

Community Ventures
Corporation
NeighborWorks®
HomeOwnership Center



1450 N. Broadway
Lexington, KY 40505-3162
Tel. (859) 231-0054
Toll-free (800) 299-0267
Fax (859) 231-0261
Email: info@cvckcy.org

Client # _____ AMI _____ % **PERSONAL PROFILE INTAKE FORM** Credit Report Fee \$ _____ Paid or KHC

CUSTOMER

Please Print Clearly

Name: _____
First . MI Last
 _____ years _____ months
Street How long have you lived at this address?

City State Zip Code
 Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Do you receive subsidized housing assistance?
 Yes No Section 8

Fax: (____) _____ - _____ Pager: (____) _____ - _____ Mobile/Cell (____) _____ - _____

_____/_____/_____
Social Security Number Birth Date

Race (please circle):

- | | | | |
|---|---|-----------------------------------|----------|
| 1. White | 2. Black or African American | 3. American Indian/Alaskan Native | 4. Asian |
| 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White | 7. Asian and White | |
| 8. Black/African American and White | 9. American Indian/Alaskan Native and Black | 10. Other | |

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin)

Hispanic: Yes No

Immigrant Status (please select one):

- | | |
|---|--|
| 1. You are U.S. born and 1 or both of your parents are foreign born | 2. You are U.S. born but 1 or both grandparents foreign born |
| 3. You are foreign born | 4. You, your parents and grandparents are all U.S. born |

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Disabled? Yes No

Current Housing Arrangement (please circle):

- | | | | | |
|---------|-------------|----------------------------|--------------------|-------------------------------------|
| 1. Rent | 2. Homeless | 3. Homeowner with mortgage | 4. Not paying rent | 5. Homeowner with mortgage paid off |
|---------|-------------|----------------------------|--------------------|-------------------------------------|

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)? Yes No

Household Type (please select the most accurate)?

- | | | | |
|--|--|-----------------------------|----------|
| 1. Female headed single parent household | 2. Male headed single parent household | 3. Single adult | |
| 4. Two or more unrelated adults | 5. Married with children | 6. Married without children | 7. Other |

Family/Household Size: _____ How many dependents (other than those listed by any co-borrower)? _____

Name & Age of all dependents _____

Are there non-dependents who will be living in the home? Yes No If yes, list: _____

Relationship Age

Annual Family or Household Income: \$ _____

Education (please circle one):

- | | | |
|------------------------------|--------------------------------------|-------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent | 3. Two-Year College |
| 4. Bachelors Degree | 5. Masters Degree | 6. Above Masters Degree |

Referred to by (please circle all that apply):

Print Advertisement Bank Government TV Realtor Staff/Board member Walk-In Friend Radio Newspaper Article

If you were referred by a bank or lender, which one? _____

If referred by another source not listed above, which one? _____



CO-APPLICANT*Please Print Clearly*

Name: _____

First

MI

Last

Street

_____ years _____ months

How long have you lived at this address?

City

State

Zip Code

Do you receive subsidized housing assistance?

Yes

No

Section 8

Home: (____) _____ - _____

Work: (____) _____ - _____

Email: _____

Fax: (____) _____ - _____

Pager: (____) _____ - _____

Mobile/Cell (____) _____ - _____

Social Security Number

Birth Date

Race (please circle):

- | | | | |
|---|---|-----------------------------------|----------|
| 1. White | 2. Black or African American | 3. American Indian/Alaskan Native | 4. Asian |
| 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White | 7. Asian and White | |
| 8. Black/African American and White | 9. American Indian/Alaskan Native and Black | 10. Other | |

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin)**Hispanic:** Yes No**Immigrant Status** (please select one):

- | | |
|---|--|
| 1. You are U.S. born and 1 or both of your parents are foreign born | 2. You are U.S. born but 1 or both grandparents foreign born |
| 3. You are foreign born | 4. You, your parents and grandparents are all U.S. born |

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed**Gender (please circle):** Male Female**Disabled?** Yes No**Current Housing Arrangement (please circle):**

1. Rent 2. Homeless 3. Homeowner with mortgage 4. Not paying rent 5. Homeowner with mortgage paid off

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)? Yes No**Household Type (please select the most accurate)?**

- | | | | |
|--|--|-----------------------------|----------|
| 1. Female headed single parent household | 2. Male headed single parent household | 3. Single adult | |
| 4. Two or more unrelated adults | 5. Married with children | 6. Married without children | 7. Other |

