



Tampa Bay Community Development Corporation

Housing Counseling Services

2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765

Phone: (727) 442-7075 • Fax: (727) 446-8727

www.tampabaycdc.org

A Non-Profit, HUD-Approved Housing Counseling Agency



Gracias por su interés en nuestro programa. Estamos dispuestos a servirle y hacerlo parte de nuestra familia de personas que quieren cambiar y mejorar su situación económica.

- *Es Usted un residente del área de la Bahía de Tampa (Hillsborough, Pinellas, Pasco y Hernando) y desea comprar casa?*
- *Tiene Usted un empleo estable y suficientes ingresos para pagar una hipoteca?*
- *Esta Usted listo para tomar los pasos necesarios para reparar su crédito?*
- *Esta Usted dispuesto a rebajar la cantidad de deudas que tiene para poder calificar para el mejor préstamo hipotecario posible y con la tasa de interés más baja?*
- *Esta Usted interesado en recibir asistencia (anticipo y costos de cierre) para ayudarle a comprar su casa?*

NO ENVIE O TRAIGA DOCUMENTOS ORIGINALES

Junto a esta carta, encontrará más información y nuestra aplicación. **Por favor llenar la aplicación con los datos precisos, fírmela y envíela con la cantidad correcta para obtener su reporte de crédito (\$24.55 por persona). Si Usted tiene un reporte de crédito anterior vigente “tri-merge_ (las tres compañías de crédito) en los últimos 30 días con índices, usted no tiene que mandar el dinero, solo envía las copias del reporte con la aplicación.**

Después de recibir su aplicación, la procesaremos y un representante lo llamará para darle una cita.

NOTA: Debido a la urgencia para dar a nuestros clientes la asistencia que necesitan oportunamente, si Ud. no puede asistir a su cita, por favor llámenos al menos 24 horas antes para poder citarlo de nuevo.

Los siguientes documentos son requeridos para su primera cita:

- **Aplicación completa con todos los formatos firmados.**
- **Los últimos 60 días consecutivos de pago de trabajo o Estado de pérdidas y ganancias si es empleado independiente con los dos últimos años de declaraciones de impuestos.**
- **Toda prueba de ingreso como SSI/SSD, pensiones, sustento de menores, etc., para cada persona en el hogar**
- **Los dos últimos estados de todas las cuentas de bancos con todas las páginas incluidas**

Esperamos servirle como nuestro nuevo miembro del programa de Primeros Compradores de Casa!

Sinceramente,

Joseph Goulart

Management

Tampa Bay Community Development Corporation

A non-profit housing counseling program providing guidance, education and support to Tampa Bay area residents.

3/12/2018



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Consejería antes de la Compra de Casa

Reparación de crédito

Consejería para Dueños de casa Atrasados

Hipoteca revertida

HCS #:

Nombre: _____

Nombre

Segundo Nombre

Apellido

Dirección : _____ **Ciudad:** _____ **Correo Postal:** _____

(P. O. Box No aceptado)

Nombre del Conjunto (Si aplica): _____

Estado Marital: Soltero Comprometido Casado Divorciado Viudo

Race/National Origin: Americano/ Indio/Alaska Africano Asiático
 Hispano/Latino Blanca Otro

Sexo : Masculino Femenino **Cabeza de familia?** Si No **Militar Activo** **Veterano** **Incapacitado**

Edad: ____ **Fecha de Nacimiento:** _____ **Tamaño familia** ____ **Número Adultos:** ____ **Número niños:** ____

Teléfono Casa: ____ **Celular :** _ **Teléfono Trabajo**

E-mail: _____ **Como supo de nosotros?** _____

INFORMACION DEL CO-APPLICANTE

Nombre: _____

Nombre

Segundo Nombre

Apellido

Dirección : _____ **Ciudad:** _____ **Correo Postal:** _____

(P. O. Box No aceptado)

Nombre del Conjunto (Si aplica): _____

Estado Marital: Soltero Comprometido Casado Divorciado Viudo

Race/National Origin: Americano/ Indio/Alaska Africano Asiático
 Hispano/Latino Blanco Otro

