



MERCY HOUSING & HUMAN DEVELOPMENT INTAKE FORM

DATE: _____

EMAIL: _____

NAME: (please print)

SPOUSE/PARTNER: (if applicable)

ADDRESS:	Street:	City, State	ZIP Code:
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How long at current address? _____	If less than 2 years, previous address: _____ _____	Do you live in <input type="checkbox"/> Lives in a Rural Area <input type="checkbox"/> Does not live in a Rural Area <input type="checkbox"/> Chose not to respond	Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with friend/family Amt paid per month \$ _____
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PHONE: Home/Cell: _____	HOUSING VOUCHER \$ _____
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Race

American Indian/Alaskan Native Native Hawaiian or Pacific Islander Chose not to respond.

Asian White

Black or African American More than one race

Marital Status

Single Married Divorced Widowed Separated

Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other: _____	Date of Birth: _ / _ / _____	Household English Proficiency Status: <input type="checkbox"/> Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/> Chose not to respond	Number of people in your household: _____
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Spouse/Partner : Gender M <input type="checkbox"/> F <input type="checkbox"/> Other: _____	Date of Birth: (Spouse/Partner) _ / _ / _____		Any family member Disabled in your household: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self <input type="checkbox"/> Other
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List below people who live with you.

Name	Age	Relationship		Name	Age	Relationship	

Place of Employment: _____ **Occupation:** _____

Length of Employment: _____ Gross Monthly Income \$ _____

(Spouse/Partner)POE: _____ **Occupation:** _____

Length of Employment: _____ Gross Monthly Income \$ _____

Household Gross Annual Income: \$ _____ **Monthly Gross Income** \$ _____

FOR MHHD USE ONLY:										
Received Homebuyer Education Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Facilitator(s) _____		Date: _____	Certificate No.: _____						

OTHER INCOME:

List any other types of documented income received in the household

TYPE OF INCOME	YOU (AMOUNT)	SPOUSE/CO-APPLICANT (AMOUNT)
FULL/PART TIME EMPLOYMENT		
ALIMONY/CHILD SUPPORT		
RENTAL INCOME		
SOCIAL SECURITY		
PENSION//RETIREMENT		
PUBLIC ASSISTANCE		
SELF-EMPLOYMENT INCOME		
SSI INCOME		
DISABILITY INCOME		
OTHER EMPLOYMENT		
OTHER INCOME		
OTHER INCOME		

LIABILITIES/DEBTS:

LOAN	MONTHLY MIN PAYMENT	# OF PAYMENTS LEFT	ANY LATE PAYMENTS?	You or Co-Applicant?
Auto Loan				
Other Loan				
Other Loan				
Other Loan				
Other Loan				
STUDENT LOAN	MONTHLY MIN PAYMENT	BALANCE DUE	ANY LATE PAYMENTS?	
Student Loan				
Student Loan				
Student Loan				
CREDIT CARDS	MONTHLY MIN PAYMENTS	BAL DUE/CREDIT LIMIT	ANY LATE PAYMENTS?	You or Co-Applicant?

Do you have any collections? Yes _____ No _____

<p>Highest Level of Education Completed: _____</p> <p>Are you in the FSS Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Section 8 Voucher: <input type="checkbox"/> Yes (Amount _____) <input type="checkbox"/> No</p> <p>Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you owned a home in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13</p> <p>Date Discharged: _____</p>
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Are you currently working with (or plan to work with) a specific bank or lender?

Yes ____ No ____ Do you have a Realtor? Yes ____ No ____

If YES, please specify:

FOR RENTAL COUNSELING:

Do you have funds set aside for security deposits? Y (Amount) \$_____ N

Have you ever been evicted? Y N If Y, Reason and Date: _____

Are you about to be evicted or are currently being evicted? Y N

Would your current landlord give you a positive or negative referral? Positive Negative

Have you ever been convicted of a crime: Y N If Y, Reason and Date: _____

Do you have a Checking Account? Y N Savings Account? Y N

Emergency Fund? Y N

How much have you currently saved towards a down payment? \$_____

Your Bank/Financial Institution(s)

How did you hear about us? _____

Referred by (if applicable) : _____



I certify that the facts stated above are true and correct to the best of my knowledge.

Client (Signature)

(Date)

Partner/Spouse (Signature)

(Date)

Our agency provides the following HUD one-on-one housing counseling services:

Pre-purchase/homebuying; post-purchase; financial management for homeowners; rental topics and foreclosure prevention.

Our agency also provides the following services and group education workshops:

Pre-purchase/homebuyer education

Relationships with Industry Partners:

Our agency has financial or exclusive relationships, or both, with specific industry partners, including, Mississippi Home Corporation, Cadence Bank, The First Bank, Trustmark Bank, Community Bank, First Federal Bank, Hope FCU, Hancock-Whitney Bank, and Songe Insurance. Also include other program federal entities that the agency may have a relationship (other than a partnership) such as HUD, Federal Home Loan Bank, or U.S. Department of Agriculture Rural Housing Service

No Client Obligation:

There is no obligation to receive, purchase, or use any product or service offered by MHHD or any services of its industry partners or other party in exchange for your receiving HUD housing counseling services.

