May 2020</td> <td style="text-align: center;">_____ Oct. 2020</td> <td style="text-align: center;">_____ Mar. 2021</td> <td style="text-align: center;">_____ Aug. 2021</td> </tr> <tr> <td style="text-align: center;">_____ June 2020</td> <td style="text-align: center;">_____ Nov. 2020</td> <td style="text-align: center;">_____ April 2021</td> <td style="text-align: center;">_____ Sept. 2021</td> </tr> <tr> <td style="text-align: center;">_____ July 2020</td> <td style="text-align: center;">_____ Dec. 2020</td> <td style="text-align: center;">_____ May 2021</td> <td style="text-align: center;">_____ Oct. 2021</td> </tr> </table>	_____ Mar. 2020	_____ Aug. 2020	_____ Jan. 2021	_____ June 2021	_____ April 2020	_____ Sept. 2020	_____ Feb. 2021	_____ July 2021	_____ May 2020	_____ Oct. 2020	_____ Mar. 2021	_____ Aug. 2021	_____ June 2020	_____ Nov. 2020	_____ April 2021	_____ Sept. 2021	_____ July 2020	_____ Dec. 2020	_____ May 2021	_____ Oct. 2021
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_____ July 2020	_____ Dec. 2020	_____ May 2021	_____ Oct. 2021																		
Type of Variable Utility Fees:	Total Variable Utility Fees Owed:																				
Please List <u>Unpaid</u> Variable Utility Fees Amounts, Still Owed, Next to the Month They Were Due.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">_____ Mar. 2020</td> <td style="width: 25%; text-align: center;">_____ Aug. 2020</td> <td style="width: 25%; text-align: center;">_____ Jan. 2021</td> <td style="width: 25%; text-align: center;">_____ June 2021</td> </tr> <tr> <td style="text-align: center;">_____ April 2020</td> <td style="text-align: center;">_____ Sept. 2020</td> <td style="text-align: center;">_____ Feb. 2021</td> <td style="text-align: center;">_____ July 2021</td> </tr> <tr> <td style="text-align: center;">_____ May 2020</td> <td style="text-align: center;">_____ Oct. 2020</td> <td style="text-align: center;">_____ Mar. 2021</td> <td style="text-align: center;">_____ Aug. 2021</td> </tr> <tr> <td style="text-align: center;">_____ June 2020</td> <td style="text-align: center;">_____ Nov. 2020</td> <td style="text-align: center;">_____ April 2021</td> <td style="text-align: center;">_____ Sept. 2021</td> </tr> <tr> <td style="text-align: center;">_____ July 2020</td> <td style="text-align: center;">_____ Dec. 2020</td> <td style="text-align: center;">_____ May 2021</td> <td style="text-align: center;">_____ Oct. 2021</td> </tr> </table>	_____ Mar. 2020	_____ Aug. 2020	_____ Jan. 2021	_____ June 2021	_____ April 2020	_____ Sept. 2020	_____ Feb. 2021	_____ July 2021	_____ May 2020	_____ Oct. 2020	_____ Mar. 2021	_____ Aug. 2021	_____ June 2020	_____ Nov. 2020	_____ April 2021	_____ Sept. 2021	_____ July 2020	_____ Dec. 2020	_____ May 2021	_____ Oct. 2021
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_____ July 2020	_____ Dec. 2020	_____ May 2021	_____ Oct. 2021																		
Late Fee Charges Per Month:	Total Late Fees Due:																				
Please List <u>Unpaid</u> Late Fees, Still Owed, Next to the Month They Were Due.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">_____ Mar. 2020</td> <td style="width: 25%; text-align: center;">_____ Aug. 2020</td> <td style="width: 25%; text-align: center;">_____ Jan. 2021</td> <td style="width: 25%; text-align: center;">_____ June 2021</td> </tr> <tr> <td style="text-align: center;">_____ April 2020</td> <td style="text-align: center;">_____ Sept. 2020</td> <td style="text-align: center;">_____ Feb. 2021</td> <td style="text-align: center;">_____ July 2021</td> </tr> <tr> <td style="text-align: center;">_____ May 2020</td> <td style="text-align: center;">_____ Oct. 2020</td> <td style="text-align: center;">_____ Mar. 2021</td> <td style="text-align: center;">_____ Aug. 2021</td> </tr> <tr> <td style="text-align: center;">_____ June 2020</td> <td style="text-align: center;">_____ Nov. 2020</td> <td style="text-align: center;">_____ April 2021</td> <td style="text-align: center;">_____ Sept. 2021</td> </tr> <tr> <td style="text-align: center;">_____ July 2020</td> <td style="text-align: center;">_____ Dec. 2020</td> <td style="text-align: center;">_____ May 2021</td> <td style="text-align: center;">_____ Oct. 2021</td> </tr> </table>	_____ Mar. 2020	_____ Aug. 2020	_____ Jan. 2021	_____ June 2021	_____ April 2020	_____ Sept. 2020	_____ Feb. 2021	_____ July 2021	_____ May 2020	_____ Oct. 2020	_____ Mar. 2021	_____ Aug. 2021	_____ June 2020	_____ Nov. 2020	_____ April 2021	_____ Sept. 2021	_____ July 2020	_____ Dec. 2020	_____ May 2021	_____ Oct. 2021
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List Misc. Fee Types and Amounts:																					
Misc. Fee Total:	Total Current Amount Due:																				
Date of Last Payment Made:	Amount Paid:																				
Payment Address :																					
What Is Your Eviction Status	<input type="checkbox"/> I Have Received a 3 Day Notice <input type="checkbox"/> I Have Received a Court Date Notice <input type="checkbox"/> I am Delinquent But Have Not Received an Eviction Notice <input type="checkbox"/> I am Not Delinquent, But I am Struggling to Pay Rent																				

