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 or 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):**

<table>
<thead>
<tr>
<th>Include all adults in the household Income Information</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Employer:</td>
<td>Start Date:</td>
<td>Position</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Employer:</td>
<td>Start Date:</td>
<td>Position</td>
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</tr>
<tr>
<td>Current Employer:</td>
<td>Start Date:</td>
<td>Position</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing</th>
<th>Personal</th>
<th>Rent or Mortgage</th>
<th>Clothing</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance(Renter/Homeowner)</td>
<td>Personal Care</td>
<td>Property Taxes</td>
<td>Tobacco/alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance/Repairs</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>Family Care</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilities</td>
<td>Child/Dependent Care</td>
<td>Electric</td>
<td>Personal Allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heating oil or gas</td>
<td>Total</td>
<td>Health/Medical(not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water and Sewer</td>
<td>Insurance Premium</td>
<td>Phone</td>
<td>Insurance Co-Pays</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cable TV</td>
<td>Prescriptions</td>
<td>Internet</td>
<td>Vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Health Savings Acct</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Groceries</td>
<td>Educational Expenses</td>
<td>Food Away from Home</td>
<td>Tuition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School lunches</td>
<td>Sports/Organization fees</td>
<td>Total</td>
<td>School Supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car Insurance</td>
<td>Pet Care</td>
<td>Maintenance/Repairs</td>
<td>Pet food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gasoline, Oil, etc</td>
<td>Pet Supplies</td>
<td>Total</td>
<td>Pet care(grooming, etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IS YOUR NAME ON THE TOP?</th>
<th>DID YOU USE MONTHLY TOTALS?</th>
<th>DID YOU TOTAL EACH CATEGORY?</th>
<th>DID YOU CHECK YOUR CREDIT SCORE? CREDITKARMA.COM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Last Name (Legal Name Only)</th>
<th>First Name (Legal Name Only)</th>
<th>Middle Name (Legal Name Only)</th>
<th>Suffix</th>
<th>Birth Date</th>
<th>Significant Other/Member</th>
</tr>
</thead>
</table>

First Name Alias/Nickname

GENDER

☐ Male
☐ Female
☐ Trans Female (MTF or Male to Female)
☐ Trans Male (FTM or Female to Male)
☐ Gender Non-Conforming (i.e. Not Exclusively Male or Female)
☐ Do Not Know
☐ Refuse To Answer

CITIZENSHIP STATUS

☐ Eligible Non-Citizen
☐ Ineligible Non-Citizen
☐ U.S. Citizen
☐ Undocumented
☐ Do Not Know
☐ Refuse to Answer

PRIMARY OR PREFERRED LANGUAGE

☐ English
☐ Spanish
☐ American Sign Language
☐ Native Central American, South America, Mexican
☐ Native North American/Alaska Native
☐ Other ____________________________

Are you English proficient? ☐ Yes ☐ 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 disabiling 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**

<table>
<thead>
<tr>
<th>Last Name (Legal Name Only)</th>
<th>First Name (Legal Name Only)</th>
<th>Middle Name (Legal Name Only)</th>
<th>Suffix</th>
<th>Birth Date</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

**First Name Alias/Nickname**

**GENDER**

- □ Male
- □ Female
- □ Trans Female (MTF or Male to Female)
- □ Trans Male (FTM or Female to Male)
- □ Gender Non-Conforming (i.e. Not Exclusively Male or Female)
- □ Do Not Know
- □ Refuse To Answer

**RELATION TO HEAD OF HOUSEHOLD**

- □ Self
- □ Spouse
- □ Child
- □ Step-Child
- □ Grandparent
- □ Guardian
- □ Other Relative
- □ Other Non-Relative
- □ Unknown
- □ Grandchild
- □ Foster-Child
- □ Parent

**CITIZENSHIP STATUS**

- □ Eligible Non-Citizen
- □ Ineligible Non-Citizen
- □ U.S. Citizen
- □ Undocumented
- □ Do Not Know
- □ Refuse to Answer

**PRIMARY OR PREFERRED LANGUAGE**

- □ English
- □ Spanish
- □ American Sign Language
- □ Native Central American, South America, Mexican
- □ Native North American/Alaska Native
- □ East Asian
- □ Pacific Island
- □ European, Slavic
- □ African
- □ Other

