



Assets- please list the most recent balance of your assets			
Type	Bank Name	Recipient (whose account)	Most Recent Balance
Checking Account(s)			
Savings Account(s)			
Other Accounts:			
Participant's Current Employer Name		Co-Participant's Current Employer Name	
Address		Address	
Phone (###-###-####)	Hire Date (mm/dd/yyyy)	Phone (###-###-####)	Hire Date (mm/dd/yyyy)
Previous Employer's Name (if less than 3 years w/current employer)		Previous Employer's Name (if less than 3 years w/current employer)	
Address		Address	
Hire Date	Separation Date	Hire Date	Separation Date
Additional Information			No
Have you completed homebuyer counseling?			Yes
If yes, what program and when?			No
Do you currently have a household budget?			
Do you currently have a savings account with an open balance?			
Do you have an open checking account			
If no, what do you use and why?			
Do you currently have open balances on credit card accounts?			
Do you have open or closed account balances that you currently do not pay for?			
Have you ever been denied credit due to past credit history?			
Have you ever filed for bankruptcy?			
Are you currently being charged late fees and/or NSF fees?			
Have you ever used check cashing agencies?			
Have you ever used pay day loan services?			
Do you have a retirement plan?			
How did you hear about our program? Who referred you?			
Radio		Newspaper	Word Of Mouth
Friend _____	Agency _____	Other _____	
Reference Family or Friend	Name _____	Phone # _____	
What Services are you interested in?	Foreclosure	Homebuyer Counseling	Financial Management

My (our) signature certifies that all the information in this intake form is true and accurate to the best of my (our) knowledge. This

Participant Name \_\_\_\_\_

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Participant Name \_\_\_\_\_

Co-Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Financial Assessor \_\_\_\_\_

HUD ID # (office use)

# Mustard Seed Development Center

HUD ID

Office Use

## Monthly Budget Worksheet

Participant

	Income Type	Gross Amt	Net Amt
Source1			
Source2			
Source3			
Total			

Co Participant

	Income Type	Gross Amt	Net Amt
Source1			
Source2			
Source3			
Total			

## Expenses

Payments

Housing	Rent/Mortgage	
	Renter's/Home Insur	
	Property Taxes	
	HOA Fees	
	Lawn Care	
	Maintenance	
Household Exp.	Electric	
	Gas	
	Water	
	Trash (if separate from water)	
	Cell Phone(s)	
	Cable/Internet	
	Groceries	
	Landline (Home Phone)	
Transport.	Auto Maintenance	
	Auto Insurance	
	Auto Gas	
	Parking /Meters	
	Public Transportaton	
Recreational	Tithes/Charity	
	Dining Out	
	Hair/Nails/Spa	
	Toiletries	
	Clothing/Shoes	
	Recreation/Hobbies	
	Memberships/Subscrip	
	Pet Food/Care	
Child	Child Care	
	Child Support (self pay)	
	School Lunches	
	Allowance	
	Sports/Recreation	

## Expenses

Payments

Health	Health Ins (self pay)		
	Prescriptions		
	Med/Dental expenses		
	Life Insurance Premium(s)		
Misc. Expen			
Debt	Creditor Name	Balance	Payments
Loans			
Auto			
Cred. Cards (& other debt)			
Total			
Total Monthly Net Inc.			
Total Monthly Exp.			
Difference			

Participant Print Name

Co-Participant Print Name

Participant Signature

Date

Co-Participant Signature

Date

**CERTIFICATION, CREDIT AUTHORIZATION, AND RELEASE OF INFORMATION FOR MUSTARD SEED DEVELOPMENT CENTER**

Certification

<b>HUD ID #</b> (office use only)	
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The undersigned certifies the following:

1. I/We understand and acknowledge that MSDC is a HUD APPROVED HOUSING COUNSELING AGENCY offering services to assist in a financial/credit evaluation and not a broker and/or lending institution. I/We also understand that MSDC is not responsible for the ability or inability to obtain/maintain an installment/mortgage loan approval or restructure an existing loan and we have the rights to work with my/any lender/creditor of my choice.
2. I/We understand and acknowledge that this program is not a request by the undersigned to remove, change and/or alter current (and/or future) contracts, credit reporting ratings, and/or payment schedules with credit obligations. MSDC may represent participant by engaging in negotiations with community partners to facilitate repayment plans and all other transactions that do not represent the participant in the form of a legal binding contract. I/We understand that this authorization is only for the purpose of pulling unlimited credit reports to obtain information required by MSDC in order for the undersigned to participate in the counseling program(s). I/We understand that a pull of my credit report is a soft pull and not a hard pull on my credit report.