Sexo : Masculino Femenino **Cabeza de familia?** Si No **Militar Activo** **Veterano**
 Incapacitado

Edad: ____ **Fecha de Nacimiento:** _____ **Tamaño familia** ____ **Número Adultos:** ____ **Número niños:** ____

Tel. Casa: _____ **Celular:** _____ **Tel.Trabajo:** _____

E-mail: _____ **How Did You Hear about Us?** _____



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APLICACION PARA CONSEJERIA INDIVIDUAL DE VIVIENDA

INFORMACION DE ALQUILER

¿Pago Mensual de alquiler \$ _____ Cuanto tiempo en esta direccion? _____
 Tiene un contrato de Renta? _____ Dia de vencimiento de contrato? _____

INFORMACION DE EMPLEO

Aplicante:

Nombre de la compania _____ Posición _____
 Salario Neto Anual \$ _____ Fecha de empleo: _____

Co-aplicante:

Nombre de la compania _____ Posición _____
 Salario neto anual \$ _____ Fecha de empleo _____

Otro ingreso:

Nombre de la persona _____ Fuente de ingresos _____
 Salario Neto anual \$ _____

Total de ingresos brutos del hogar : \$ _____ hora semanal quincenal mensual
 anual

(Incluya todas las fuentes de ingresos : Salario , SSI / SSD , desempleo , manutención de los hijos , etc. de todos los miembros del hogar)

LOS MIEMBROS DEL HOGAR

Nombre	Apellido	Relación con el solicitante	Edad	Ingresos anuales
1.) _____	_____	_____	_____	_____
2.) _____	_____	_____	_____	_____
3.) _____	_____	_____	_____	_____
4.) _____	_____	_____	_____	_____
5.) _____	_____	_____	_____	_____

Certifico que esta información: _____
 Es verdadera y correcta. Firma del Aplicante Fecha Firma de el Co-aplicante Fecha

FOR TAMPA BAY CDC USE ONLY

MFI CALCULATION: HH SIZE _____ TOTAL HH INCOME \$ _____ MFI _____
 GROSS _____ NET _____
 FUNDING SOURCE: Pinellas County City/Clearwater City/Largo City/St. Pete
 FHFC HUD Other _____



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Nombre de el Apicante: _____

Nombre de el Co-Apicante: _____

INGRESOS NETOS MENSUALES		GASTOS MENSUALES	
Apicante:		Renta	\$
Salario	\$		\$
Horas Extras/ 2do Trabajo / Medio Tiempo	\$	Electricidad	\$
Pensión /SS/ VA	\$	Agua / Alcantarillado	\$
Manutención de esposa o menores	\$	Ahorros	\$
Asistencia Publica	\$	Teléfono	\$
Otros / renta	\$	Celular	\$
	\$	Cable / Internet/ Teléfono	\$
		Pago de auto # 1	\$
Co-Apicante:		Pago de auto # 2	\$
Salario	\$	Seguro de auto	\$
Horas Extras/ 2do Trabajo / Medio Tiempo	\$	Gasolina	\$
Pensión /SS/ VA	\$	Cuidado de niños	\$
Manutención de esposa o menores	\$	Comida	\$
Asistencia Publica	\$	Restaurantes	\$
Otros / Renta	\$	Tarjetas Crédito Pago Mínimo	\$
	\$	Préstamo Personal	\$
	\$	Préstamo Estudio	\$
Otros Ingresos		Vestido	\$
Independiente		Entretenimiento	\$
Otros		Medico No cubierto por Seguro	\$
	\$	Mascotas	\$
		Otros	\$
		Misc.	\$
			\$
			\$
Total de Ingresos	\$	Total de Gastos	
		Deficit or	\$

Firma de el Apicante _____ Fecha _____

Firma de el Co-Apicante _____ Fecha _____



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PRIVACY POLICY

(Si necesitan mas informacion acerca de este documento, por favor informenos.)