**VETERAN STATUS**

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

**ACTIVE MILITARY**

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

**FOREIGN BORN**

- □ Yes
- □ No
- □ 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: CO-APPLICANT**

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:

<table>
<thead>
<tr>
<th>Legal Name (First, Middle, Last)</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Gender</th>
<th>Hispanic?</th>
<th>Race</th>
<th>Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabling Condition?*</td>
<td>Yes</td>
<td>No</td>
<td>Do Not Know</td>
<td>Refuse To Answer</td>
<td>Veteran?</td>
<td>Yes</td>
</tr>
<tr>
<td>Health Insurance?</td>
<td>Medicaid</td>
<td>State Children’s Health Insurance (Healthy Montana Kids)</td>
<td>Employer-Provided</td>
<td>Private</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

| 2)                              |               |                        |        |           |      |                     |
| Disabling Condition?*           | Yes           | No                     | Do Not Know | Refuse To Answer | Veteran? | Yes | No | Do Not Know | Refuse To Answer |
| Health Insurance?               | Medicaid      | State Children’s Health Insurance (Healthy Montana Kids) | Employer-Provided | Private | Other |                     |

| 3)                              |               |                        |        |           |      |                     |
| Disabling Condition?*           | Yes           | No                     | Do Not Know | Refuse To Answer | Veteran? | Yes | No | Do Not Know | Refuse To Answer |
| Health Insurance?               | Medicaid      | State Children’s Health Insurance (Healthy Montana Kids) | Employer-Provided | Private | Other |                     |

| 4)                              |               |                        |        |           |      |                     |
| Disabling Condition?*           | Yes           | No                     | Do Not Know | Refuse To Answer | Veteran? | Yes | No | Do Not Know | Refuse To Answer |
| Health Insurance?               | Medicaid      | State Children’s Health Insurance (Healthy Montana Kids) | Employer-Provided | Private | Other |                     |

| 5)                              |               |                        |        |           |      |                     |
| Disabling Condition?*           | Yes           | No                     | Do Not Know | Refuse To Answer | Veteran? | Yes | No | Do Not Know | Refuse To Answer |
| Health Insurance?               | Medicaid      | State Children’s Health Insurance (Healthy Montana Kids) | Employer-Provided | Private | Other |                     |

### HOW DID YOU HEAR ABOUT US?

- [ ] Bank
- [ ] Brochure
- [ ] Clerk and Recorder
- [ ] Community Meeting/Event
- [ ] Employer
- [ ] Family
- [ ] Flyer
- [ ] Friend
- [ ] HRDC Agency
- [ ] Lender
- [ ] Mortgage Company
- [ ] Newsletter
- [ ] Newspaper
- [ ] Other Agency
- [ ] Previous Client
- [ ] Property Sign
- [ ] Radio Ad
- [ ] Realtor
- [ ] Walk-In
- [ ] Website
- [ ] Word of Mouth

### DOMESTIC VIOLENCE

Are you a domestic violence victim/survivor?  [ ] Yes  [ ] No  [ ] Do Not Know  [ ] Refuse to Answer

If YES, when did your last experience occur?

- [ ] One Year Ago or More
- [ ] Do Not Know
- [ ] Refuse to Answer
- [ ] Within the Past Three Months
- [ ] Three to Six Months Ago (Excluding One Year Exactly)
- [ ] Six Months to One Year Ago (Excluding One Year Exactly)
**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):

- □ Yes □ No  Special Supplemental Nutrition Program (SNAP)
- □ Yes □ No  Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- □ Yes □ No  TANF Child Care Services (Childcare Connections Best Beginning's Scholarship)
- □ Yes □ No  TANF Transportation Services
- □ Yes □ No  Other TANF-Funded Services
- □ Yes □ No  Section 8, Public Housing, or Other Rental Assistance
- □ Yes □ No  Temporary Rental Assistance. If yes, specify source: __________________________
- □ Yes □ 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):