I/We also acknowledge that MSDC has our permission to use/share our information (excluding names, creditors account numbers, and personal Identifier numbers that identify me/us) in promotions, classroom and advertisement material at their discretion free to MSDC, to mean we understand we will not receive compensation in any way from such acts.

3. I/We understand that this is not an application for credit. If we wish to submit a request for credit we must do so by contacting lender/creditor institutions with a separate written document to request an application. I/We understand that MSDC collaborates with other public/private community institutions and that MSDC is not legally responsible for error and/or loss that results from transactions of our *Community Partners* and/or MSDC lenders they have contracted services with of MSDC choice and that these agencies are independently responsible for their individual loan performance, product specifics, and/or services. We understand that we have the right to choose a lender, realtor, Public Project/Program, Title Company, Home Inspector and/or Insurance agent of our choice which must be kept in compliance with the program requirement and guidelines. We grant permission to MSDC to discuss our information with their partners to achieve better products/services on our behalf knowing we have the right to turn down any offer/product/service made available to me (us) in my (our) behalf by MSDC and/or their partners.

Please Initial Here: Participant:\_\_\_\_\_ Co-Participant:\_\_\_\_\_

Credit Authorization and Release of personal Information

To Whom It May Concern:

1. I/We have enrolled in the Financial/Credit Housing Counseling and seminar program offered by Mustard Seed Development Center. As part of the counseling process, MSDC may verify information provided by me/us for any documents required in connection with the program.
2. I/we authorize you to provide to MSDC and to its *Community Partners* (community-based organizations) who assist in the recruitment and delivery of the counseling program, any and all information and documentation that they request. Such information includes but is not limited to, employment history and income: bank, money markets, stocks, bonds, mutual funds, and similar account balances; an unlimited credit history/report and credit approval status; and copies of income tax returns. MSDC also has authorization to act in my/our behalf for correcting information only.
3. MSDC and its *Community Partners* (community-based organizations) who assist in the recruitment and delivery of the counseling program may address this authorization to any party having pertinent information in the delivery of the counseling program. Funders and Contracted service agreement that MSDC has must be disclosed prior to services of what agency or community-base organization MSDC is paid by. Please initial below giving MSDC permission to work with agency funding your services:

Please Initial Here: Agency paying for your Services \_\_\_\_\_ Initial Your permission to use this funder \_\_\_\_\_ / \_\_\_\_\_

4. MSDC also has authorization to release program information to include application, written materials produce to assess and monitor progress of participants success in the program and to funders, Housing Urban Development, (HUD) or like agencies that monitor and approve MSDC certifications, licensing may have complete authority to review documents stored in a participants file to monitor activities performed by certified, licensed staff of MSDC.
5. A copy of this authorization may be accepted as an original.

\_\_\_\_\_  
Participant Print Name  
X

\_\_\_\_\_  
Participant Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Co-Participant Print Name  
X

\_\_\_\_\_  
Co-Participant Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number



## DISCLOSURE

HomeToday is a program offered by Third Federal Savings and Loan Association of Cleveland ("Third Federal").

Third Federal does not benefit financially from any referral partner or partnership contacts. Through participation in the HomeToday Program, clients will be able to gain access to training partners or referral partners who offer additional personal money management education, counseling and homeownership training.

**Third Federal will not share credit reports or any personal information from loan applications with training partners or referral partners. Training partners or referral partners will be responsible for obtaining credit reports independently if needed.**

We will use this personal information to contact you during and after your Home Today training sessions. For more information on how we protect your information, please see our Privacy Policy at [www.thirdfederal.com](http://www.thirdfederal.com).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_