



PO Box 3968
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 Fax 603-623-8011
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HOUSEHOLD QUESTIONNAIRE

PARTICIPANT #1 *Please Print Clearly*

Name: _____
 First MI Last

Street _____

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

Fax: (____) _____-_____ Email: _____ Birth Date: ____/____/____

How did you hear about us? (circle all that apply)

Family Member/Friend Lender Realtor Newspaper City Housing Authority NHHFA
 USDA-RD Internet(please specify)_____ Walk-In Other (please specify)

Race: (circle) 1. White 2. Black or African American 3. American Indian/Alaskan Native 4. Asian
 5. Native Hawaiian/Other Pacific Islander 6. American Indian/Alaskan Native and White
 7. Asian and White 8. Black/African American and White 9. American Indian/Alaskan Native and Black
 10. Other **Ethnicity:** Hispanic Non-Hispanic

Total # of People in Household? _____ **Gender:** Male Female **Foreign Born:** Yes No

Handicapped/Disabled: Yes No **Active Military:** Yes No
Veteran: Yes No **Section 8 Voucher:** Yes No

Education: (circle one)

1. Below High School Diploma 2. High School Diploma or Equivalent **First Time Homebuyer? (Circle)**
 3. Two-Year College 4. Bachelors Degree Yes No
 5. Advanced Degree

Marital Status: Single Married Divorced Separated Widowed

Household Type: (select the most accurate)

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

Current Housing Arrangement: (circle one) 1. Rent 2. Own 3. Other _____

Employer _____ **Position** _____

Address _____

Start Date _____ **Yearly Gross Income:** \$ _____ **Full Time**__ **Part Time**__ **Self Employed**__

Signature- Participant #1

Date



PARTICIPANT #2

Name:

First MI Last

Street

City State Zip Code

Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____

Fax: (____) ____-____ Email: _____ **Birth Date:** ____/____/____

Relationship to Participant #1 (circle)

Spouse Child Sibling Parent
Significant Other Other: _____

Race: (circle) 1. White 2. Black or African American 3. American Indian/Alaskan Native 4. Asian
5. Native Hawaiian/Other Pacific Islander 6. American Indian/Alaskan Native and White
7. Asian and White 8. Black/African American and White 9. American Indian/Alaskan Native and Black
10. Other

Ethnicity: Hispanic Non-Hispanic **Foreign Born:** Yes No **Gender:** Male Female

Marital Status: Single Married Divorced Separated Widowed

Handicapped/Disabled: Yes No

Veteran: Yes No

Active Military: Yes No

Section 8 Voucher: Yes No

Employer _____ **Position**

Address _____

Start Date _____ **Yearly Gross Income:** \$ _____ **Full Time**__ **Part Time**__ **Self Employed**__

Signature- Participant #2

Date



HOMETeam

Disclosure and Authorization Form

Print name(s): _____ (sign on back)

Purpose of the HOMETeam Housing Counseling Program

HOMETeam is a collaboration of NeighborWorks Southern New Hampshire (NWSNH), CATCH Neighborhood Housing (CATCH) and Laconia Area Community Land Trust (LACLT). I understand that the purpose of HOMETeam is to provide general housing information, counseling and education to me regarding housing and personal financial topics. These topics may include, but may not be limited to: Home purchase; Financial capabilities; Mortgage loan default and foreclosure issues; Reverse mortgage; Post home purchase topics and Landlord training. I understand that neither participation in any of HOMETeam's services nor referral to any lenders or other real estate professionals guarantees that I or my family will obtain a loan, find a suitable home, or be able to obtain other services related to purchasing or maintaining a home or home ownership..

I agree to provide information to HOMETeam about my demographics, financial affairs, income, employment, rental history, credit history, and details of my home purchase. I agree it is my responsibility to be truthful and accurate, to take responsibility for my own learning, and to ask questions if there is anything I do not understand. I understand that I will work with a counselor to develop an action plan specific to my housing needs, which may consist of recommendations for handling my finances and possibly include referrals to other housing agencies as appropriate.