Family/Household Size: _____**How many dependents (other than those listed by any co-borrower)?** _____**Name & Age of all dependents** _____**Are there non-dependents who will be living in the home?** Yes No *If yes, list:* _____

Relationship

Age

Annual Family or Household Income: \$ _____**Education (please circle one):**

- | | | |
|------------------------------|--------------------------------------|-------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent | 3. Two-Year College |
| 4. Bachelors Degree | 5. Masters Degree | 6. Above Masters Degree |

Referred to by (please circle all that apply):

Print Advertisement Bank Government TV Realtor Staff/Board member Walk-In Friend Radio Newspaper Article

If you were referred by a bank or lender, which one? _____**If referred by another source not listed above, which one?** _____

CUSTOMER EMPLOYMENT — Last 2 Years*Please Print Clearly*

Primary Employer: _____

	<i>Title</i>	<i>Hire Date</i>
<i>Street</i>	<i>City</i>	<i>State</i>
<i>Phone: () -</i>	<i>Part-Time</i>	<i>or Full-Time (Please Circle)</i>
<i>Gross Income (before taxes): \$</i>		
<i>Paid: _____</i>	<i>hourly _____</i>	<i>weekly _____</i>
<i>_____</i>	<i>bi-weekly _____</i>	<i>twice a month _____</i>
<i>_____</i>	<i>monthly?</i>	<i>_____</i>

Secondary Employer: _____

	<i>Title</i>	<i>Hire Date - End Date</i>
<i>Street</i>	<i>City</i>	<i>State</i>
<i>Phone: () -</i>	<i>Part-Time</i>	<i>or Full-Time (Please Circle)</i>
<i>Gross Income (before taxes): \$</i>		
<i>Paid: _____</i>	<i>hourly _____</i>	<i>weekly _____</i>
<i>_____</i>	<i>bi-weekly _____</i>	<i>twice a month _____</i>
<i>_____</i>	<i>monthly?</i>	<i>_____</i>

Previous Employer: : _____

	<i>Title</i>	<i>Hire Date - End Date</i>
<i>Street</i>	<i>City</i>	<i>State</i>
<i>Phone: () -</i>	<i>Part-Time</i>	<i>or Full-Time (Please Circle)</i>
<i>Gross Income (before taxes): \$</i>		
<i>Paid: _____</i>	<i>hourly _____</i>	<i>weekly _____</i>
<i>_____</i>	<i>bi-weekly _____</i>	<i>twice a month _____</i>
<i>_____</i>	<i>monthly?</i>	<i>_____</i>

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

	<i>Title</i>	<i>Hire Date</i>
<i>Street</i>	<i>City</i>	<i>State</i>
<i>Phone: () -</i>	<i>Part-Time</i>	<i>or Full-Time (Please Circle)</i>
<i>Gross Income (before taxes): \$</i>		
<i>Paid: _____</i>	<i>hourly _____</i>	<i>weekly _____</i>
<i>_____</i>	<i>bi-weekly _____</i>	<i>twice a month _____</i>
<i>_____</i>	<i>monthly?</i>	<i>_____</i>

Secondary Employer: _____

	<i>Title</i>	<i>Hire Date - End Date</i>
<i>Street</i>	<i>City</i>	<i>State</i>
<i>Phone: () -</i>	<i>Part-Time</i>	<i>or Full-Time (Please Circle)</i>
<i>Gross Income (before taxes): \$</i>		
<i>Paid: _____</i>	<i>hourly _____</i>	<i>weekly _____</i>
<i>_____</i>	<i>bi-weekly _____</i>	<i>twice a month _____</i>
<i>_____</i>	<i>monthly?</i>	<i>_____</i>

Previous Employer: : _____

	<i>Title</i>	<i>Hire Date - End Date</i>
<i>Street</i>	<i>City</i>	<i>State</i>
<i>Phone: () -</i>	<i>Part-Time</i>	<i>or Full-Time (Please Circle)</i>
<i>Gross Income (before taxes): \$</i>		
<i>Paid: _____</i>	<i>hourly _____</i>	<i>weekly _____</i>
<i>_____</i>	<i>bi-weekly _____</i>	<i>twice a month _____</i>
<i>_____</i>	<i>monthly?</i>	<i>_____</i>

INCOME*Please Print Clearly*

<i>Type of Income</i>	<i>CUSTOMER Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>
Salary		
Alimony/Child Support		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
Can you document your child support/alimony income?				
If yes, how long will it continue?	_____		_____	
If your child or a family member receives SSI, how many more years will the payments continue?	_____			
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer, A=Co-Applicant B=Both</i>
1.			
2.			
3.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
Have your payments been made on time?				
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin? _____				
If yes, when will it be paid out? _____				
If yes, how much is the payment? _____				
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged? _____				

CHECKING/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No
If yes, how much? \$ _____

LIVING EXPENSES

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		
Electric		
Gas		
Water		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Child Care		
Auto Insurance		
Other Living Expenses (food, household, etc.)		

