

Homebuyer's Education Seat Reservation

This coversheet with *all the attached pages* are required to reserve your seat.

Welcome to our Home Buying Education Course. This is the only HUD certified class in the valley. This class is required for HRDC affordable housing opportunities. You do not need to be a first time home owner, nor be in need of any financial assistance, nor be ready to purchase in order to take advantage of this great education. The only requirement is to complete the attached HRDC Intake Form and submit prior to the class date. Please understand that HRDC is nonprofit that is supported by data. Therefore, a few minutes of your time to share information with us is appreciated in exchange for our service. We do not charge for this class, but we request a check \$25 for one attendee/ \$40 for two with this completed Intake Packet. Your deposit check will be returned to you at class or you may opt to donate the check. Donations are greatly appreciated. You will find the class to be of great benefit to you. Mail or drop this packet in its entirety by our office as soon as possible to reserve a seat.

Date of the class you wish to attend class: _____

Location of the class you wish to attend: _____

******* Please print very clearly. Especially your email address.*******

PRINT Name _____

PRINT Co- Applicant _____

Contact Phone Number(s) _____ E-mail _____

Mailing Address _____
(Street, City, State and Zip Code)

Please do the following:

******Attach your refundable deposit made payable to 'HRDC Homeownership Center'.**

Note: a two day advanced notice of cancellation/ rescheduling is required or by default the check is deposited as a donation

******Write in the memo portion of the check the class date that you are requesting.**

******Be sure that you have your phone number on the check.**

Deliver completed registration packet in its entirety with deposit check to:

HRDC HomeOwnership Center, 32 South Tracy, Bozeman MT 59715

Send inquiries to Roselle Shallah at homeownership@thehrdc.org

Registration closes THREE business DAYS prior to the class date.

(If you need an Exceptions to our 3 day policy, please contact Roselle to request an exception.)

This completed spreadsheet verifies your general knowledge of the importance of a budget. Money Management is a crucial skill in the homebuying process.

Current Budget for (Print Name):

Current MONTHLY income and expenses.

TODAY'S DATE:

Include all adults in the household Income Information				Monthly Bring Home:	Net Income	Monthly Gross (before taxes)
Current Employer:	Start Date:	Position		MONTHLY		Gross Income
Current Employer:	Start Date:	Position			Gross Income	
Current Employer:	Start Date:	Position			Gross Income	
				Net Income		MONTHLY TOTAL
				MONTHLY TOTAL		Other Expenses:
Housing	Personal			Entertainment		Name:
Rent or Mortgage	Clothing			Movies, books		Name:
Insurance(Renter/Homeowner)	Personal Care			Vacation		Total
Property Taxes	Tobacco/alcohol			Hobbies, etc		MONTHLY TOTAL
Maintenance/Repairs	Total			Total		Other Expenses:
Total	Family Care			Giving/ Contributions		Available now
Utilities	Child/Dependent Care			Offering		Retirement
Electric	Personal Allowances			Donations		Total
Heating oil or gas	Total			Special Occasion Gifts		
Trash/Garbage	Health/Medical(not			Total		
Water and Sewer	Insurance Premium					
Phone	Insurance Co-Pays			DEBT	Monthly Pmt	Total Amt Owed
Cable TV	Prescriptions			Student Loan		
Internet	Vision			Vehicle Pmt		
Other	Dental			Credit Card #1		
Total	Health Savings Acct			Credit Card #2		
Food	Total			Credit Card #3		
Groceries	Educational Expenses			Personal Loan		
Food Away from Home	Tuition			Medical Debt		
School Lunches	Sports/Organization fees			Child Support		
Total	School Supplies			Other Debt		
Transportation	Total			Other Debt		
Car Insurance	Pet Care			PLEASE PROVIDE TOTALS OF ALL CATEG		
Maintenance/Repairs	Pet food			Total Debt		
Gasoline, Oil, etc	Pet Supplies			Total Net Income		
Total	Pet care(grooming, etc)			Total Expenses		Credit Scores ****
	Total			Total Debt Payments	OF ALL CATEG	Debt-Income Ratio

IS YOUR NAME ON THE TOP?

DID YOU USE MONTHLY TOTALS?

DID YOU TOTAL EACH CATEGORY?
DID YOU CHECK YOUR CREDIT SCORE? CREDITKARMA.COM

Note: This information is keep confidential. This information will be discussed in a one-one session with you after class. At this session your affordability, debt-income and potential for downpayment assistance will be determined.

