



3630 Aviation Way
 Medford, OR 97504
 Ph: 541-779-6691

Homeownership Center Intake Form

SECTION 1

PRIMARY APPLICANT INFORMATION

Name: _____ / _____ / _____
 First Last Social Security Number/ITIN¹

Address: _____
 Street Address PO Box City State Zip

Home/Cell phone: _____ Work phone: _____ Email: _____

Number of people living in household: _____ Annual gross household income: \$ _____

Date of Birth: _____ Age: _____ Disabled: Yes No Marital status: _____

Gender: Male Female Other Are you a Veteran: Yes No Active Duty: Yes No

Race (check all that apply): White African American American Indian/Alaska Native Asian Hawaiian/Pacific Islander

Ethnicity: LatinX/Hispanic Non-LatinX/Non-Hispanic Highest level of Education: _____

CO- APPLICANT INFORMATION

Name: _____ / _____ / _____
 First Last Social Security Number/ITIN¹

Date of Birth: _____ Age: _____ Disabled: Yes No Marital status: _____

Gender: Male Female Other Are you a Veteran: Yes No Active Duty: Yes No

Race (check all that apply): White African American American Indian/Alaska Native Asian Hawaiian/Pacific Islander

Ethnicity: LatinX/Hispanic Non-LatinX/Non-Hispanic Highest level of Education: _____

HOUSEHOLD INFORMATION

Complete the following section for all additional household members:

HOUSEHOLD MEMBERS (First & Last Name)	Relationship to Applicant	Gender	Age
1.			
2.			
3.			
4.			
5.			
6.			

Current Housing status: Rent Own Living w/Relatives Homeless

Do you have a housing choice voucher? Yes No Does your family receive SNAP? Yes No

Are you a wildfire survivor (lost your home in a wildfire)? Yes No

If Yes, what was your address at the time of the wildfire: _____

How did you hear about us? _____

For office use only:

Programs interested in: Homebuyer Education Housing Counseling Post-purchase
 Financial Literacy Foreclosure/Default Counseling

Class completed: Realizing the American Dream eHome Homebuyer Education
 eHome Money Management Post Purchase Education Financial Literacy

¹ If you do not have a SS# or ITIN please leave this space blank. Having a Social Security number or ITIN is not required to receive services from ACCESS.

SECTION 2 (complete section 2 only if you are receiving Housing Counseling)

Homebuyer Information

First-time homebuyer (Not had your name on the title of real property in the last three years)? Yes No

Are you a first-generation homebuyer? Yes No Do you live in an area that is considered rural? Yes No

Time frame to reach homeownership goal: (i.e. 3-6 months, 1 year, etc.) _____

Do you have a Realtor? Yes No Realtor Name: _____

Realtor phone number: _____ Realtor email: _____

Do you have an accepted offer on a home? Yes No If yes, when is the closing date? _____

Lender name: _____ Loan officer name: _____

Loan officer phone number: _____ Loan officer email: _____

PRIMARY APPLICANT EMPLOYMENT

Sources of Income (check all that are received): Wages Self-Employment Unemployment Social Security/SSI
 Disability/SSD Pers/Pension Child Support/Alimony TANF Other: _____

Employer: _____ Business type/job title: _____

Date started: _____ Gross monthly income: _____ Net monthly income: _____

Frequency of pay: Weekly Every two weeks Twice per month Monthly

CO-APPLICANT EMPLOYMENT

Sources of Income (check all that are received): Wages Self-Employment Unemployment Social Security/SSI
 Disability/SSD Pers/Pension Child Support/Alimony TANF Other: _____

Employer: _____ Business type/job title: _____

Date started: _____ Gross monthly income: _____ Net monthly income: _____

Frequency of pay: Weekly Every two weeks Twice per month Monthly

FINANCIAL SITUATION

Do you have child support/alimony income? Yes No Can you document this income? Yes No

If yes, how long will this income continue? _____

Are you currently in Chapter 13 bankruptcy? Yes No

If yes, when did it begin? _____ When will it be paid out? _____ How much is the payment \$ _____

Have you had a Chapter 7 bankruptcy? Yes No If yes, when was it discharged? _____

Are there any liens or judgments against you or your property? Yes No

SECTION 3

ACKNOWLEDGEMENT AND AGREEMENT

1. I certify that the information contained in this document is complete and accurate to the best of my knowledge.
2. I understand that ACCESS or its funders may investigate the accuracy of my information and may require me to provide supporting documentation. I also understand that knowingly submitting false information may result in being exited from the program and I may be responsible for repayment of any funding that was received.
3. If receiving Pre-Purchase Education or Counseling, I verify that I have received or will receive the pre-purchase handout packet with all required documents, as per HUD guidelines, including “For Your Protection”, “Get a Home Inspection”, “10 Questions to ask your Home Inspector”, and “Lead Based Paint Fact Sheet”.
4. I understand that in order to provide service, my Housing Counselor will need to be aware of, and discuss with me, information about my employment, financial situation, credit history, family and related matters. I authorize my Housing Counselor to disclose this information to relevant parties (i.e., lenders, HUD, funders, my real estate agent) if he or she feels that such disclosure will improve my housing. I further authorize my mortgage company, their representative, my real estate agent, potential lenders, HUD, VA and any other entities with information about my housing and financial situation to disclose such information to ACCESS, upon ACCESS’ request.