ADDITIONAL INFORMATION

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
<i>Have you owned a home in the last three (3) years?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you a Veteran?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a contract on a house at this time?</i>	<i>Yes</i>	<i>No</i>		
<i>Are you currently working with a real-estate agent?</i>	<i>Yes</i>	<i>No</i>		
<i>Most convenient time for an individual appointment?</i>	___	AM	___	PM

Health Insurance Information:

Applicant(s): Through employer plan *MediCaid/MediCare* *None* *Other* _____

Dependents: Through employer plan *MediCaid/MediCare* *None* *Other* _____

PERSONAL PROFILE INTAKE FORM

Auto Information:

1) Year _____ Make _____ Model _____
2) Year _____ Make _____ Model _____

REFERENCES

Landlord:

Name: _____ Address: _____

Phone #: _____ How long have you lived at this address? _____

Previous Landlord (if less than 1 year at current residence):

Name: _____ Address: _____

Phone #: _____ How long did you live at this address? _____

Personal:

1: Relative

2: Relative or Friend

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

AUTHORIZATION

I authorize CVC HomeOwnership Center to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Customer

Date

Co-Applicant

Date



HOUSING PROGRAMS DISCLAIMER

I/we understand that the staff of Community Ventures Corporation (CVC) providing counseling services and home ownership assistance will endeavor to provide professional services in a timely manner. I/ we understand and agree that housing choices are my/our responsibility and that any advice or counsel provided by Community Ventures Corporation neither constitutes nor replaces the legal or financial counsel of an attorney or accountant. I/we understand that CVC will not terminate the counseling relationship without giving reasons for such termination.

In consideration for receiving assistance from Community Ventures Corporation, I/we will protect, defend and hold harmless the staff from any claims, damages, liabilities, or injuries arising from these services. I understand that Community Ventures Corporation does not guarantee that I will purchase a home.

In return for such services as CVC may provide, I/we will:

- ✓ provide correct and accurate information
- ✓ notify CVC of any changes in employment, income, credit, family composition or other pertinent information
- ✓ be on time for appointments and call ahead if a cancellation becomes necessary
- ✓ notify CVC if I/we choose to discontinue our counseling relationship

I/we have received information on, and understand the rights and responsibilities of property managers, owners, and housing customers under the Kentucky Civil Rights Act. I/we understand Kentucky's Fair Housing Law forbids discrimination in housing because of a person's color, religion, race, sex, national origin, and familial status or disability.

Applicant Signature

Date

Co-Applicant Signature

Date

Housing Development Specialist

Date



Community Ventures Corporation

A non-profit tax exempt organization

1450 North Broadway, Lexington, Kentucky 40505 (859) 231-0054; (800) 299-0267

107 West Broadway, Campbellsville, Kentucky 42718 (270) 849-2323

975 River Bend Suite B, Frankfort, KY 40601 (502) 696-9444

923 College St., Bowling Green, KY 42101 (270) 904-0323

509 High St., Paris, KY 40361 (859) 340-4028

1990 Barrett Court, PO Box 674, Henderson, KY 42419 (270) 826-7196

811 S. 2nd Street, Louisville, KY 40203 (502) 566-6076

Borrower Signature Authorization for Credit History and Other Records

TO WHOM IT MAY CONCERN:

I authorize Community Ventures Corporation, its agents and partners to obtain any information necessary to establish my eligibility for housing programs, and to collect any verifications pertaining thereto. I understand that my signature on this form does not obligate my household or Community Ventures Corporation in any way and that this is not an application for a loan.

I hereby authorize a representative of Community Ventures Corporation, (CVC), or the bearer hereof to inspect and copy all records, documents of any type, including but not limited to:

- ❖ Past and present employment or income records;
- ❖ Bank accounts, stock holdings, savings accounts, and all other asset balances;
- ❖ Past and present landlord references;
- ❖ Other consumer credit references in any form, which are maintained by, in the custody of, or in the possession of any institution, organization, or individual.

