



MEDA Homeownership Program
Counseling Session Appointment Packet

*In order to schedule a Counseling Session, please complete this Appointment Packet. Please bring **COPIES** of the following documents to you appointment; **we will not make copies.** This information will be kept confidential and is required for documentation purposes only.*

Bring copies:

- Last 3 consecutive pay stubs
- Last 3 years of Tax Returns (1040s only)
- Last 3 years of W-2s
- Last 3 months of account statements (savings, checking, CDs, retirement accounts, investments, etc.)
- Credit report fee of \$12.75/single or \$25.50/joint (cash, check, or money order)
- If Self-Employed
 - Last 3 years of tax returns (1040s only)
 - CPA certified year-to-date Profit & Loss Statements
- Verification of retirement or SSI income, last 3 months of statements (if applicable)

Please complete the following intake forms prior to your Counseling Session appointment:

- ✓ Client Financial Assets
 - ✓ Credit Report Authorization
 - ✓ Homeownership Services Agreement
 - ✓ Conflict of Interest Disclosure
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To assist you in a timely matter, please mail or e-mail your completed Appointment Packet ahead of time to your Homeownership Consultant. To make an appointment, please call our Homeownership Consultants:

Melissa Martin **(415) 282-3334 ext. 112**

Elisa Baeza **(415) 282-3334 ext. 129**

Appointments are made Monday-Friday ONLY

You will be able to schedule a Counseling Session after we receive a *COMPLETED* Appointment Packet

Client Financial Assets

Total annual household income: \$ _____

Gross monthly income: \$ _____

Expenses

Rent per month: \$ _____

Monthly minimum debt payment: \$ _____

Total Debt (personal and household, not counting rent)* \$ _____

Total other expenses* \$ _____

* Use budget sheet and credit report to determine the amount

Savings

Do you or your household have any of the following kinds of asset accounts?

Liquid Assets Checking account \$ _____ Savings account \$ _____ CD's or money market \$ _____ Stocks & Mutual funds \$ _____**Total Liquid Assets \$ _____****Other Assets** IDA \$ _____ Retirement account \$ _____ Education savings account \$ _____**Total Other Assets \$ _____**

Available funds for down payment/closing costs: \$ _____

Sources of funds for Downpayment/ closing costs:

 Gift \$ _____ IDA \$ _____ Personal savings \$ _____ Investments \$ _____ Retirement account \$ _____ Personal loan \$ _____Do you currently own your home? Yes NoIf yes, is this your primary residence? Yes NoHave you owned a home within the past three years? Yes No

Date (mm/dd/yyyy) ___/___/___

	BUDGET AMOUNT	Actual Monthly Expenses	Difference	Actual Monthly Expenses	Difference
INCOME					
SAVINGS					
Rent					
Utilities (PG&E, Water, etc.)					
HOUSING TOTAL					
Car/Bike Maintenance/Gas					
BART/Muni/Taxi					
Car Insurance					
TRANSPORTATION TOTAL					
Groceries					
Restaurant/School Lunches					
Coffee/Bar/Snacks					
FOOD TOTAL					
Movies/Cable/Shows					
Lessons/Hobbies/Gambling					
Books/Magazines/Newspaper					
Vacation/Trips/Camping					
Parties/Gifts/Etc.					
ENTERTAINMENT TOTAL					
Dr. Visits/Therapy/Medicine					
Fitness, Yoga, Equipment, Etc.					
LIFE/HEALTHCARE TOTAL					
Clothing/Accessories					
Grooming/Supplies					
Dry Cleaning/Laundry					
Education/Tuition/Supplies					
Worship/Donations/Etc.					
PERSONAL EXPENSE TOTAL					
TELEPHONE/INTERNET					
DAYCARE/ELDERCARE/PETCARE					
OTHER					
TOTAL EXPENSES					

Homeownership Services Agreement

Authorization to release information

I/We also authorize Mission Economic Development Agency (MEDA), its employees, agents or assigns (hereinafter collectively referred to as "MEDA") to release/exchange any information or materials requested in order to facilitate my participation in MEDA's Homeownership Counseling Program. I hereby authorize and direct any Federal, State or local agency, organization, lenders, real estate professionals, other businesses or individual to release information to MEDA in order to assist me with the best plan to address my housing situation.

I agree that a photocopy of this may also serve as authorization. I authorize the exchange of information with any party authorized in this release to include but not be limited to in person, via phone, via fax and via email.

I understand that MEDA is a non-profit HUD certified housing counseling agency that provides homebuyer education and counseling to help individuals achieve and maintain homeownership. MEDA receives funding for these programs from a variety of businesses and foundations. In turn, MEDA provides periodic reports to its benefactors on program effectiveness.

I/We also hereby authorize MEDA to disclose any and all information obtained in conjunction with my/our participation in MEDA's homeownership programs for the purposes of:

1. Monitoring the performance effectiveness of MEDA's counseling program
2. Providing reports about the program the MEDA's benefactors;
3. Conducting follow-up surveys with you to get feedback on the program and determine the effectiveness of the program.

In an effort to evaluate the impact of our program on your financial wellbeing, we ask your permission to make a soft inquiry into your credit report, if you are selected in our random sample of clients, one year from your initial consultation.

- I/We authorize MEDA to pull out a soft inquiry credit report at no cost after one year of my/our initial homeownership counseling session.

In an effort to access the primary outcome of our program (new homeowners), we ask your permission to obtain a copy of your HUD 1 statement from your title company once you have purchased a home.

- I/We agree that MEDA to obtain a copy of my/our HUD 1 statement from my/our title company

I/We may revoke this authorization by giving written notice. If I/we revoke this authorization, MEDA will not be authorized to obtain any additional information about me/us, but may, consistent with this authorization, maintain and use information already obtained. All information collected will be treated with confidentiality. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Client Name (please print)

Signature

Date

Co-Client Name (please print)

Signature

Date



Conflict of Interest Disclosure

By signing below, I acknowledge that Mission Economic Development Agency (MEDA) provides referrals to lenders and realtors that specialize in first-time homebuyer programs, products and services that assist first-time homebuyers.

I am aware that I am under no obligation to use any of the individuals, products or services that MEDA has provided me for referral purposes only.

Further, I understand that MEDA receives counseling fees from the following institutions if I choose to use their respective products or programs:

- MEDA receives \$350 from the Mayor's Office of Housing (MOH) for use of the BMR DALP program.
- MEDA receives \$300 for use of any Bank of America loan product.

I am aware that my decision whether or not to utilize these programs will not impact the type of services I may receive at MEDA and I can use products or services from other entities that are not referred by MEDA.

Client Name

Client Signature

Date