HOMEOWNERSHIP CENTER INTAKE FORM

Human Resource Development Council, Inc.
32 South Tracy Avenue, Bozeman, MT 59715
thehrdc.org (406) 585-4895

IDENTIFYING INFORMATION: PRIMARY APPLICANT

Last Name (Legal Name Only)	First Name (Legal Name Only)	Middle Name (Legal Name Only)	Suffix	Birth Date	Signature

First Name Alias/Nickname _____

GENDER

- | | |
|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Gender Non-Conforming (i.e. Not Exclusively Male or Female) |
| <input type="checkbox"/> Female | <input type="checkbox"/> Do Not Know |
| <input type="checkbox"/> Trans Female (MTF or Male to Female) | <input type="checkbox"/> Refuse To Answer |
| <input type="checkbox"/> Trans Male (FTM or Female to Male) | |

CITIZENSHIP STATUS

PRIMARY OR PREFERRED LANGUAGE

- | | | |
|---|---|---|
| <input type="checkbox"/> Eligible Non-Citizen | <input type="checkbox"/> English | <input type="checkbox"/> East Asian |
| <input type="checkbox"/> Ineligible Non-Citizen | <input type="checkbox"/> Spanish | <input type="checkbox"/> Pacific Island |
| <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> European, Slavic |
| <input type="checkbox"/> Undocumented | <input type="checkbox"/> Native Central American, South America, Mexican | <input type="checkbox"/> African |
| <input type="checkbox"/> Do Not Know | <input type="checkbox"/> Native North American/Alaska Native | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Refuse to Answer | Are you English proficient? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

VETERAN STATUS

- ☐ No ☐ Yes ☐ Do Not Know
☐ Refuse To Answer

ACTIVE MILITARY

- ☐ No ☐ Yes ☐ Do Not Know
☐ Refuse To Answer

FOREIGN BORN

- ☐ No ☐ Yes ☐ Do Not Know
☐ Refuse To Answer

RACE (As Many As Are Applicable)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other _____
☐ Do Not Know
☐ Refuse To Answer

ETHNICITY

- ☐ Non-Hispanic or Latino
☐ Hispanic or Latino
☐ Do Not Know
☐ Refuse To Answer

DISABILITY

- Do you have a disabling condition?
☐ Yes ☐ No

CONTACT INFORMATION: PRIMARY APPLICANT

Physical Address: _____
Street Apt. Number City State Zip Code

Mailing Address: _____
Street or PO City State Zip Code

Phones: _____
Cell Phone Home Phone Work Phone Message Phone

Email: _____ OK To: CALL? ☐ Yes ☐ No TEXT? ☐ Yes ☐ No EMAIL? ☐ Yes ☐ No

IDENTIFYING INFORMATION: CO-APPLICANT or Other Adult in the Household					
Last Name (Legal Name Only)	First Name (Legal Name Only)	Middle Name (Legal Name Only)	Suffix	Birth Date	Social Security Number

GENDER

GENDER		RELATION TO RESPONDENT	
<input type="checkbox"/> Male		<input type="checkbox"/> Self	<input type="checkbox"/> Other Non-Relative
<input type="checkbox"/> Female		<input type="checkbox"/> Spouse	<input type="checkbox"/> Unknown
<input type="checkbox"/> Trans Female (MTF or Male to Female)		<input type="checkbox"/> Child	<input type="checkbox"/> Grandchild
<input type="checkbox"/> Trans Male (FTM or Female to Male)		<input type="checkbox"/> Step-Child	<input type="checkbox"/> Foster-Child
<input type="checkbox"/> Gender Non-Conforming (i.e. Not Exclusively Male or Female)		<input type="checkbox"/> Grandparent	<input type="checkbox"/> Parent
<input type="checkbox"/> Do Not Know		<input type="checkbox"/> Guardian	
<input type="checkbox"/> Refuse To Answer		<input type="checkbox"/> Other Relative	

PRIMARY OR PREFERRED LANGUAGE

CITIZENSHIP STATUS		
<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> English	<input type="checkbox"/> East Asian
<input type="checkbox"/> Ineligible Non-Citizen	<input type="checkbox"/> Spanish	<input type="checkbox"/> Pacific Island
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> European, Slavic
<input type="checkbox"/> Undocumented	<input type="checkbox"/> Native Central American, South America, Mexican	<input type="checkbox"/> African
<input type="checkbox"/> Do Not Know	<input type="checkbox"/> Native North American/Alaska Native	<input type="checkbox"/> Other _____
<input type="checkbox"/> Refuse to Answer		