A photocopy of this Authorization shall be considered as valid as the original by me (us) personally signed.

Community Ventures Corporation DOES NOT disclose non-public, personal information about clients and/or customers except as required or permitted by law.

Applicant Signature

Date

Co-Applicant Signature

Date



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GRIEVANCE PROCEDURE OF COMMUNITY VENTURES CORPORATION

CVC's grievance procedures are designed to provide due process standards and provide for expedient and prompt resolution of complaints related to any type of discrimination.

At present, CVC's programs are designed such that no clients requesting housing assistance are declined. Those whose financial status or credit history will not support near-term (six to eight months) homeownership are referred to CVC's homebuyer education and related classes.

If a client disagrees with staff's determination that s/he is not yet eligible for any homeownership program, the client may appeal that decision to Myron Agnew, director of the CHDO program, or to Keysha Cuyler, Director of Homebuyer Education and Counseling programs. Should the client wish to appeal further, appeal may be made to additional parties in the following order: Maria Hendrichs, Executive Vice President for Program Development; CVC's chief executive officer, Kevin Smith; and, for legal/fair housing complaints, to the Kentucky Human Rights Commission or HUD's Fair Housing/Equal Opportunity office.

Applicant Signature

Date

Co-Applicant Signature

Date



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PRIVACY POLICIES AND PRACTICES OF COMMUNITY VENTURES CORPORATION

This notice describes our policy regarding the collection and disclosure of personal information.

Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts and liabilities. It also includes your social security number and other information that you have provided.

INFORMATION WE COLLECT:

We collect personal information to support our lending operation, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage. We collect personal information about you from the following sources:

- Information we receive from you on registration and other forms
- Information about your transactions with us or others
- Information we receive from consumer reporting agencies
- Information we receive from personal and employment references

TO WHOM WE DISCLOSE

- Non-profit organizations involved in community development or home ownership assistance programs, and then only for program review, auditing, research and oversight purposes.
- Agencies of the Federal, state and local governments having oversight or providing funds to CVC.
- Financial institutions and other providers of housing related services such as companies engaged in providing home ownership loans, home inspections or providing mortgage servicing.
- Community Ventures Corporation **does not disclose** to unrelated, third party, for profit corporations except as required or permitted by law.

YOUR DECISION REGARDING DISCLOSURE

- If you wish to limit or prevent CVC from making disclosures regarding personal information, you may "**OPT OUT**" of those disclosures, that is, you may direct us not to make disclosures (other than those required or permitted by law).
- If you wish to "**OPT OUT**" of disclosures to unaffiliated third parties **other than non-profit organizations** involved in community development, check Box 1 on the attached Privacy Choices Form.
- If you wish to "**OPT OUT**" of disclosures to unaffiliated third parties **including non-profit organizations** involved in community development, check Box 2 on the attached Privacy Choices Form.

Community Ventures Corporation
PRIVACY CHOICES FORM

If you want to "OPT OUT", that is direct us not to make disclosures about your personal information (other than disclosures required or permitted by law) as described in this notice, check the box below to indicate your privacy choice. Then, mail this form to the address listed below.

Box # 1 - Prevent disclosure of information about me to unaffiliated third parties **other than non-profit organizations** involved in community development

Box #2 - Prevent disclosure of information about me to unaffiliated third parties **including nonprofit organizations** involved in community development

Name: _____

Address _____

City, State Zip _____

If you have checked either of the boxes above, please mail this form to:

Community Ventures Corporation
1450 North Broadway
Lexington KY 40505

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.



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DUAL AGENCY DISCLOSURE OF COMMUNITY VENTURES CORPORATION

Community Ventures Corporation (CVC) is a nonprofit corporation that facilitates homeownership opportunities through homeownership counseling, education, home mortgage lending, refinancing and by developing properties that are modestly priced and affordable to many first-time homebuyers. CVC also sells and rents housing property. CVC provides foreclosure prevention counseling to homeowners. In addition, CVC has business training courses and financing.

Because CVC has a business division also, we have a numerous relationships with banks/lenders. Due to the shifting nature of these relationships your home buyer counselor will provide you with a list of these banks/lenders.

