



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 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.





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: _____



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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.**