☐ Yes ☐ No ☐ Do Not Know
☐ Refuse To Answer

☐ Yes ☐ No ☐ Do Not Know
☐ Refuse To Answer

☐ Yes ☐ No ☐ Do Not Know
☐ Refuse To Answer

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other _____

☐ Do Not Know

☐ Refuse To Answer

☐ Non-Hispanic or Latino

☐ Hispanic or Latino

☐ Do Not Know

☐ Refuse To Answer

Do you have a disabling condition?
☐ Yes ☐ No

Phones: _____
 Cell Phone Home Phone Work Phone Message Phone

Email: _____ OK To: CALL? ☐ Yes ☐ No TEXT? ☐ Yes ☐ No EMAIL? ☐ Yes ☐ No

HOUSEHOLD INFORMATION

If you are the Head of Household, please provide the following information for ALL OTHER PERSONS IN YOUR HOUSEHOLD:

Legal Name (First, Middle, Last)	Date of Birth	Social Security Number	Gender	Hispanic? YES	Race	Relationship to You
1)				<input type="checkbox"/>		
Disabling Condition?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/> Refuse To Answer Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/> Refuse To Answer Health Insurance? <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children's Health Insurance (Healthy Montana Kids) <input type="checkbox"/> Employer-Provided <input type="checkbox"/> Private <input type="checkbox"/> Other _____						
2)				<input type="checkbox"/>		
Disabling Condition?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/> Refuse To Answer Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/> Refuse To Answer Health Insurance? <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children's Health Insurance (Healthy Montana Kids) <input type="checkbox"/> Employer-Provided <input type="checkbox"/> Private <input type="checkbox"/> Other _____						
3)				<input type="checkbox"/>		
Disabling Condition?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/> Refuse To Answer Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/> Refuse To Answer Health Insurance? <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children's Health Insurance (Healthy Montana Kids) <input type="checkbox"/> Employer-Provided <input type="checkbox"/> Private <input type="checkbox"/> Other _____						
4)				<input type="checkbox"/>		
Disabling Condition?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/> Refuse To Answer Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/> Refuse To Answer Health Insurance? <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children's Health Insurance (Healthy Montana Kids) <input type="checkbox"/> Employer-Provided <input type="checkbox"/> Private <input type="checkbox"/> Other _____						
5)				<input type="checkbox"/>		
Disabling Condition?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/> Refuse To Answer Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/> Refuse To Answer Health Insurance? <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children's Health Insurance (Healthy Montana Kids) <input type="checkbox"/> Employer-Provided <input type="checkbox"/> Private <input type="checkbox"/> Other _____						

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Bank	<input type="checkbox"/> Friend	<input type="checkbox"/> Previous Client
<input type="checkbox"/> Brochure	<input type="checkbox"/> HRDC Agency	<input type="checkbox"/> Property Sign
<input type="checkbox"/> Clerk and Recorder	<input type="checkbox"/> Lender	<input type="checkbox"/> Radio Ad
<input type="checkbox"/> Community Meeting/Event	<input type="checkbox"/> Mortgage Company	<input type="checkbox"/> Realtor
<input type="checkbox"/> Employer	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Family	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Website
<input type="checkbox"/> Flyer	<input type="checkbox"/> Other Agency	<input type="checkbox"/> Word of Mouth

DOMESTIC VIOLENCE

Are you a domestic violence victim/survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/> Refuse to Answer	
If YES, when did your last experience occur? <input type="checkbox"/> Within the Past Three Months <input type="checkbox"/> Three to Six Months Ago (Excluding One Year Exactly) <input type="checkbox"/> Six Months to One Year Ago (Excluding One Year Exactly)	<input type="checkbox"/> One Year Ago or More <input type="checkbox"/> Do Not Know <input type="checkbox"/> Refuse to Answer

NON-CASH BENEFITS

Do you have non-cash benefits from any source? ☐ Yes ☐ No ☐ Do Not Know ☐ Refuse to Answer

If NO, please skip to HEALTH INSURANCE.

If YES, answer 'Yes' or 'No' for each non-cash benefit source (Answer 'No' for benefits that have been terminated, even if they were received in the past month):

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Special Supplemental Nutrition Program (SNAP) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | TANF Child Care Services (Childcare Connections Best Beginning's Scholarship) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | TANF Transportation Services |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other TANF-Funded Services |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Section 8, Public Housing, or Other Rental Assistance |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Temporary Rental Assistance. If yes, specify source: _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other Source: _____ |

HEALTH INSURANCE

Do you have health insurance? ☐ Yes ☐ No ☐ Do Not Know ☐ Refuse to Answer

If YES, answer 'Yes' or 'No' for each non-cash benefit source (Answer 'No' for benefits that have been terminated, even if they were received in the past month):