You, as the client, are FREE to choose any lender and are NOT obligated to use CVC's financing, nor any lender that has a financial relationship with CVC, nor do you have to use any other CVC product.

Therefore, we are sharing this disclosure with you so that you understand your rights and to reveal any potential conflict of interest.

If you are pursuing homeownership your counselor will provide you at least three (3) additional lenders and information on all CVC's home purchasing options.

CONFLICT OF INTEREST – INTERNAL

If you are an employee of CVC, a board member of CVC, related to an employee of CVC, related to a board member of CVC or a volunteer at CVC, you are required to complete the following: NATURE OF RELATIONSHIP WITH CVC:

(Failure to divulge a potential conflict of interest can result in forfeiture of all assistance)

YOUR RIGHTS

You are not obligated to purchase residential real estate property, or contract for rental property owned by CVC, or use CVC or any of its partners for financing as a condition of receiving counseling or any other services from CVC.

CONSENT

By signing below, you acknowledge that you have received and read this disclosure notice.

By making this disclosure, CVC wishes to confirm for its records and files that we have discussed this potential conflict of interest with you. If you consider a CVC property, you consent to CVC acting in both capacities as developer and counselor. If you consider CVC financing, you consent to CVC acting in both capacities as lender and counselor. You have the right to consult independent legal counsel regarding this disclosure.

Print Name _____

Print Name _____

Signature _____

Date _____

Signature _____

Date _____

Founded in 1982, Community Ventures Corporation (CVC) is a community-based, non-profit organization that exists to improve the quality of life for urban and rural residents throughout Kentucky. CVC's central mission is to provide individuals and families with the skills, income, and assets they need to achieve financial independence. CVC helps people increase income and build assets with three main strategies – small business ownership, home ownership, and job creation through business expansion.

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CREDIT AUTHORIZATION

Borrower 1: _____

Social Security Number: _____ date of birth: _____

Borrower 2 (if any): _____

Social Security Number: _____ date of birth: _____

Borrower 3 (if any): _____

Social Security Number: _____ date of birth: _____

I/We hereby give Community Ventures Corporation permission to pull my/our credit report for the purposes of my/our application for assistance in regards to my home loan through the Budget/Credit Counseling and/or Foreclosure Prevention Program. All information will be kept confidential between Community Ventures' counseling and lending staff and me/us, unless I/we provide prior written consent for information to be shared with other parties. I further understand that Community Ventures Corporation will be held harmless from information received in the credit report.

BOTH SIGNATURES REQUIRED IF A JOINT REPORT IS REQUESTED

Signature of Borrower 1

Date

Signature of Borrower 2

Date

Signature of Borrower 3

Date



COUNSELING AGREEMENT

This COUNSELING AGREEMENT ("Agreement") is entered into by and between Community Ventures Corporation ("Counselor") and _____ ("Client(s)").

RECITALS:

WHEREAS Counselor is a member of the Kentucky Housing Corporation Homeownership Counseling Program ("Program") which has been created to provide counseling services to individuals interested in homeownership, and

WHEREAS, Client desires to participate in the Program.

NOW, THEREFORE, in consideration of the mutual promises contained in this Agreement Counselor and Client agree as follows:

SECTION 1 - CLIENT'S PROMISES

In order to address specific financial considerations which can affect the Client's ability to obtain a mortgage loan and to purchase and maintain a home, Client recognizes the benefit of counseling services and pledges full cooperation with the Counselor and the requirements of the counseling sessions. Client understands that, as a part of the Program, Client will be required to supply certain specific information regarding employment, income, debts and other personal information to the Counselor. In recognition of the need to obtain and exchange information, Client authorizes Counselor to obtain information from outside sources as mutually agreed.

As a participant in the Program, Client agrees to comply with the Program guidelines. By entering into this Agreement, Client understands and acknowledges that failure to comply with the guidelines of the Program could result in termination from the Program. Client promises to make a good faith effort to meet the following:

1. Client will comply with the family budget created by Client and Counselor
2. Client will pay all monthly bills on or before the due date
3. Client will report all sources of income to Counselor
4. Client will report any changes which would affect eligibility for a mortgage loan, including changes in employment, credit rating, bank accounts, debts and income.

