

Project Sentinel
A HUD Approved Housing Counseling Agency
1490 El Camino Real,
Santa Clara, CA 95050

Back to Work Program

Tel: (408) 720-9888

Website: www.housing.org

Fax: (408) 216-9968

Project Sentinel is approved by HUD to provide housing counseling. Our certified homeownership counselors will review your financial and credit status and provide an assessment of potential options and programs that may be available to you. In order to properly assess your options, we will need the following information. Please complete and mail or drop off the following intake packet and the documents listed below:

1. Complete all pages of the Intake Packet entirely.
2. Provide documentation of all household income.
3. Provide a Profit and Loss statement if self-employed – Year to Date
4. Provide a copy of your Bank Statements for the most recent 2 months – all accounts – all pages

In order for Project Sentinel to address your specific needs, please answer these questions:

My Goal is: check all that apply

- Creating a Budget
- Lowering my Debt
- Knowing if being a homeowner is right for me
- Money Management
- Improving my credit score / understanding credit
- Being a responsible homeowner
- Purchasing a home within 6 months
- Purchasing a home within 6-12 months
- Identify down payment assistance program

QUESTIONS: Check all that apply

- Are you currently working with a Real Estate Agent?
- Have you been pre-qualified or pre-approved by a mortgage lender?
- Have you made an offer on a property?
- Are you applying for the FHA Back to Work Mortgage? Yes No
- Are you applying for a mortgage that requires an 8 hour HUD Class? Yes No
- Have you reviewed your credit report lately? If YES, when? _____
- Are you planning on a “gift of funds” to purchase your home?
- Have you ever owned a home? If yes, when _____
- Do you want to purchase a single-family home or a condo
- Are you familiar with the rules/regulations of a condo property?
- How long have you been with your current employer? _____
- How long do you plan on staying in the home you purchase > _____

Have you been denied by a mortgage lender? If YES, when _____ and what was the reason

COMPLETED PACKETS SHOULD BE MAILED or WALKED IN TO PROJECT SENTINEL
Santa Clara office: 1490 El Camino Real, Santa Clara, CA 95050, Hours 9-12 & 1-4 M-F

Tell Us about Yourself Print clearly. Use additional sheets if necessary.

Information will not be shared with any third party (e.g. credit agency or lender) without your explicit signed authorization.

Date:	Borrower	<input type="checkbox"/> Co-Borrower or <input type="checkbox"/> Contributor
Last Name		
First Name & initial		
e-mail Address		
Phone Numbers Including Area Code	Home : _____ <input type="checkbox"/> Cell: _____ <input type="checkbox"/> (Please check best Number to reach you)	Home : _____ <input type="checkbox"/> Cell: _____ <input type="checkbox"/> (Please check best Number to reach you)
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> English <input type="checkbox"/> Spanish
	Property Address	Mailing address if different
Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Date of birth		
Social Security #		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Level of Education	<input type="checkbox"/> Primary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Primary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Choose not to respond
Household	Household size _____ # of dependents _____	Household size _____ # of dependents _____
Marital Status	<input type="checkbox"/> Married with dependents <input type="checkbox"/> Married without dependents <input type="checkbox"/> Male Single Parent Head of Household <input type="checkbox"/> Female Single Parent Head of Household <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce <input type="checkbox"/> Other	<input type="checkbox"/> Married with dependents <input type="checkbox"/> Married without dependents <input type="checkbox"/> Male Single Parent Head of Household <input type="checkbox"/> Female Single Parent Head of Household <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce <input type="checkbox"/> Other
Other (if applicable)	<input type="checkbox"/> US Veteran <input type="checkbox"/> I am 62years of age or older <input type="checkbox"/> Disabled	<input type="checkbox"/> US Veteran <input type="checkbox"/> I am 62years of age or older <input type="checkbox"/> Disabled
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Race – Check all that apply	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other

REFERRED BY: **LENDER,** **FRIEND, FAMILY, CO-WORKER,** **WORD OF MOUTH,**
 MEDIA, **AGENCY WEBSITE,** **HUD WEBSITE,** **REAL ESTATE AGENT,** **HUD**
FIRST TIME HOMEBUYER STUDY – PARTICIPANT # _____ **OTHER:**

Project Sentinel Homebuyer Counseling Agreement

1. I understand that there is a \$100 counseling fee upfront per person on the day of submitting your file for servicing. If the homeowner's monthly income is below 200% poverty guideline, the counseling fee of \$100 per person will be waived.
2. I acknowledge that I have received a copy of Project Sentinel's Housing Counseling Privacy Policy, which is attached to this Agreement as Exhibit A.
3. I understand that as part of Project Sentinel's counseling, I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
4. A Project Sentinel counselor may answer questions and provide information relevant to my housing concerns, but the counselor will not give legal advice. If I want legal advice, I will be referred for appropriate assistance, or I will seek legal counsel through other means.
5. I understand that Project Sentinel is not a financial or real estate service program or provider, and that it provides information and education on numerous financial products and housing programs solely as part of its overall counseling service, and I further understand that the housing counseling. I receive from Project Sentinel in no way obligates me to choose any of these particular financial products or housing programs, nor does Project Sentinel endorse or recommend any specific product or program or provider, regardless of whether it is described or mentioned during counseling activities.