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medicaid |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medicare |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | State Children's Health Insurance Program (i.e. Healthy Montana Kids) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Veteran's Administration (VA) Medical Services |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Employer-Provided Health Insurance |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Health Insurance Obtained Through COBRA |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Private Pay Health Insurance |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | State Health Insurance for Adults |

WORK STATUS

- | | | |
|---|---|---|
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Unemployed (Short-Term, 6 Months or Less) | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Unemployed (Long-Term, More Than 6 Months) | <input type="checkbox"/> Do Not Know |
| <input type="checkbox"/> Migrant Seasonal Farm Worker | <input type="checkbox"/> Unemployed (Not In Labor Force) | <input type="checkbox"/> Refuse to Answer |

Employer/Company/Organization Name _____	Work Begin Date (MM/DD/YYYY) _____
Employer/Company/Organization Name _____	Work Begin Date (MM/DD/YYYY) _____
Employer/Company/Organization Name _____	Work Begin Date (MM/DD/YYYY) _____

ASSETS

Do you have any assets (i.e. checking, savings, money market funds)? ☐ Yes ☐ No

HIGHEST GRADE ACHIEVED**POST-SECONDARY SCHOOL****MARITAL STATUS**

- ☐ Single
☐ Domestic Partner/Living Together
☐ Divorced
☐ Married
☐ Separated
☐ Widowed
☐ Do Not Know
☐ Refuse to Answer

PREGNANCY

- ☐ Yes
☐ If YES, when is your due date?

☐ No
☐ Do Not Know
☐ Refuse to Answer

- ☐ No Schooling Completed
☐ Nursery School to 4th Grade
☐ 5th Grade or 6th Grade
☐ 7th or 8th Grade
☐ 9th Grade
☐ 10th Grade
☐ 11th Grade
☐ 12th Grade, No Diploma
☐ High School Diploma
☐ GED
☐ Post-Secondary School
☐ Do Not Know
☐ Refuse to Answer

If you **DO NOT HAVE** a GED or high school diploma, which of the following best describe your current level of education:

Reading, writing, and math skills are:

- ☐ Present ☐ Absent

- ☐ Associates Degree
☐ Bachelor's Degree
☐ Certificate of Training or Skilled Artisan
☐ Doctorate Degree
☐ Master's Degree
☐ None
☐ Other Graduate/Professional Degree
☐ Some College
☐ Do Not Know
☐ Refuse to Answer

INCOME

Do you have income from any source?

☐ Yes ☐ No

Estimated Gross Household Income (Before Taxes)

\$ _____

Estimated Net Household Income (After Taxes/Take Home Pay)

\$ _____

Approximate Average Credit Score Currently

Source of Income	Monthly Amount	Source of Income	Monthly Amount
<input type="checkbox"/> Alimony or Other Spousal Support	\$ _____	<input type="checkbox"/> Social Security (Retirement Benefits)	\$ _____
<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/> Social Security (Survivor's Benefits)	\$ _____
<input type="checkbox"/> Educational Grants	\$ _____	<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____
<input type="checkbox"/> Earned Income (i.e. Wages/Tips)	\$ _____	<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____
<input type="checkbox"/> Foster Care Assistance	\$ _____	<input type="checkbox"/> Temporary Aid to Needy Families (TANF)	\$ _____
<input type="checkbox"/> Gifts (Money)	\$ _____	<input type="checkbox"/> Unemployment Benefits	\$ _____
<input type="checkbox"/> Interest	\$ _____	<input type="checkbox"/> Veteran's Disability Payment	\$ _____
<input type="checkbox"/> Loans	\$ _____	<input type="checkbox"/> Veteran's Pension	\$ _____
<input type="checkbox"/> Pension from former Employment	\$ _____	<input type="checkbox"/> Workman's Compensation	\$ _____
<input type="checkbox"/> Private Disability Insurance	\$ _____	<input type="checkbox"/> Other (Specify): _____	\$ _____

SUPPLEMENTAL CLIENT QUESTIONS

HOUSING STATUS

Is your housing unsafe (i.e. no heat) or unstable (i.e. facing eviction)?

☐ Yes ☐ No

Are your choices limited due to moderate income?