Alternatives:

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD’s Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff.

I have read and received a copy of this disclosure.

Client Signature

Date

This disclosure was conveyed verbally via a virtual/telephonic session.

Counselor

Date

MHHD CLIENT AGREEMENT/HOLD HARMLESS/DISCLOSURES/ RELEASE FROM INDEMNITY

I understand that:

- (a) Mercy Housing & Human Development (MHHD) is a HUD approved agency that provides confidential pre-purchase, post-purchase, foreclosure prevention, rental, and credit counseling, after which I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
- (b) A counselor may answer questions and provide information about bankruptcy, but not give legal advice.
- (c) MHHD provides information and education on numerous loan products and housing programs, and I further understand that the housing counseling I receive from MHHD in no way obligates me to choose any of these loan products or housing programs.
- (d) MHHD serves all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

I release, discharge, hold harmless, and forever acquit Mercy Housing & Human Development, Inc., and each and all its employees, volunteers, agents, representatives, affiliates, successors, attorneys, and any and all other persons, or entities (including the Mississippi Home Corporation) who may in any manner be liable, therefore without limitation from:

- (a) All actions, claims, demands, and causes of action, for all types, kinds, or character of damages which any of us may now or hereafter have, on account of any credit, home ownership and home buying counseling or advice.
- (b) any claims of any kind or nature made by any person or entity or corporation, including without limitation, any claims by the Internal Revenue Service and the Mississippi State Tax Commission regarding the counseling, advice, work performed or otherwise.
- (c) All claims or allegations of personal injury, property loss, or damage occurring on the premises.
- (d) any claims and causes of action arising from errors or omissions related to my participation in MHHD counseling.

I agree to:

- (a) Arrive for my appointments on time or call-in advance to cancel them.
- (b) Provide accurate information about your income, debts, expenses, credit, and employment.
- (c) Return requested paperwork in a timely manner.
- (d) Contribute to the counseling sessions and follow through with my agreed upon action plans.
- (e) Notify my counselor of any changes, including but not limited to contact information or goals.
- (f) Be terminated from the program for non-compliance.

PRINT NAME: _____ **INITIAL** _____ **PAGE 2 of 4**

I authorize Mercy Housing & Human Development, Inc to:

- (a) use my name in any current and future publications or reporting.
- (b) to use mine and my family's photograph in reports sent to grantors and in social media or advertisements.
- (c) **Obtain my personal current and future credit report** and inquiries from bureaus, as well as all information, verbal or written as deemed necessary that will assist improving my credit and/or assist me in obtaining a mortgage, rental, or housing assistance. Including but not limited to

Current and previous employment Current and previous loans or extended credit
Current and previous residences Banks, credit unions and all other accounts
Consumer credit reports

- (d) **Speak on my behalf**, share and/or discuss my credit report and financial situation with any other entity such as but not limited to lenders, grantors, collection agencies, creditors, landlords or nonprofits which may offer me a mortgage or other housing and financial related assistance.
- (e) Furthermore, since Mercy Housing & Human Development is a no-profit organization, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against Mercy Housing & Human Development and its employees.

By signing below, I confirm that I have read, understand, agree, and will adhere to the above policy and procedures.

X _____

Client Signature

Date

Date of birth: ____ / ____ / ____ Social Security # ____ / ____ / ____

Address: _____

X _____

Co-Borrower Signature

Date

Date of birth: ____ / ____ / ____ Social Security # ____ / ____ / ____

Address: _____



Privacy Policy

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Mercy Housing and Human Development (MHHD) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publicly available information, such as your Social Security Number or demographic data such as your race and ethnicity.
Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts.

What personal information does MHHD collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally.
Information about your transactions with us, our affiliates, or others
Information we receive from your creditors or employment references.
Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as HUD, Mississippi Home Corporation, Cadence Bank, The First Bank, Trustmark Bank, Community Bank, First Federal Bank, Hope FCU, and Hancock-Whitney Bank) Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
Information about your transactions with us, our affiliates, or others, such as your account balance, monthly payment, payment history, and method of payment.
Information we receive from a consumer credit reporting agency, such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
We do not sell or rent your personal information to any outside entity.
We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done to evaluate our program, gather valuable research information, and/or design future programs.
We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to MHHD employees who need to know that information to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct MHHD to not disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit MHHD ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that MHHD make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that MHHD will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting MHHD.

Name 1 (Printed) Signature Date Name 2 (Printed) Signature Date

RELEASE: I hereby authorize MHHD to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Name 1 (Printed) Signature Date Name 2 (Printed) Signature Date