Individual Applicant Request for Assistance and Duplication of Benefits Statement, Certification, and Subrogation Agreement

Hope Fund 2021 (COUNTY Homes on the Hill CDC) Program (HF 21 HOH) provides emergency assistance with rent and utility expenses and certain other expenses related to housing incurred due, directly or indirectly, to the Covid-19 outbreak to eligible renter households in its designated award area. This program is administered by the IMPACT Community Action Agency (IMPACT) and is funded either directly or indirectly through the US Department of the Treasury as part of Section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) (Section 501).

IMPACT must implement procedures to prevent any Duplication of Benefits (DOB) as required by Section 501. With this form, an applicant for HF 21 HOH assistance 1) outlines the HF 21 HOH assistance requested; 2) identifies other duplicative assistance received or anticipated to be received; 3) states the HF 21 HOH funding request; 4) certifies the accuracy of the information; and 5) **agrees to repay any awarded HF 21 HOH assistance that is duplicated.**

Is Your Rent Subsidized ? _____ Yes _____ No If Yes, What Program?

Have You Recently Contacted Your Landlord? _____ Yes _____ No If Yes, When?

Have You Participated in a Repayment Plan? _____ Yes _____ No If Yes, When?

Have You Applied/Received any Other Assistance? _____ Yes _____ No If Yes, When?

If Yes, Please list the Amount and Agency/Agencies?

How does your financial hardship, directly or indirectly, relate to COVID-19?

What is your plan moving forward for sustainable income to cover your housing costs?

Are you interested in further Financial Counseling? _____ Yes _____ No

Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Additionally, if I/we receive future funding for the same purpose of the HF 21 HOH funds received, I/we will agree to repay the assistance that was duplicated. Warning: Any person who knowingly makes a false claim or statement to the U.S. Department of Treasury may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

Counseling Applicant Signature: _____ Date: _____

Counseling Co-Applicant Signature: _____ Date: _____

Third Party to contact servicer or property management company

The Applicant and any co-applicants and residents 18 years and older (if any) named below (individually and collectively, "Borrower Applicant") authorize all 3rd-party vendors present on this application; and the Third Parties assisting HF 21 HOH's administrator in the review of the HF 21 HOH applications (Individually and collectively, "Third Party") to share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the lease, utilities, and/or the HF 21 HOH application of the Applicant.

Counseling Applicant Signature: _____ Date: _____

Counseling Co-Applicant Signature: _____ Date: _____



Homes on the Hill

Monthly Budget Worksheet

Please provide the total dollar amount spent for each item **PER MONTH** for all household members.