☐ Yes ☐ No

Is your housing unaffordable? (Unpaid Mortgage/Rent, Facing Foreclosure or Eviction, or Mortgage/Rent \geq 40% of Income) ☐ Yes ☐ No

Please choose one of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Home Ownership | <input type="checkbox"/> Project-Based Subsidized (Voucher) Rental | <input type="checkbox"/> Unstable Housing for Non-Financial Reasons |
| <input type="checkbox"/> Condo Ownership | <input type="checkbox"/> Tenant-Based Subsidized (Voucher) Rental | <input type="checkbox"/> Temporarily Living with Relatives, Friends, or Couch Surfing |
| <input type="checkbox"/> Co-op Home Ownership | <input type="checkbox"/> Employer-Provided Rental | <input type="checkbox"/> Homeless (Not for Habitation, i.e. Car, Streets) |
| <input type="checkbox"/> Non-Subsidized Rental Housing | <input type="checkbox"/> Transitional Housing | |
| | <input type="checkbox"/> Temporary Shelter | |

Have you owned a home in the past three years?

☐ Yes ☐ No

Monthly Rent or Mortgage \$ _____

Is your home a mobile home trailer?

☐ Yes ☐ No

Do you live within the Bozeman city limits? ☐ Yes ☐ No

Is your home a camper trailer? ☐ Yes ☐ No

EMPLOYMENT STATUS

If **EMPLOYED**, are you employed: ☐ Full Time (32+ Hours/Week) ☐ Part Time

If **EMPLOYED**, is your hourly wage: ☐ Minimum Wage (\$7.80 - \$11.41) ☐ Living Wage (\$11.42+)

If **EMPLOYED**, does your employer provide medical benefits? ☐ Yes ☐ No

If **NOT EMPLOYED**, do you have a positive work history and/or skills? ☐ Yes ☐ No

TRANSPORTATION

Please select the option that best describes your household's access to transportation:

- ☐ Have Vehicle with Insurance, Needs No Repairs
- ☐ Have Vehicle with Insurance, Needs Repairs
- ☐ Have Vehicle without Insurance, Needs No Repairs
- ☐ Have Vehicle without Insurance, Needs Repairs
- ☐ Live Within 12 Blocks from Bus Stop/Use Galavan
- ☐ No Vehicle or Access to Public Transportation

Is there a valid Driver's License holder? ☐ Yes ☐ No

CHILDCARE

Please select the option that best describes your household's childcare situation:

☐ Not Applicable (All Children Over 10 or No Children in Household)

For Children Under 10:

- ☐ Enrolled in Unsubsidized, Licensed Childcare Setting, Own Choice
- ☐ Enrolled in Subsidized, Licensed Childcare Setting, Own Choice
- ☐ Enrolled in Subsidized, Licensed Childcare Setting, Limited Choice
- ☐ Child Provided Childcare by a Family Member or Friend
- ☐ Child on Waiting List for Enrollment in Childcare
- ☐ Child Not Enrolled in Childcare
- ☐ Child Enrolled in Unregulated or Unlicensed Childcare Facility

FINANCIAL LITERACY

Please select the options that best describes your financial habits. How often do you?

Keep track of your family's income?

☐ Regularly ☐ Often ☐ Occasionally ☐ Often

Keep track of your family's expenses?

☐ Regularly ☐ Often ☐ Occasionally ☐ Often

Use a budget?

☐ Regularly ☐ Often ☐ Occasionally ☐ Often

Save money?

☐ Regularly ☐ Often ☐ Occasionally ☐ Often

Do you have a savings account? ☐ Yes ☐ No

FOOD SECURITY AND NUTRITION

Please select the option that best describes your situation:

☐ No Outside Support Needed

☐ Lack Ability to Purchase Extras

☐ Able to Purchase Some Food; Rely on Outside Support Like SNAP, WIC, Free School Lunch

☐ Rely Completely on Outside Support to Supply Food (Public and Community Assistance)

☐ No Food and/or Refrigeration/Way to Prepare Food; Not Currently on Public Assistance; Struggle Daily to Find Food from Free or Low-Cost Sources

Please select the option that best describes your situation:

☐ Eat Well-Balanced Meals Daily That Include Fruit, Vegetables, Dairy, and Water; Maintain a Stable, Healthy Weight and Have No Conditions That Prevent Healthy Eating

☐ Often Eat/Drink Fruit, Vegetables, Dairy, and Water; At a Stable Weight, But Somewhat Over or Under a Healthy Weight; No Conditions That Would Prevent Me From Eating Better

☐ Try to Make Good Food Choices, But Don't Often Get Enough Nutritious Foods Like Fruit, Vegetables; May Have Frequent or Dramatic Changes in Weight or Have Condition That Prevents Me From Eating Better

☐ Don't Have Enough Fruit, Vegetables, Dairy, or Other Healthy Foods; May Have a Condition That Prevents Me From Eating Better

☐ Usually Cannot or Do Not Eat/Drink Fruit, Vegetables, Dairy or Water; Don't Feel Very Healthy