SECTION II - COUNSELOR'S PROMISES

1. Counselor pledges to preserve strict confidentiality in regard to information supplied by Client or obtained from other sources regarding Client. The Counselor shall not disclose or distribute information regarding this Agreement, any non-public personal information on Client or any other material or information that is deemed confidential by Kentucky Housing to any other party without the express written consent by Client. However, Counselor may disclose or distribute such information if it is requested by law or judicial process, subsequent to Counselor promptly sending written notice of such legal request to Client.
2. Counselor pledges to act to the best of his/her ability to serve and protect the best interest of Client.
3. Counselor will not receive direct financial compensation in exchange for referral of Client to a particular lender.
4. Counselor understands and agrees that all client data stored in Home Counselor Online (HCO) is private and confidential. Counselor shall provide Kentucky Housing access to the client's information

in HCO, but shall not disclose any private client information to any unauthorized parties.

5. Counselor agrees that Kentucky Housing have access to all client files and information.

SECTION III - MORTGAGE LOAN

Client acknowledges and understands that Counselor is NOT an agent for any particular lender and has no authority to approve or deny a mortgage loan. Client acknowledges that participation in and/or the completion of counseling does not guarantee approval for a mortgage loan.

SECTION IV - COUNSELOR'S COMPENSATION

Client understands that Counselor is a member of Kentucky Housing Corporation's Homeownership Counseling Program and is being compensated by Kentucky Housing Corporation on an hourly basis for conducting counseling sessions with Client. Counselor will periodically require Client to sign documentation confirming Client's participation in counseling sessions and Client agrees to execute the required documentation certifying that counseling sessions have taken place.

Counselor WILL NOT receive a real estate commission for the purchase of a home by Client, nor is the Client required to pay any additional fees to participate in the one-on-one counseling sessions with the Kentucky Housing Corporation approved counselor.

SECTION V - CREDIT REPORT

As part of the Program, Client may be asked to authorize Counselor to access Client's credit report. Client understands that, although Counselor may discuss matters appearing on Client's credit report. Counselor may be prohibited from giving Client a copy of the credit report dependent upon Counselor's legal relationship with the credit reporting agency.

The undersigned parties acknowledge their understanding of the terms of this Agreement. The parties have signed below this _____ day of _____, 20_____.

COUNSELOR
Community Ventures Corporation
Agency Name

CLIENT

Client's Signature

By _____

Client's Printed Name

Title

Client's Signature

Client's Printed Name

Client's Address

Client's City, Zip Code

Client's Phone Number



Educating and Financing a New Generation of Home and Business Owners

www.CommunityVenturesCorporation.org

For More Info Please Contact:

Maria Hendrichs 859.231.0054 ext 364 or mhendrichs@cvcky.org

FAIR HOUSING

What is Fair Housing?

The Fair Housing Act, title VIII of the Civil Rights Act of 1968 prohibits discrimination in housing because of:

- **Race or Color**
- **National origin**
- **Religion**
- **Gender**
- **Familial status** (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children)
- **Handicap** (disability)

In Lexington, Kentucky it is also illegal to discriminate because of a person's sexual orientation or identity.

What Housing is Covered?

The Fair Housing Act covers MOST housing. In some circumstances, the Act and Local ordinance exempt owner-occupied buildings with no more than four units, single-family housing sold or rented without the use of a broker, and housing operated by organizations and private clubs that limit occupancy to members.

What Actions are Illegal Under the Fair Housing ACT?

In the Sale and Rental of Housing:

- Refusing to rent or sell housing
- Making housing unavailable
- Setting different terms, conditions or privileges for sale or rental of a dwelling (including a higher rent, more thorough credit checks, or requiring a security deposit)
- Providing different housing services or facilities
- Falsely denying that housing is available for inspection, sale, or rental
- For profit, persuading owners to sell or rent (blockbusting)
- Denying anyone access to or membership in a facility or service (such as a multiple listing service) related to the sale or rental of housing.

In Mortgage Lending:

- Refusing to make a mortgage loan
- Refusing to provide information regarding loans, imposing different terms or conditions on a loan, such as different interest rates, points, or fees
- Discriminating in appraising property
- Refusing to purchase a loan
- Setting different terms or conditions for purchasing a loan.

What if I Need Special Accommodations?

The Fair Housing Act requires owners of housing facilities to make reasonable exceptions in their policies and operations to afford people with disabilities equal housing opportunities.

For example, a landlord with a "no pets" policy may be required to grant an exception to this rule and allow an individual who is blind to keep a guide dog. The Fair Housing Act also requires landlords to allow tenants with disabilities to make reasonable access-related modifications to their private living spaces. (The landlord is not required to pay for the changes.)