- □ Yes □ No  Medicaid
- □ Yes □ No  Medicare
- □ Yes □ No  State Children's Health Insurance Program (i.e. Healthy Montana Kids)
- □ Yes □ No  Veteran's Administration (VA) Medical Services
- □ Yes □ No  Employer-Provided Health Insurance
- □ Yes □ No  Health Insurance Obtained Through COBRA
- □ Yes □ No  Private Pay Health Insurance
- □ Yes □ No  State Health Insurance for Adults

**WORK STATUS**

□ Employed Full-Time  □ Unemployed (Short-Term, 6 Months or Less)  □ Retired
□ Employed Part-Time  □ Unemployed (Long-Term, More Than 6 Months)  □ Do Not Know
□ Migrant Seasonal Farm Worker  □ Unemployed (Not In Labor Force)  □ 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
### 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

### Highest Grade Achieved
- 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

### Post-Secondary School
- 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

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Monthly Amount</th>
<th>Source of Income</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Alimony or Other Spousal Support</td>
<td>$</td>
<td>□ Social Security (Retirement Benefits)</td>
<td>$</td>
</tr>
<tr>
<td>□ Child Support</td>
<td>$</td>
<td>□ Social Security (Survivor’s Benefits)</td>
<td>$</td>
</tr>
<tr>
<td>□ Educational Grants</td>
<td>$</td>
<td>□ Social Security Disability Income (SSDI)</td>
<td>$</td>
</tr>
<tr>
<td>□ Earned Income (i.e. Wages/Tips)</td>
<td>$</td>
<td>□ Supplemental Security Income (SSI)</td>
<td>$</td>
</tr>
<tr>
<td>□ Foster Care Assistance</td>
<td>$</td>
<td>□ Temporary Aid to Needy Families (TANF)</td>
<td>$</td>
</tr>
<tr>
<td>□ Gifts (Money)</td>
<td>$</td>
<td>□ Unemployment Benefits</td>
<td>$</td>
</tr>
<tr>
<td>□ Interest</td>
<td>$</td>
<td>□ Veteran’s Disability Payment</td>
<td>$</td>
</tr>
<tr>
<td>□ Loans</td>
<td>$</td>
<td>□ Veteran’s Pension</td>
<td>$</td>
</tr>
<tr>
<td>□ Pension from former Employment</td>
<td>$</td>
<td>□ Workman’s Compensation</td>
<td>$</td>
</tr>
<tr>
<td>□ Private Disability Insurance</td>
<td>$</td>
<td>□ Other (Specify): ______________________</td>
<td>$</td>
</tr>
</tbody>
</table>
**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 >= 40% of Income) Yes No

Please choose one of the following:

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

Have you owned a home in the past three years? Yes No

Is your home a mobile home trailer? 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

<table>
<thead>
<tr>
<th>Please select the options that best describe your financial habits. How often do you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep track of your family's income?</td>
</tr>
<tr>
<td>□ Regularly □ Often □ Occasionally □ Often</td>
</tr>
<tr>
<td>Keep track of your family's expenses?</td>
</tr>
<tr>
<td>□ Regularly □ Often □ Occasionally □ Often</td>
</tr>
<tr>
<td>Use a budget?</td>
</tr>
<tr>
<td>□ Regularly □ Often □ Occasionally □ Often</td>
</tr>
<tr>
<td>Save money?</td>
</tr>
<tr>
<td>□ Regularly □ Often □ Occasionally □ Often</td>
</tr>
<tr>
<td><strong>Do you have a savings account?</strong> □ Yes □ No</td>
</tr>
</tbody>
</table>

### Food Security and Nutrition

<table>
<thead>
<tr>
<th>Please select the option that best describes your situation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No Outside Support Needed</td>
</tr>
<tr>
<td>□ Lack Ability to Purchase Extras</td>
</tr>
<tr>
<td>□ Able to Purchase Some Food; Rely on Outside Support Like SNAP, WIC, Free School Lunch</td>
</tr>
<tr>
<td>□ Rely Completely on Outside Support to Supply Food (Public and Community Assistance)</td>
</tr>
<tr>
<td>□ 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</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Please select the options that best describes your situation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Can Always Get Medical Care When Needed; Have Good Medical Insurance &amp; Successfully Manage Any Chronic Health Issues</td>
</tr>
<tr>
<td>□ Can Usually Get Medical Care When Needed; Successfully Manage Any Chronic Health Issues</td>
</tr>
<tr>
<td>□ 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</td>
</tr>
<tr>
<td>□ 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</td>
</tr>
<tr>
<td>□ 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</td>
</tr>
</tbody>
</table>
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:

_________/_________ 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.)
Applicant Co-Applicant
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***.