Housing	
Rent/Mortgage Payment	\$
Renters/Home Owners Insurance	\$
Property Taxes (If Separate Payment)	\$
Condo/Homeowners Assoc. Fees	\$
Home Maint, Cleaning, Lawn/Garden	\$
Electric	\$
Heating	\$
Water/Sewer	\$
Trash/Recycling/Yard Waste	\$
Appliances, Furniture, Rent-to-Own	\$
TOTALS	

Auto/Transportation	
Car loan	\$
Car Insurance	\$
Car Tags, Maintenance/Repairs	\$
Gasoline	\$
Parking	\$
Bus/Ride Fares	\$
TOTALS	

Telephone, Telecom	
Basic Phone Service	\$
Cell Phone	\$
TOTALS	

Children and Elders	
Day Care	\$
School lunches	\$
Extra Curricular/School Activities	\$
Elder Care	\$
TOTALS	

Liabilities, Loans	
Alimony/Child Support (Not yet deducted)	\$
Bank Fees	\$
Cashier's Checks, Payday Loans	\$
Collections, Late Fees	\$
Credit Card Payments	\$
Legal Fees	\$
Loan Payments (All Types)	\$
TOTALS	

Healthcare	
Dental	\$
Doctor Visits/Co-Pays/Deductibles	\$
Medical Bills	\$
Health Insurance	\$
Pharmacy, Prescription Drugs	\$
Vision	\$
Life Insurance	\$
TOTALS	

Food	
Groceries	\$
Eating Out, Delivery	\$
Snacks	\$
Alcohol	\$
TOTALS	

Education	
Tuition	\$
Books, School Supplies	\$
Misc. School Fees	\$
TOTALS	

Monthly Budget Worksheet continued

Please provide the total dollar amount spent for each item **PER MONTH** for all household members.

Personal Care	
Clothing, Shoes	\$
Cosmetics	\$
Dry Cleaning, Laundry	\$
Salon/Barber	\$
Nails	\$
Toiletries	\$
TOTALS	

Entertainment	
Subscriptions, Magazines, News	\$
Cable/Satellite/Streaming TV	\$
Internet	\$
Cigarettes, Tobacco	\$
Fitness	\$
Hobbies, Sports	\$
Holidays, Events	\$
Gifts	\$
Movies, Rentals, Music, Apps	\$
Vacations, Travel	\$
Lottery, Bingo	\$
Memberships, Club Dues	\$
TOTALS	

Donations	
Religious Contributions	\$
Charities	\$
Union Groups, Professional Dues	\$
TOTALS	

Pets	
Food	\$
Groomer, Monthly Treatments	\$
Veterinarian Bills	\$
TOTALS	

Savings	
Savings Account	\$
IRA, Retirement (Not yet deducted)	\$
Investments	\$
TOTALS	

Other Expenses	
	\$
	\$
TOTALS	

Household **"Net"** Monthly Income _____

Total Monthly Expenses (-) _____

Total Monthly Balance (-/+) _____

Counseling Applicant Date

Counseling Co-Applicant Date

Housing Counselor Date

*Only valid with signature from HOTH housing Counselor.



Are You Ready to Rent?

- 1) Do you have money saved for a security deposit, 1st month's rent, utility deposits, and moving expenses?** YES NO

Did you know? Some utility providers may require you to pay off outstanding debts with any utility companies you owe and may base your new client deposit amounts on your credit score.
- 2) Do you have enough documented income to support a monthly rental payment?** YES NO

Did you know? Many landlords require tenants to show documented gross income that is 3x greater than the monthly rent payment.
- 3) Do you have any recent evictions or outstanding rental collections?** YES NO

Did you know? Some landlords require 3 years to have passed since an eviction, and some require that all outstanding rental collection accounts be satisfied. You should be prepared to explain any past rental issues on your rental application.
- 4) Do you have any felonies or drug related criminal offenses?** YES NO

Did you know? Many landlords will not rent to tenants with past criminal records.
- 5) Do you have a checking account?** YES NO

Did you know? You should never pay your rent with cash. Always ask for a receipt! Money orders may provide a better paper trail, but the fees can add up. If you are in ChexSystems, ask HOTH for a list of financial institutions who may allow you to open an account if all outstanding debts have been paid.
- 6) Do you have any pets?** YES NO

Did you know? Many landlords charge an extra \$50/month per pet with an additional upfront pet deposit of \$200 or more.
- 7) Have you shopped around for renter's insurance?** YES NO

Did you know? Some landlords require tenants to show proof of renter's insurance, which can cost \$20-\$30/month depending on coverage and credit score.
- 8) Do you know anyone who can co-sign a lease with you?** YES NO

Did you know? Sometimes landlords will overlook past rental issues or insufficient income if you have a strong co-signer.
- 9) Do you know housing built before 1978 may contain lead-based paint?** YES NO

Did you know? Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, owners must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.
- 10) Do you know that when it comes to housing, it is illegal to discriminate because of race, color, religion, sex, handicap, familial status, or national origin?** YES NO

Did you know? Fair housing complaints can be filed with HUD's FHEO department by telephone (1-800-669-9777), mail, or online at https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint

Counseling Applicant Signature: _____ Date: _____

Counseling Co-Applicant Signature: _____ Date: _____



Questionnaire

NAME OR NUMBER _____

Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself.