HEALTH CARE/SERVICES

Please select the options that best describes your situation:

☐ Can Always Get Medical Care When Needed; Have Good Medical Insurance & Successfully Manage Any Chronic Health Issues

☐ Can Usually Get Medical Care When Needed; Successfully Manage Any Chronic Health Issues

☐ Able to Get Medical Care But With Some Difficulty or Gaps in Care; Have Insurance But Rely on Multiple Sources to Pay Medical Costs; Try to Manage Any Chronic Health Issues, But Sometimes Struggle

☐ Rarely Have Access to Health Care Due to Lack of Insurance or Money; Rely on the Emergency Room for Any Medical Needs and Could Use Some Help Managing Chronic Health Conditions

☐ Have No Access to Medical Services Other Than Free Services; May Not Qualify for Health Insurance; Cannot Currently Manage Any Chronic Health Issues, Serious Illnesses, or Injuries

CERTIFICATION OF ACCURACY

I/We hereby certify that all information contained herein is true and accurate to the best of my knowledge. I/we understand that false statements or information are punishable under Federal Law and may result in the discontinuation of HRDC services. Additionally, I authorize HRDC IX, Inc. to enter the information contained on this application in electronic database(s) for purposes of determining program eligibility, tracking services provided to my household and reporting to federal, state, or other funding sources.

As a HOMEOWNERSHIP CENTER participant, I authorize the HOMEOWNERSHIP CENTER to: (a) Contact my lender or realtor regarding my file in order to provide or gain access to information; (b) Obtain a copy of the HUD-1 Settle Statement when I purchase a home from the lender who made me a loan or the title company that closed the loan.

Applicant's Signature

Printed Name

Date

Co-Applicant's Signature

Printed Name

Date

Please initial each of the items below affirming that you have received these three documents with this packet:

_____/_____
Applicant Co-Applicant Please initial acknowledging that you have read a copy of HRDC9's Privacy Policy.
(Please return signed Privacy Policy with this packet.)

_____/_____
Applicant Co-Applicant Please initial acknowledging that you have received a copy of HRDC9's Referrals
and Community Resource List. (You may keep the list for your reference.)

_____/_____
Applicant Co-Applicant Please initial acknowledging that you have received a copy of "For You're Your
Protection: Get Home Inspection" (HUD-92564-CN) & "Ten Important Questions to
Ask Your Home Inspector." (You may keep the list for your reference.)



HRDC9
32 South Tracy
Thehrdc.org
406-587-4486

HomeOwnership Center Program Disclosure Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: The Human Resource Development Counsel is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including pre-purchase, financial counseling, foreclosure prevention, non-delinquency post-purchase, rental and homeless counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing education program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

****PLEASE INITIAL IN THE BOX AFTER READING****

Educator's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none">• Providing you with information and resources to inform your exploration of homeownership.• Your counselor is not responsible for achieving your housing goals, but will provide guidance and education in support of your goals.• Neither your educator nor HRDC9 employees, agents, or directors may provide legal advice.	<ul style="list-style-type: none">• Actively participating in all relevant class sessions, and providing requested paperwork.• Participating in one-on-one counseling (i.e. pre-purchase counseling) as relevant and recommended.• Retaining an attorney if seeking legal advice and/or representation.
<p>Termination of Services: Failure to work cooperatively with your housing counselor and/or HRDC9 will result in the discontinuation of counseling services. This includes, but is not limited to, missing an appointment without advance notice.</p> <p>PARTICIPANT INITIALS HERE: [_____ / _____]</p> <p>Counselor Initials: RS</p>	

Agency Conduct: No HRDC9 employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: HRDC9 has financial affiliation with HUD, the Montana Board of Housing, NeighborWorks Montana, NeighborWorks America, USDA Rural Development, Gallatin, Park and Meagher Counties, and local and national banks. As a housing program participant, you are not obligated to use the products and services of HRDC9 or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: HRDC9 has a first-time homebuyer program developed in partnership with local lenders, Realtors, title and homeowner insurance agents. However, you are not obligated to participate in this or other HRDC9 programs and services while you are receiving housing education from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Authority (FHA) for first-time homebuyer loan programs, and NeighborWorks Montana and the Montana Board of Housing for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products similar to those offered by HRDC9 and its exclusive partners and affiliates.

Errors and Omissions and Disclaimer of Liability: I/we agree HRDC9 its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in HRDC9 counseling and/or education; and I hereby release and waive all claims of action against HRDC9 and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, HRDC9, or one of its partners, may contact you during or after the completion of your housing counseling and/or educational service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with HRDC9 grantors such as HUD or NeighborWorks Montana.