I also understand that other than disclosures intended to improve my housing situation, all personal information that I provide to ACCESS will be kept confidential, and that no information about me will be discussed with anyone not directly involved in my efforts to improve my housing situation.

ACCESS’ Homeownership Program provides housing counseling and education services (pre-purchase, post-purchase, default, and foreclosure), down payment assistance programs, financial literacy, individual development accounts and connection to mortgage payment assistance programs. I acknowledge that I am under no obligation and am not required to utilize any program or assistance which is offered by ACCESS and/or its partners and I may choose a different service provider.

This consent to disclose may be revoked by me at any time except to the extent the action has been taken in reliance thereon. This consent (unless revoked earlier by me) will continue to be in effect for a period not to exceed three (3) years from today’s date.

5. I understand that additional documentation may be needed to participate in this program. I am willing to provide all requested documents and to respond to all of ACCESS questions in a timely manner.
6. I authorize ACCESS to: obtain a copy of the Loan Estimate, Closing Disclosure, HUD-1 Settlement Statement/Buyer’s Statement, Appraisal, and Real Estate Note(s) when I purchase a home from the lender who made me a loan and/or title company that closed the loan.
7. I understand that ACCESS is not a legal representative and that ACCESS and its staff will not be representing me in any capacity other than as a Housing Counselor providing general information. I understand that foreclosure financing and home buying are legal transactions and proceedings, and that I should hire a real estate agent and/or attorney to receive legal advice and or/representation.
8. I agree to hold harmless and/or release ACCESS, its Board of Directors, officers and employees from any and all claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by this disclosure.

By signing below, I/we acknowledge that we have reviewed, understand, and agree to these disclosures.

PRIMARY APPLICANT

Date

CO-APPLICANT

Date

ACCESS Privacy Policy

ACCESS is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call our main office at 541-779-6691 and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I/We acknowledge that I/We have read the ACCESS Privacy Policy and understand that my information will be kept confidential and will only be shared as outlined within this Policy.

PRIMARY APPLICANT

Date

CO-APPLICANT

Date

Conflict of Interest Disclosure

ACCESS is the Community Action Agency for Jackson County and a HUD Approved Housing Counseling Agency serving Jackson and Josephine counties. Our office is located at 3630 Aviation Way, Medford, OR. We are open Monday through Thursday between the hours of 7:30 AM and 6:00 PM and Friday from 8 AM to 4:30 PM.

ACCESS provides the following services in Jackson County only:

- Emergency Food Programs
- Information and Referrals
- Rental Assistance Programs, Including Services for Homeless and Veterans
- Energy Assistance Programs and Education
- Weatherization Programs
- Medical Equipment Program
- Housing Navigation for wildfire survivors

ACCESS provides a wide range of housing counseling services in Jackson and Josephine counties that include:

Confidential in-person counseling sessions and services for the following:

- Pre-Purchase Counseling
- Oregon Homeownership Assistance Funds (HAF)
- Down Payment Assistance Programs
- Individual Development Accounts – For home purchase and home repair.
- Post-Purchase Counseling
- Financial Literacy Coaching

Group education classes and workshops:

- Realizing the American Dream: 8-hour Pre-Purchase Education Class
- Financial Literacy: 2 hour basic financial foundation class

Online homebuyer education programs:

- eHome America: Homebuyer Education Class
- eHome America: Money Management Class
- eHome America: Post Purchase Homeowner Education Class

ACCESS Homeownership Center receives state and federal funding from the following sources:

- Housing and Urban Development (HUD)
- Rural Community Assistance Corporation (RCAC)
- Oregon Housing and Community Services (OHCS)
- Oregon Association of Realtor's/Rogue Valley Association of Realtors Home Foundation Grant (OAR HOME Foundation)
- City of Medford
- DevNW/Individual Development Account (IDA)

ACCESS partnering organizations, agencies, and businesses:

*AAA *AmeriTitle *Chase *City of Ashland *City of Grants Pass *City of Medford *Coldwell Banker *Community First Credit Union *Consumer Credit Counseling Services of Southern Oregon *Evergreen Federal *Fair Housing Council of Oregon *First American Title *Grants Pass Association of Realtors *Home Depot *Home Quest Realty *Housing Authority of Jackson County *Housing Oregon *Jackson County *John L. Scott *Josephine County *Josephine County Housing and Community Services *Key Bank *MetLife *Neighbor Works Institute *North Pacific Financial *Oregon Homeownership Stabilization Initiative *Oregon Housing and Community Services *Oregon Law Center *Premier West *ReMax *Rogue Federal Credit Union *Rogue Valley Association of Realtors *Rogue Valley Women’s Council of Realtors *Rural Community Assistance Corporation *Southern Oregon Goodwill *Southern Oregon Women’s Council of Realtors *Sterling Savings Bank *The Atlas Group *Ticor Title *Umpqua Bank *US Bank *USDA Rural Development *Wells Fargo *Windermere

I/We acknowledge that I/We have read the ACCESS Conflict of Interest Disclosure, and that I am/we are not required to utilize any program or assistance which is available from ACCESS or ACCESS partners. My/Our participation in any one program does not obligate me/us to participate in another, although I am/we are welcome to do so. I/We further understand that participation in ACCESS counseling activities does not in any way obligate me/us to use ACCESS referred lenders, realtors, or business partners.

PRIMARY APPLICANT

Date

CO-APPLICANT

Date