



FORECLOSURE PREVENTION COUNSELING PROGRAM

This application is designed to aid our office in gathering statistical data. This information will be held in strict confidence and will be incorporated in your case file. Please return this form to our office at the address listed above or via facsimile at the number listed above.

APPLICANT INFORMATION		
Name:		Date of Birth:
Address:		Social Security Number:
City/State/Zip Code:		E-mail:
Home Phone:	Cell Phone:	Work Phone:
CO-APPLICANT INFORMATION		
Name:		Date of Birth:
Address:		Social Security Number:
City/State/Zip Code:		E-mail:
Home Phone:	Cell Phone:	Work Phone:

INCOME CERTIFICATION	
<p><i>The Foreclosure Prevention Counseling Program is open to all residents regardless of annual income. However, the service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD). The income information being requested is only for federal compliance with data collection standards, monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below.</i></p> <p><i>When determining your household income include, at minimum, the following sources for all wage earners: (1) gross amount of wages, salaries, and other earnings, (2) net income from operation of a business or profession, (3) interest dividends, and other net income from real or personal property, (4) full amount of periodic amounts received from Social Security, annuities, pensions, or disability or death benefits, unemployment, disability compensation, worker's compensation and severance pay, (5) public assistance [e.g. welfare payments, food stamps], and (6) alimony, child support payments, etc.</i></p>	
Total Household Annual Income	\$ _____ Family Size _____

HOUSEHOLD TYPE

- | | |
|--|---|
| <input type="checkbox"/> Single Adult | <input type="checkbox"/> Married without Children |
| <input type="checkbox"/> Female-headed Single Parent | <input type="checkbox"/> Two or More Unrelated Adults |
| <input type="checkbox"/> Male-headed Single Parent | <input type="checkbox"/> Other (please explain) _____ |

Are you related to any ACDS employee(s)? Yes No If yes, list their name(s): _____

How did you hear about this program? _____

If you have a disability and/or language needs, please describe any special accommodations below.

I/We, the undersigned, agree and acknowledge that the information provided is true and correct as of the date set forth opposite my/our signature. I/We acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me/us may constitute a federal violation and may result in the denial of my/our participation in this program. I/We also understand that ACDS or HUD may at any time request to see documentation that can verify that the income information reported on this form is accurate and correct.

By signing this application, I/we understand that ACDS may take photographs of my/our home and/or household members. I/We further acknowledge that ACDS owns all rights to the photographs and may use these photographs for advertising or promotional purposes.

By signing this application, I/we authorize ACDS to obtain credit information for the purpose of evaluating this application and to disclose this information to local agencies participating in the programs.

By signing this application, I/we hereby authorize ACDS to (i) submit information herein collected to the Maryland Department of Housing and Community Development (DHCD) and HUD in association with the grant funds provided for the Foreclosure Prevention Counseling Program, and (ii) to open my file in order for DHCD and HUD to do Program monitoring and compliance review. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State government Article, Sections 10-611 et. seq. of the Annotated Code. This information will be disclosed to the appropriate staff of ACDS or to public officials for purposes directly connected with the administration of the program for which its use is intended.

Applicant

Date

Co-Applicant

Date

OPTIONAL STATISTICAL DATA – APPLICANT ONLY

The Foreclosure Prevention Counseling Program is open to all residents regardless of race, color, national origin, sex, disability, age, marital status, sexual orientation, familial status and religion. However, the service being provided to you is funded in part by HUD and the demographic information being collected below is for HUD data collection standards, monitoring and auditing purposes, as required by HUD, and is not for public dissemination. Providing this information is voluntary.

APPLICANT I do not wish to furnish this information. _____ (initial)

ETHNICITY OF APPLICANT Hispanic Not Hispanic **SEX OF APPLICANT** Male Female

RACE OF APPLICANT

Single Race

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | |

Multi-Race

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native and White | <input type="checkbox"/> Black or African American and White |
| <input type="checkbox"/> American Indian or Alaska Native and Black or African American | <input type="checkbox"/> Other Multiple Races |
| <input type="checkbox"/> Asian and White | |

ARUNDEL COMMUNITY DEVELOPMENT SERVICES, INC.