I/we acknowledge that I/we received, reviewed, and agree to HRDC9's Program Disclosures.

Name 1 Signature

Date

Counselor Signature

Date

Name 2 Signature

Date

HOMEOWNERSHIP CENTER Privacy Policy

Human Resource Development Council, IX
32 South Tracy Avenue, Bozeman, MT 59715
thehrdc.org (406) 587-4486

This privacy policy sets out how the HRDC Homeownership Center Program uses and protects any information that you provide to us. The HRDC Homeownership Center is committed to ensuring that your privacy is protected. The information you provide will only be used in accordance with this privacy statement.

What We Collect

We may collect the following information:

- Name and Contact Information Including Email Address
- HRDC Applications and Forms You Complete
- Demographic Information Relevant to Reporting Requirements
- Reports from Consumer Reporting Agencies, Personnel, and Employment Agencies

What We Do with the Information We Gather

We require this information to understand your needs and provide you with a better service and in particular for the following reasons:

- Internal Record Keeping
- External Reporting Requirements
- To Share with Third Party Partners for Eligibility Determination

Who We Disclose Your Information To

It might be necessary to disclose your personal information in order to provide the service you have requested. It could be disclosed to:

- Unaffiliated Third Parties
- Financial Service Providers
- Other Nonprofit Organizations Only for Review, Auditing, and Oversight Purposes
- Additional Third Parties Only as Permitted by Law

Security

We are committed to ensuring that your information is secure. In order to prevent unauthorized access or disclosure, we have put in place suitable physical, electronic, and managerial procedures to safeguard and secure the information we collect.

Controlling Your Personal Information

We will not sell, distribute, or lease your personal information to third parties unless we have your permission or are required by law.

If you believe that any information we are holding on you is incorrect or incomplete, please write to or email us as soon as possible at the address listed below. We will promptly correct any information we find to be incorrect.

HRDC Homeownership Center
32 South Tracy Avenue
Bozeman, MT 59715
hello@thehrdc.org

I (we) acknowledge that I (we) reviewed and understand the terms as listed above.

Applicant's Signature

Printed Name

Date

Co-Applicant's Signature

Printed Name

Date

HUD > Program Offices > Housing > Single Family > Inspectors > Ten Important Questions to Ask Your Home Inspector

Ten Important Questions to Ask Your Home Inspector

1. What does your inspection cover?

The inspector should ensure that their inspection and inspection report will meet all applicable requirements in your state if applicable and will comply with a well-recognized standard of practice and code of ethics. You should be able to request and see a copy of these items ahead of time and ask any questions you may have. If there are any areas you want to make sure are inspected, be sure to identify them upfront.

2. How long have you been practicing in the home inspection profession and how many inspections have you completed?

The inspector should be able to provide his or her history in the profession and perhaps even a few names as referrals. Newer inspectors can be very qualified, and many work with a partner or have access to more experienced inspectors to assist them in the inspection.

3. Are you specifically experienced in residential inspection?

Related experience in construction or engineering is helpful, but is no substitute for training and experience in the unique discipline of home inspection. If the inspection is for a commercial property, then this should be asked about as well.

4. Do you offer to do repairs or improvements based on the inspection?

Some inspector associations and state regulations allow the inspector to perform repair work on problems uncovered in the inspection. Other associations and regulations strictly forbid this as a conflict of interest.

5. How long will the inspection take?

The average on-site inspection time for a single inspector is two to three hours for a typical single-family house; anything significantly less may not be enough time to perform a thorough inspection. Additional inspectors may be brought in for very large properties and buildings.

6. How much will it cost?

Costs vary dramatically, depending on the region, size and age of the house, scope of services and other factors. A typical range might be \$300-\$500, but consider the value of the home inspection in terms of the investment being made. Cost does not necessarily reflect quality. HUD does not regulate home inspection fees.

7. What type of inspection report do you provide and how long will it take to receive the report?

Ask to see samples and determine whether or not you can understand the inspector's reporting style and if the time parameters fulfill your needs. Most inspectors provide their full report within 24 hours of the inspection.

8. Will I be able to attend the inspection?

This is a valuable educational opportunity, and an inspector's refusal to allow this should raise a red flag. Never pass up this opportunity to see your prospective home through the eyes of an expert.

9. Do you maintain membership in a professional home inspector association?

There are many state and national associations for home inspectors. Request to see their membership ID, and perform whatever due diligence you deem appropriate.

