



# Trinity Empowerment Consortium, Inc.

A HUD Approved Affiliate Agency of HomeFree USA

## Client Intake Form

Primary Borrower:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth: / /	
Address:		City:		Zip:	
Phone: ( )		Cell: ( )		Email:	
Years at Current Address:		Landlord Name & Phone:			
Family Size: _____		# Adults: _____	# Children: _____	# Student (over 18): _____	
Marital Status: <input type="checkbox"/> Married		<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Unmarried	
Preferred Language:		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other: _____			
Employer:			Address:		
Title:			Supervisor's Name:		
Supervisor's Email:			Supervisor's Phone:		
Years Employed:		Salary: \$ _____		<input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
Other Income \$ _____ <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Other					
Education: Highest Level: <input type="checkbox"/> High School/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Other: _____					
Prior Employer (if less than 2 Years at Current Employment)					Years Employed
Co-Borrower:		Relation to Borrower:	<input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Friend <input type="checkbox"/> Family Member		
Address (if Different)		City/State:		Zip:	
Phone: ( )		Cell: ( )		Email:	
Purpose of Visit: <input type="checkbox"/> Pre-Purchase <input type="checkbox"/> Reverse Mortgage <input type="checkbox"/> Mortgage Assistance <input type="checkbox"/> Rental Housing Assistance					
Other: _____					
Have you been Pre-Qualified: <input type="checkbox"/> Y (Please Provide Information Below) <input type="checkbox"/> N					
Lender: _____		Loan Officer: _____		Phone/Email: _____	

Name: \_\_\_\_\_

File ID #: \_\_\_\_\_

To the best of your knowledge have you had a foreclosure or repossession or filed bankruptcy in the last 7 years? [ ] Y when: \_\_\_\_\_ [ ] N

Is a recent credit report available? [ ] Y [ ] N if not, do you desire to have a copy of your credit report pulled? [ ] Y [ ] N Trinity Empowerment Consortium is a nonprofit agency that offers a soft touch tri-merge report for \$25. The soft touch report does not impact your score.

**If you are not pre-qualified with a lender, please provide the following documents to receive your certificate:**

- 1 3 paystubs for all applicants, co-applicants and non-student adults in household
- 2 W2's and Income Tax Returns for the last 3 years for all non-student adult applicants in household
- 3 Bank Statements for all accounts held in each applicant's name for the past 90 days
- 4 Copy of Driver's License
- 5 Credit Report Analysis Fee of \$25 per applicant. Fees made payable to Trinity Empowerment Consortium.
- 6 Signed Maximum Income Affidavit
- 7 Completed Budget
- 8 Completed Registration Forms
- 9 Completed Steps to Readiness Form

**If you are pre-qualified with a lender please provide the following documents to receive your certificate:**

- 1 3 paystubs for all applicants, co-applicants and non-student adults in household
- 2 Copy of Driver's License
- 3 Signed Maximum Income Affidavit
- 4 Completed Budget
- 5 Completed Registration Forms
- 6 Pre-Qualification Letter from Lender authorized to do business with Miami-Dade County

All participants must sign below, both applicants pre-qualified by a lender and those not. If intake forms are not completed a certificate can NOT be issued.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_



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18142 SW 97<sup>th</sup> Ave Palmetto Bay FL 33157

(305) 248-4553 Fax: (877) 769-3912 Email: info@trinityempowers.org

## CONFLICT OF INTEREST DISCLOSURE POLICY STATEMENT

Trinity Empowerment Consortium provides Housing Counseling Services which includes helping individuals with their housing needs. These services may include homebuyer education, pre-purchase assessment, credit and money management, foreclosure prevention, default and delinquency counseling, and post purchase non delinquency counseling. Please be advised our counselors are obligated to put your interests above their own in all their dealings with you. Trinity counselors must make to you a full written disclosure of any potential or actual conflict of interest between you and them. A conflict of interest may be defined as a situation in which our counselor’s duties to provide you with sound, impartial advice may compete with their personal interests. . Trinity HCA, its partners, sponsors, supporters and/or counselors may be involved in all aspects of real estate including mortgages, real estate brokerage, title companies, insurance, inspection companies, appraisers etc.

This conflict of interest disclosure policy statement **is not** intended to discourage you from working with a particular agency or individual of your choice, rather it is designed to ensure that you have all the information to make choices that best serve you. Before you decide to contract with anyone, including our counselors, you are encouraged to shop around extensively for the best terms and conditions. **PLEASE BE ADVISED THAT YOU ARE NOT OBLIGATED IN ANY WAY DO BUSINESS WITH OUR SPONSORS, SUPPORTERS, COUNSELORS, PRESENTERS, PARTNERS OR ANY REFERRALS AND YOU SHOULD NOT FEEL PRESSURED TO DO SO.**

I acknowledge receipt of this disclosure and I understand all of the rights and duties described herein.