11. How old are you? 18-61 62+
12. How did you take the questionnaire? I read the questions Someone read the questions to me

Counseling Applicant Signature: _____ Date: _____

Counseling Co-Applicant Signature: _____ Date: _____



• 3659 Soldano Blvd. • Columbus, OH 43228 • Phone: 614-275-HOME • Fax: 614-275-3060 • www.hoth-cdc.org •

Homes on the Hill CDC AGENCY DISCLOSURE

Homes on the Hill (HOTH) CDC is a HUD approved housing counseling agency. The HOTH mission is to strengthen neighborhoods by providing quality affordable housing, advocacy, education, and supportive services to individuals and families of primarily low/moderate incomes. As a potential client of this organization, you have the right to know the following:

HOTH is a not-for-profit organization and works to provide **all services free of charge**. HOTH will access a soft-touch, tri-merge copy of your credit report at no charge to you. This will not affect your credit scores. You may also bring in your own current copy of a tri-merge credit report if you prefer.

Besides offering housing counseling services, HOTH is also a housing developer and offers new and rehabbed homes for sale and rent. As a HOTH client, you are under **no obligation** to purchase property from HOTH or to rent a property from HOTH. HOTH will work to assist you in the purchase or rental of any property of your own choice.

HOTH also sometimes offers various down payment assistance programs, each with their own restrictions and guidelines, to qualified applicants. As a HOTH client, you are under **no obligation** to participate in our programs. If you wish to pursue any form of down payment assistance, HOTH will work to assist you in determining which program best fits your needs, including but not limited to programs offered by the City of Columbus, Franklin County, CHP/Homeport, OHFA, HOTH, COCLT and any others available.

All information submitted to HOTH is considered **confidential** and will be kept confidential unless you consent to the disclosure of such information.

HOTH is approved by the U.S. Department of Housing and Urban Development. HOTH also maintains affiliations, funding sources, partnerships, and working relationships with other public and private community organizations which could create a conflict of interest. These community ties are listed in our brochure and on our website.

As a client, you have the **freedom of choice** in selecting and engaging in any and all business transactions with persons working in the financial, mortgage, real estate, homeowner education, housing counseling or other homeownership industry professionals. You have the right to make voluntary and informed decisions free of coercion, intimidation, or undue pressure.

If at any time you decide to terminate your relationship with HOTH, you have the right to request an **assessment** of your immediate or long term potential for successfully achieving or maintaining homeownership and a **description** of the recommended steps to attain your housing goal in the future.

I acknowledge that I have received a "Referral List" of local assistance organizations and if I am a pre-purchase client a list of local "Downpayment Assistance Programs".

Counseling Applicant's Signature

Date

Counseling Co-Applicant's Signature

Date



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CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct Homes on the Hill CDC (hereinafter "HOTH") **to obtain and review my credit report.** My credit report will be obtained from a credit reporting agency chosen by HOTH. I understand and agree that HOTH intends to use the credit report for the purpose of evaluating my financial readiness to rent or purchase a home.

My signature below also **authorizes the release to credit reporting agencies of financial or other information** that I have supplied to HOTH in connection with such evaluation. Authorization is further granted to the credit reporting agency to **use a copy of this form to obtain any information the credit reporting agency deems necessary** to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I authorize that **HOTH may share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided,** including any computations and assessments that have been produced based upon such information. **Mortgage lenders may share the information I provide to the lender with the counseling agencies.** These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying HOTH in writing.

Counseling Applicant's Name (Print)

Counseling Co-Applicant's Name (Print)

Counseling Applicant's Signature

Counseling Co-Applicant's Signature

Social Security Number

Social Security Number

Date

Date

Counseling Applicant's Date of Birth

Counseling Co-Applicant's Date of Birth

Counseling Applicant's Address

Counseling Co-Applicant's Address



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Date: ____/____/20____

Name: _____

ACTION PLAN

Confirm budget: Look over household finances and confirm budget. Brainstorm ideas to decrease expenses and increase income.

Establish and/or increase general savings. My goal is to save \$____SS_in ____ month(s).

Establish and/or increase credit scores.

Counseling Applicant Signature*

Counselor Signature

Counseling Co-Applicant Signature*

***Please sign before submitting; your counselor will tailor your plan to fit your needs and goals and review it with you during your meeting.**