Tampa Bay Community Development Corporation 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 information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Counseling Agreement. 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; tax statements, bank statements; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is directed to us not to disclose.
- 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” decisions, you may contact us in writing at Tampa Bay CDC, 2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765.

Release of your information to third parties

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

NO DEVUELVA ESTA FORMA CON SU APLICACION



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Tampa Bay Community Development Corporation – Disclosure Form

NOTE: If you have 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.

About Us and Program Purpose: Tampa Bay Community Development Corporation (Tampa Bay CDC) is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling services including pre-purchase, financial management and budget, credit repair, foreclosure prevention, non-delinquency post-purchase, and reverse mortgage. We serve 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 antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.

Client and Counselor Roles and Responsibilities:

Counselor’s Roles and Responsibilities	Client’s Roles and Responsibilities
<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 8px; margin-top: 2px;">Initials</div> </div> <ul style="list-style-type: none"> • Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history • Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal • Preparing a household budget that will help you manage your debt, expenses, and savings. • Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. • Neither your counselor, nor Tampa Bay CDC employees, agents, or directors may provide legal advice 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying Tampa Bay CDC or your counselor when changing housing goal. • Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<p>Termination of Services: Failure to work cooperatively with your housing counselor and/or Tampa Bay CDC will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</p>	

Agency Conduct: No Tampa Bay CDC employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency’s compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: Tampa Bay CDC has a financial affiliation with HUD, NeighborWorks America, Florida housing Finance Corporation , FCP Program , Pinellas County, Pasco County, The City of Clearwater, The City of Largo, The City of St. Petersburg, The City of Tampa and banks including Bank of America, Wells Fargo, and JP Morgan Chase. I agree that Tampa Bay CDC may release information about my membership, to the proper officials, in compliance with these contracts. As a housing counseling program participant, you are not obligated to use the products and services of Tampa Bay CDC or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: You are not obligated to participate or use any programs and/or services while you are receiving housing counseling from our agency. Your participation in a Tampa Bay CDC program does not obligate or require you to you any series or products that may be suggested, offered, or recommended by Tampa Bay CDC. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.



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Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Tampa Bay CDC and its exclusive partners and affiliates.

/_____
Initials

Privacy Policy: I/we acknowledge that I/we received a copy of Tampa Bay CDC's Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree Tampa Bay CDC, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in Tampa Bay CDC counseling; and I hereby release and waive all claims of action against Tampa Bay CDC and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Tampa Bay CDC, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Tampa Bay CDC's grantors such as HUD or NeighborWorks America.

Authorization to Release Information: I/we hereby authorize Tampa Bay CDC to obtain all information necessary, including a credit report, to assist me/us in an evaluation of our capacity to successfully accomplish, or maintain homeownership. I understand that depending on the type of service received, the information may be shared with realtors and/or lenders in an effort to determine eligibility for mortgage financing, and develop a plan to correct qualification deficiencies in the pursuit of a mortgage approval. I/we further authorize our first mortgage lender and/or realtor to provide Tampa Bay CDC with copies of any documents from my/our mortgage or real estate file that would assist Tampa Bay CDC in the completion of my file.

Home Inspection Materials: (Home Buyer Education and/or Pre-purchase Counseling Only) By signing below, I/We certify that I/We received the following materials: "For Your Protection Get a Home Inspection" and "Ten Important Questions to Ask A Home Inspector" UNLESS seeking services other than Home Buyer Education or Pre-purchase Counseling in which case these materials are not applicable.

Social Security Number Collection Policy:

Tampa Bay CDC and its funding sources collect your Social Security number for the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.071(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes. I/we acknowledge receipt of the Social Security Number Collection Policy Disclosure.

/_____
Initials

By signing below, I/we acknowledge that I/we received, reviewed, and agree to Tampa Bay CDC's Program Disclosures as provided herein.

Applicant's Social Security #

Co-Applicant's Social Security #

Applicant's Date of Birth

Co-Applicant's Date of Birth

Applicant's Signature

Date

Co-Applicant's Signature

Date

Firma del Consejero