

FIRM**CLIENT ONLY**

HOUSING INTAKE APPLICATION

Address: 1940 N. Fresno Street, Fresno, CA 93703 Phone: 559-487-1500 Email: intake@firminc.org
 Hours of Operation: Monday-Friday | 8:30AM-5:00PM

FIRM USE ONLY

Client ID

Primary Counseling Reason

 Rental Homeownership Financial Coaching Loss Mitigation Landlord

Case Number

Assigned Counselor

Intake Date

Applicant Information

First Name	Middle Initial	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Apt/Unit #	City, State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number	Cell Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

What is your preferred language?	How did you hear about us? (Check all that apply)
<input type="text"/>	<input type="checkbox"/> Family/Friend <input type="checkbox"/> FIRM Staff <input type="checkbox"/> Radio/Media <input type="checkbox"/> Walk/Phone In <input type="checkbox"/> Other:

Demographic Information

Gender	Marital Status	Ethnicity
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total People in Household	Household Annual Income	Education completed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Check all that Apply <input type="checkbox"/> Disabled <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Head of Household <input type="checkbox"/> US Veteran <input type="checkbox"/> Single Parent Household Citizenship Status <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non Permanent	Are you receiving any of these? <input type="checkbox"/> CalWorks <input type="checkbox"/> CalFresh <input type="checkbox"/> Medicare <input type="checkbox"/> Medical <input type="checkbox"/> Section 8 HCV <input type="checkbox"/> SSI/SSA/GR <input type="checkbox"/> Unemployment	Please describe the reason why you're seeking services: <input type="text"/>
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Primary Reason for Counseling <input type="checkbox"/> Rental Counseling <input type="checkbox"/> Prepurchase/Homeownership <input type="checkbox"/> Loss Mitigation <input type="checkbox"/> Finances <input type="checkbox"/> Credit Counseling <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Disaster Relief <input type="checkbox"/> Eviction Protection <input type="checkbox"/> Reversing Forward Mortgage Delinquency <input type="checkbox"/> Homelessness <input type="checkbox"/> Other: _____
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Credit Authorization

I, _____, hereby authorize and instruct Fresno Interdenominational Refugee Ministries Inc. (hereinafter referred to as "FIRM") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by FIRM. I understand and agree that FIRM intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home, post-purchase counseling or credit repair counseling. FIRM provides foreclosure and eviction mitigation counseling after which I will receive a written Action Plan consisting of recommendations for handling my situation, possibly including referrals to other housing agencies as appropriate.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to FIRM 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 resolve my housing matter:

I authorize

I do not authorize

FIRM to share with current/ potential mortgage lenders my credit report and at information that I have provided, including any computations and assessments that have been produced based upon such information. 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 FIRM in writing.

Print Name: _____ Date: _____

Signature: _____

Privacy Disclosure

Fresno Interdenominational Refugee Ministries (FIRM) 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 Housing and Urban Development (HUD), Housing Stability Counseling Program (HSCP), and CalHFA National Mortgage Settlement Program. 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 we gather from 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
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

If you, for any reason, wish not to disclose some of your nonpublic personal information to third parties such as your lender and or creditors, you can "opt-out", that is, direct us not to make those disclosures. If you "opt-out", we will not be able to discuss your matter with third parties. If, at any time, you wish to change your decisions, you may contact us at (559) 487-1500 and do so.

I _____ give/ _____ do not give permission for FIRM and its counselor(s) to disclose my nonpublic personal information.

Release of your information to third parties.

If 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 award which makes our services possible. We may also disclose any nonpublic personal information about you or former customers 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 to procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Disclosures

Fresno Interdenominational Refugee Ministries (FIRM) or any other organizations/companies providing training or information on behalf of FIRM will not directly recommend a single lender or vendor to a client due to conflict of interest. It is best to recommend for the client to research and find his/her own lender or vendor. If a lender or service provider list is provided, you are not required to use anyone on the list.

Also, FIRM owns 2 duplex homes for rent in Fresno, CA, but the client is not obligated to rent from FIRM or any employees of FIRM.

Housing, Mortgage, and Credit Counseling Disclosure:

Fresno Interdenominational Refugee Ministries (FIRM) provides counseling and informative services to its clients. FIRM provides its services to educate and assist those in need. FIRM acknowledges every counseling session to be unique so the problems that arise are equally unique. FIRM asks all its clients to seek further advice and counseling beyond what is discussed with FIRM counselors. Although FIRM's counselors have filed experience and are experts in their professions, we provide advice through the view of a counselor.

I, the client, do not hold FIRM counselors liable for any harm resulting from the counseling advice that I have received. I will review the material and counsels provided to me through FIRM and make informed and independent decisions by my own free will. I acknowledge my responsibility to research and receive extra counseling in order that I may make an informed decision.

As a client who receives counseling, I/we allow Fresno Interdenominational Refugee Ministries, Inc (FIRM) to gather and submit information into a data collection system for the purpose of reviewing, monitoring, and compliance review purposes. Information gathered will NOT be sold to a third party and FIRM will securely guard all the information provided to the best of FIRM's means.

In care of Homeless counseling, I, the client, release information to FIRM's staff and volunteers to fax to other organizations which will assist in getting further assistance (food stamps, housing job, etc.), and may reproduce necessary documents for the purpose of assisting me.

FIRM provides the following housing counseling services:

Financial Management/Credit Counseling, Pre-Purchase/Home Buying Counseling, Rental Topic Counseling, Homeless Assistance Counseling, Foreclosure Intervention Counseling, Post-Purchase Counseling, Financial Literacy) Group Education Workshop, Predatory Lending, Loan Scam or Other Fraud Prevention Group Education Workshop, Fair Housing Group Education Workshop, Pre-Purchase Homebuyer Group Education Workshop, Post-Purchase Group Education Workshop, Foreclosure Prevention Group Education Workshop, Rental Group Education Workshop.

Alternatives: As a condition of our services, and in alignment with meeting our counseling goals, information on alternative services, programs, and products available to you, if applicable and known by our staff.

Relationships with Industry Partners. Our agency has financial or exclusive relationships, or both, with specific industry partners, including **US Dept. of Housing and Urban Development, National CAPACD, NeighborWorks America Housing Stability Counseling Program, and CalHFA National Mortgage Settlement Program.**

I understand I may be referred to housing and other services of the organization or another agency or agencies as appropriate that may be able to assist with concerns that have been identified. I understand that I am not obligated to use the services offered to me.

Print Name

Signature

Date

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