<table>
<thead>
<tr>
<th>Educator's Roles and Responsibilities</th>
<th>Client's Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Providing you with information and resources to inform your exploration of homeownership.</td>
<td>• Actively participating in all relevant class sessions, and providing requested paperwork.</td>
</tr>
<tr>
<td>• Your counselor is not responsible for achieving your housing goals, but will provide guidance and education in support of your goals.</td>
<td>• Participating in one-on-one counseling (i.e. pre-purchase counseling) as relevant and recommended.</td>
</tr>
<tr>
<td>• Neither your educator nor HRDC9 employees, agents, or directors may provide legal advice.</td>
<td>• Retaining an attorney if seeking legal advice and/or representation.</td>
</tr>
</tbody>
</table>

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.

PARTICIPANT INITIALS HERE: [___________ / ___________]

Counselor Initials: RS
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HomeOwnership Center
Updated 12.2018
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 42

HomeOwnership Center

Updated 12.2018
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
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.
Get a Home Inspection: For Your Protection

Why a Buyer Needs a Home Inspection

Estimate the remaining useful life of the major systems: heating, ventilation, structure, and finishes.

Evaluate the physical condition: structure, construction, and mechanical

Look at your potential new home: own!

A home inspection gives the buyer more detailed information about the overall condition of the

You Must Ask for a Home Inspection

A home inspection will only occur if you request 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.

Appraisals are Different from Home Inspections

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 are

evaluation of the property. For buyers, PHA cannot afford to pay for repairs, and PHA cannot afford to pay for repairs. Ask a qualified home inspector to

Inspect your potential new home and give you the information you need to make a wise

evaluation of the condition of the home for buyers.

Radon Gas Testing and Other Safety/Health Issues

If you find problems with your new home after closing, PHA cannot afford to pay for repairs.

PHA Does Not Guarantee the Value or Condition of Your Potential New Home

Ask your home inspector about additional health and safety issues that may be relevant for your

Home Inspection

Ask your home inspector about additional health and safety issues that may be relevant for your

Be an Informed Buyer

Potential New Homes with a Qualified Home Inspector. To find a qualified home inspector ask for

home inspectors from friends, realtors, local licensing authorities and organizations that qualify and list

Home Inspection

Home Inspection

Be an Informed Buyer

Ask your home inspector about additional health and safety issues that may be relevant for your

Home Inspection

Ask your home inspector about additional health and safety issues that may be relevant for your
<table>
<thead>
<tr>
<th><strong>Client Keep this page</strong></th>
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**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.)*

| 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 | Gallatin Association of Realtors  
Inquire here for realtor referrals  
406-585-0033  
**Seek Realtors who are Buyers Agents** |
| First Security Bank  
208 E Main Street | Megan Watts  
Opportunity Mortgage |  
Livingston Branch  
123 Main Street, Livingston MT  
Direct: (406) 333-0567 |  
(FHA loan information  
https://www.hud.gov/program_offices/housing |
| Cell: 406.595.3885 |  
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. |
| 208 E Main Street | Ken Martinez, Downpayment Assistance Specialist  
The HomeOwnership Center  
406.585.4875  
dpa@thehrdc.org |
| Mortgage loans and downpayment assistance for Montana residents | 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 |
| Montana Board of Housing  
Housing.mt.gov | NeighborWorks America  
http://www.keystoryhome.org/  
Helpful tools to guide you through the home buying process |
| Ken Martinez, Downpayment Assistance Specialist  
The HomeOwnership Center  
406.585.4875  
dpa@thehrdc.org | 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.  
https://www.consumerfinance.gov/ |
| NeighborWorks Montana  
www.nwmt.org  
406.761.5861  
Great Falls Montana  
Homebuyer information for Montana residents |  
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 |

**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.