Dated: \_\_\_\_\_  
Client’s Signature

Dated: \_\_\_\_\_  
Client’s Signature

\*A detailed list of all of our current funding partners is available upon request.

# Trinity Empowerment Consortium Privacy Policy

<b>FACTS</b>	<b>WHAT DOES TRINITY EMPOWERMENT CONSORTIUM DO WITH YOUR PERSONAL INFORMATION?</b>
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the funding source we are utilizing to service you. This information may include:</p> <ul style="list-style-type: none"> <li>• Social Security number      and Credit History</li> <li>• Income                                      and Account Balances</li> <li>• Assets                                              and Payment History</li> </ul> <p>When you are no longer our Customer, we may continue to share your information as described in this notice with our Funding Sources.</p>
How?	All financial companies need to share customers' personal information to run their everyday business and to report to our funders.
<b>Who we are</b>	
Who is providing this notice?	TRINITY EMPOWERMENT CONSORTIUM, INC. A HUD Approved Affiliate Agency of HomeFree USA.
<b>What we do</b>	
How does Trinity Empowerment Consortium protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with Federal law. These measures include computer safeguards, record destruction policies and secured files and buildings. Trinity Empowerment regularly tests our systems to ensure data security and educates employees on the importance of confidentiality.
How does Trinity Empowerment collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>• Register for services                                      or Give us income information</li> <li>• Apply for a loan                                              or Provide account information</li> <li>• Seek advice about the home purchase process</li> <li>• Seek assistance with your mortgage</li> </ul> <p>We also collect your personal information from others such as credit bureaus or other companies</p>
Information Sharing	We share information on a need to know basis only. Lenders and Realtors are provided information at your request only. Funders are provided demographic and statistical information
<b>Questions</b>	
Call 305 248-4553 or go to: <a href="http://www.trinityempowers.org">www.trinityempowers.org</a>	

I acknowledge receipt of this Privacy Policy. \_\_\_\_\_



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## MONTHLY FAMILY BUDGET WORKSHEET

### FIXED EXPENSES

Savings (amount put towards savings).....	\$	_____
Rent or Mortgage.....	\$	_____
Property taxes.....	\$	_____
Childcare.....	\$	_____
Car Payment.....	\$	_____
Car Maintenance (gas, oil change, etc.).....	\$	_____
Parking.....	\$	_____
Car Insurance.....	\$	_____
Health Insurance.....	\$	_____
Utilities (Electric, Water, Gas).....	\$	_____
Telephone.....	\$	_____
Bank Charges.....	\$	_____
Credit Card Payments.....	\$	_____
Student Loan Payments.....	\$	_____
Other Loans.....	\$	_____
Gifts.....	\$	_____
Other: ( _____ ).....	\$	_____
<b>SUB TOTAL.....</b>	<b>\$</b>	<b>_____</b>

### FLEXIBLE EXPENSES

Groceries.....	\$	_____
Eating out (include Lunches).....	\$	_____
Children's Allowances.....	\$	_____
Clothing.....	\$	_____
Laundry/Dry Cleaners.....	\$	_____
Furniture/Appliances (Rent-to-own, etc.).....	\$	_____
Movies, Concerts, etc.....	\$	_____
Personal Care (Haircuts, Toiletries, etc.).....	\$	_____
Hobby Expenses.....	\$	_____
Entertainment (Books, Magazines, Online Subscriptions, etc.).....	\$	_____
Charitable Giving (Church, Non-Profits, etc.).....	\$	_____
Club Membership.....	\$	_____
<b>SUB TOTAL.....</b>	<b>\$</b>	<b>_____</b>

**TOTAL Monthly Expenses** **\$** \_\_\_\_\_



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## MONTHLY FAMILY BUDGET WORKSHEET

### INCOME

Gross Salary - Before Taxes (Not Included in Total).....\$ \_\_\_\_\_

Salary (Take Home)

Your Salary.....\$ \_\_\_\_\_

Spouse/SO/Co-borrower.....\$ \_\_\_\_\_

Tips.....\$ \_\_\_\_\_

SSI.....\$ \_\_\_\_\_

Social Security Retirement.....\$ \_\_\_\_\_

Food Stamps.....\$ \_\_\_\_\_

Child Support.....\$ \_\_\_\_\_

Welfare (AFDC).....\$ \_\_\_\_\_

Unemployment.....\$ \_\_\_\_\_

WIC YES    NO

**TOTAL Monthly Income** **\$ \_\_\_\_\_**

### MONTHLY SPENDING PLAN: SAVINGS

A. TOTAL MONTHLY INCOME \$ \_\_\_\_\_

B. TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

C. CASH AVAILABLE FOR SAVINGS \$ \_\_\_\_\_

(SUBTRACT B FROM A TO GET CASH AVAILABLE FOR SAVINGS)

If expenses are greater than income, a one-on-one counseling session will help you to reduce your debts and maximize your income

Please note below any expenses you can cut back on to accomplish your objectives

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_