**FORECLOSURE PREVENTION COUNSELING PROGRAM
PRIVACY POLICY**

Arundel Community Development Services, Inc. (ACDS) is committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize the concerns clients bring to us are highly personal in nature. All information shared both orally and in writing will be managed within legal and ethical considerations. "Nonpublic personal information," such as total debt information, income, living expenses and personal information concerning financial circumstances will only be provided to those stated in the Foreclosure Prevention Counseling Agreement. ACDS will only release this information to others not stated in this Foreclosure Prevention Counseling Agreement if authorization is received from the client. Anonymous aggregated case file information will be used for the purpose of evaluating the program, gathering research information and designing future programs.

Types of information collected from clients include (i) information received from the client on applications or other forms and information received orally from the client; (ii) information about transactions with us, creditors, or others, such as account balances, payment history, parties to transactions and credit card usage; and (iii) information received from a credit reporting agency, such as credit history.

Clients may direct ACDS staff to not disclose certain nonpublic personal information to third parties such as creditors. If a client chooses to "opt-out" of certain disclosures, ACDS staff will not be able to answer questions from the client's creditors. If at any time, the client wishes to change their decision with regard to "opt-out" disclosures, the client's may contact ACDS and do so.

So long as the client has not instructed otherwise, the information collected will be provided to creditors or third parties where ACDS has determined it would be helpful to the client, would aid us in counseling the client, or is a requirement of grant awards which make our services possible.

If compelled by a legal process, ACDS may disclose nonpublic personal information about current or former clients to anyone as permitted by law.

Within ACDS, we restrict access to nonpublic personal information about clients to those employees who need to know that information to provide services to the client. ACDS maintains physical, electronic and procedural safeguards that comply with federal regulations to guard nonpublic personal information.

I have read this policy and understand the contents of this policy.

Print Name

Signature

Date

FORECLOSURE PREVENTION COUNSELING AGREEMENT

I UNDERSTAND that Arundel Community Development Services, Inc. (ACDS) provides foreclosure prevention counseling after which I will receive a written or verbal plan of action consisting of recommendations for handling my finances, possibly included referrals to other housing agencies as appreciate.

I UNDERSTAND that ACDS receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program, the federal Department of Housing and Community Development (HUD) Housing Counseling Program, and the Maryland Department of Housing and Community Development (DHCD) and, as such, is required to share some of my personal information with NFMC program administrators, DHCD staff and HUD staff or their agents for purposes of program monitoring, compliance and evaluation.

I GIVE PERMISSION for NFMC program administrators, DHCD staff and HUD staff or their agents to follow-up with me within the next three years for the purposes of program evaluation.

I ACKNOWLEDGE that I have received a copy of ACDS' Privacy Policy.

I UNDERSTAND that 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 I am not obligated to use any of the services offered to me.

I UNDERSTAND that a counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

I ACKNOWLEDGE that ACDS staff has informed me that participating in the ACDS Foreclosure Prevention Counseling Program does not obligate me to use or participate in any of ACDS' additional programs. I also understand that the housing counseling I receive from ACDS in no way obligates me to choose any particular loan product, housing programs, lender or Realtor.

NFMC, DHCD and HUD program staff and/or their agents have a right of access to your financial records held by ACDS. These financial records will be made available to the above mentioned institutions without further notice or authorization but will not be disclosed or released to any other agency without the applicant consent except as required or permitted by law.

IN ACCORDANCE with Executive Order 01.01.1983.18, ACDS advises you that certain personal information requested by ACDS is necessary in determining eligibility of assistance through the Foreclosure Prevention Counseling Program. Failure to provide or disclose this information may result in denial of one of these services. Availability of this information for public inspection is governed by the provision of the Maryland Public Information Act, State Government Article, Sections 10-611 et. seq. of the Annotated Code of Maryland. This

information will be disclosed to appropriate ACDS staff or public officials for purposes directly connected with the administration of the program for which its use is intended. Such information is routinely shared with State, federal or local government agencies. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

I ACKNOWLEDGE AND UNDERSTAND the context of this document.

Print Name

Signature

Date

Print Name

Signature

Date

Housing Financial Advisor

Signature

Date