10. Do you participate in continuing education programs to keep your expertise up to date?

One can never know it all, and the inspector's commitment to continuing education is a good measure of his or her professionalism and service to the consumer. This is especially important in cases where the home is much older or includes unique elements requiring additional or updated training.

[Return to inspectors home](#)

CAUTION



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It is your responsibility to be an informed buyer. You have the right to carefully examine your potential new home with a qualified home inspector. To find a qualified home inspector ask for references from friends, realtors, local licensing authorities and organizations that qualify and test home inspectors.

Be an Informed Buyer

Ask your home inspector about additional health and safety tests that may be relevant for your home. The United States Environmental Protection Agency and the Surgeon General of the United States have recommended that all houses should be tested for radon. For more information on radon testing, call the toll-free National Radon Information Line at 1-800-SOS-Radon or 1-800-767-7236.

Radon Gas Testing and other safety/health issues

If you find problems with your new home after closing, FHA cannot give or lend you money for repairs, and FHA cannot buy the home back from you. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

FHA Does Not Guarantee the Value or Condition of your Potential New Home

An appraisal is different from a home inspection and does not replace a home inspection. Appraisals estimate the value of the property for lenders. An appraisal is required to ensure the property is marketable. Home inspections evaluate the condition of the home for buyers.

Appraisals are Different from Home Inspections

A home inspection will only occur if you arrange for one. FHA does not perform a home inspection. Decide early. You may be able to make your contract contingent on the results of the inspection.

You Must Ask for a Home Inspection

A home inspection gives the buyer more detailed information about the overall condition of the home prior to purchase. In a home inspection, a qualified inspector takes an in-depth, unbiased look at your potential new home to:

Get a Home Inspection

For Your Protection:

U.S. Department of Housing and Urban Development
Federal Housing Administration (FHA)



OMTB Approval No: 2502-0538 (exp. 04/30/2018)

Client Keep this page

CAUTION

CAUTION

CAUTION

HRDC9's HomeOwnership Center's Referral and Resource List

This is not an exhaustive list. This is a list of some community partners who serve home buyers.

For a more extensive list of Community Resources in Bozeman Area Contact HRDC 406.587.4486

Jolene Wenzel, Area Specialist USDA Rural Development 406.585.2554	Montana Department of Commerce http://housing.mt.gov/HBNavigating Helena MT 406.841.2840
Kari Francisco, Real Estate Lender First Security Bank Direct: 406.556.3876 Cell: 406.595.3885 208 E Main Street Bozeman, MT 59715 Kari.Francisco@Ourbank.com	Gallatin Association of Realtors Inquire here for realtor referrals 406-585-0033 Seek Realtors who are Buyers Agents
Montana Board of Housing Housing.mt.gov Mortgage loans and downpayment assistance for Montana residents	Megan Watts <u>Opportunity Mortgage</u> Livingston Branch 123 Main Street, Livingston MT Direct: (406) 333-0567 Cell: (406) 640-2327 mwatts@oppbank.com
Ken Martinez, Downpayment Assistance Specialist The HomeOwnership Center 406.585.4875 dpa@thehrdc.org	FHA loan information https://www.hud.gov/program_offices/housing (Be sure and visit the hud.gov site. There are many sites posing as an FHA authority.
NeighborWorks Montana www.nwmt.org 406.761.5861 Great Falls Montana Homebuyer information for Montana residents	https://www.annualcreditreport.com This is the only legitimate site to get your free report. Be careful as there are many sites that charge. This does not. This site is your legal right to three free reports.
Montana Fair Housing 519 E Front Street #A Butte, MT 59701 406.782.2573 If you feel you have victim of housing discrimination contact this agency to file a complaint.	Sean McCormick, Personal Banker Wells Fargo A personal banker can help guide you through the process the process of budgeting and improving credit. 406.582.5138 sean.m.mccormick@wellsfargo.com
https://www.consumerfinance.gov/ Consumer Financial Protection Bureau is a U.S. government agency that makes sure lenders and other financial companies treat you fairly. Submit a complaint at this site.	http://www.keystomyhome.org/ NeighborWorks America Helpful tools to guide you through the home buying process
https://www.bankrate.com/calculators.aspx Many useful calculators. Such as debt to income and mortgage payments. https://www.feedthepig.org/ This site has information on managing your money. 1.29.2018	HRDC's Home Buyer's Education course is the only HUD certified class in the valley. Contact Roselle Shallah 406.585.4895 for education and one-to-one counseling. All offered for free! Note: Online Test available upon request for \$99 if you can't attend a class and you urgently need a HUD certificate. Take the in-person class for more in-depth interactive learning and an opportunity to meet local professionals.