Client's signature _____

Date _____

Print Name _____

Client's signature _____

Date _____

Print Name _____

EXHIBIT A

Project Sentinel Housing Counseling Privacy Policy

Project Sentinel is committed to assuring the privacy of individuals and/or families who have contacted us for assistance, and we will protect the confidentiality of your files and personal information. We realize that the concerns you bring to us are highly personal in nature. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be maintained as confidential and will be provided to creditors, program monitors, and others only with your authorization and signature on an appropriate Release of Confidential Information form. We may also obtain information from various credit reporting service providers pursuant to an appropriate Credit Report Authorization and Acknowledgment form. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, 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 of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.

2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 408-720-9888 or 1-888-331-3332 and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.

2. We may also disclose any nonpublic personal information about you or former customers to anyone as required by law (e.g., if we are compelled by legal process).

3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard the confidentiality of your nonpublic personal information

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CREDIT REPORT AUTHORIZATION and ACKNOWLEDGMENT

I hereby give permission to Project Sentinel, a non-profit HUD Counseling Agency, to obtain and review confidential financial information regarding myself and my family, including credit reports and credit scores, obtained from third party financial information services. I understand that this information will be used solely for purposes of providing housing counseling services to me.

Borrower Print Name

Borrower Signature

Date

Date of Birth: _____ Social Security Number: _____

Current Address: _____

Co-Borrower Print Name

Co-Borrower Signature

Date

Date of Birth: _____ Social Security Number: _____

Current Address: _____

I understand that obtaining a credit report through Project Sentinel will not affect my credit score

EXPENSES

TYPE	DESCRIPTION	MONTHLY AMOUNT
Rent		\$
Alimony/Child Support		\$
Child Care		\$
Housing/Renters Insurance	Annual: \$	\$
Housing/Utilities - Gas & Electric		\$
Housing/Utilities – Water & Garbage		\$
Housing – Housekeeper		\$
Auto/Car payment	Balance: \$	\$
Auto/Car payment	Balance: \$	\$
Auto/Transportation	Gas, oil, car wash	\$
Auto Insurance	Annual: \$	\$
Public Transportation		\$
Life Insurance		\$
Food		\$
Entertainment/Dining out		\$
Entertainment/Other		\$
Health Care	Medical and Pharmacy bills	\$
Health Care	Dental	\$
Telephone/Telecom/Cable	Phone, Internet & Cable	\$
Telephone/Cell Phone		\$
Education	Tuition, Books, School Supplies	\$
Liabilities – Credit Cards	Balance: \$	\$
Liabilities – Credit Cards	Balance: \$	\$
Liabilities – Credit Cards	Balance: \$	\$
Liabilities – Credit Cards	Balance: \$	\$
Liabilities – Student Loans	Balance: \$	\$
Personal Expenses	Hair, nails, spa, cosmetics, etc.	\$
Pet Expenses		\$
Seasonal/Gifts		\$
Tithing		\$
Other monthly expenses - Hobbies		\$
Other monthly expenses – Vacations		\$
Other monthly expenses – Gym Membership		\$
Other monthly expenses		\$
Totals		\$

Borrower Signature

Date

Co-Borrower Signature

Date

HOME BUYER COUNSELING BUDGET

Name: _____

Assets

Type	Description	Amount
Checking		\$
Savings		\$
Cash on hand		\$
Retirement: IRA, Roth IRA, 401k 403b		\$
CD's		\$
Stocks/bonds		\$
Other		\$
Totals		\$

Based on your assets, how much do you plan to contribute to purchasing a home

Downpayment	Source	Amount
Savings		\$
Gift		\$
Retirement Account		\$
Down Payment Assistance Program		\$
Other		\$
Totals		\$

Income

Type	Description	Monthly
Base Salary/Borrower	Name:	
Base Salary/Co-Borrower	Name:	
Pension/Retirement	Name:	
Pension/Retirement	Name:	
Dividends/Interest	Name:	
Social Security	Name:	
Social Security	Name:	
Other Income	Name:	
Other Income	Name:	
Other Income	Name:	
Totals		