I understand that HOMETeam will share information with me about mortgage products, lending or servicing institutions, and other professional services related to locating, purchasing and/or maintaining a home. I understand that my participation in the any of HOMETeam's services is voluntary and that I am under no obligation to follow HOMETeam's recommendations if I do not wish to. I understand that I may submit an application to any lending or servicing institution at any time, and to shop for a home at any time and that all decisions regarding HOMETeam's services are my own.

Authorization to Share Information

I authorize HOMETeam to share both identifying and non-identifying demographic and other information I have provided to funders that include, but may not be limited to

- Neighborhood Reinvestment Corporation
- NeighborWorks America
- New Hampshire Community Loan Fund
- New Hampshire Housing Finance Authority
- Department of Housing and Urban Development (HUD) and their programs
- NeighborWorks Southern New Hampshire
- CATCH Neighborhood Housing
- Laconia Area Community Land Trust
- Other HOMETeam funders and partners.

Under no circumstances will my name or address be shared, sold or otherwise disclosed by HOMETeam to any person or organization for purposes of solicitation or fundraising unless I explicitly authorize such use in writing.

I understand that my name will be entered into the HOMETeam's databases and that I may from time to time receive newsletters, announcements, invitations, email correspondence and the like from



HOMEdteam. I understand that I may also receive solicitations to voluntarily support HOMEdteam and its programs but that I am under no obligation to provide financial support. If I do not wish to be on the mailing lists and/or on the solicitation lists, I will so indicate by marking this paragraph with my initials.

Information Shared with Mortgage Lenders; Servicers; and other transaction related institutions

I grant permission for HOMEdteam to share information about me with any institution that receives a mortgage or other application from me, and also grant permission for the institution to provide a copy of any application and/or supporting documentation to HOMEdteam for the purposes of housing counseling. If I purchase a home after receiving HOMEdteam services I authorize HOMEdteam to obtain a copy of settlement statement (HUD-1 or Closing Disclosure) from my lender or closing agent. HOMEdteam has my permission to contact me about any services I received from them for the purposes of collecting information about the outcomes that resulted from my receiving those services. They may, also contact me offer other services they consider may be of benefit to me.

HOMEdteam Not Responsible for Third Parties

I am aware that real estate, insurance, home inspection, lender, servicers and other professionals participating in HOMEdteam services may obtain my name and other information from me directly in order to offer their professional services, but that I am under no obligation provide such information nor to purchase goods or services from them. Should I have a dispute related to one of these professionals, I understand that HOMEdteam is not responsible and that my concerns must be addressed with the professional, any licensing authority, or an attorney I may engage.

NeighborWorks Southern New Hampshire (NWSNH), CATCH Neighborhood Housing (CATCH) and Laconia Area Community Land Trust (LACLT) as Owner and/or Lender

I understand that NWSNH, CATCH and LACLT are owners of property and that my participation in HOMEdteam’s services in no way qualifies me for, nor obligates me to rent property nor purchase properties from either NWSNH, CATCH and LACLT. However, should I wish to rent such property, I understand that there are additional conditions beyond participating in HOMEdteam’s services that I must meet in order to do so.

I further understand that NWSNH may also act as a mortgage lender and/or broker. My participation in HOMEdteam’s services in no way qualifies me for nor obligates me to apply for, nor obtain a mortgage loan through NeighborWorks Southern New Hampshire. However, should I wish to obtain such a mortgage loan, I understand that there are additional conditions beyond participating in HOMEdteam’s services that I must meet in order to do so.

Confidentiality

I understand that all those counseled by HOMEdteam staff are entitled to confidentiality during education and counseling sessions with HOMEdteam staff. However, should HOMEdteam counselors learn of *illegal* behavior or activities during such sessions, HOMEdteam may be obligated under state and federal law to report that behavior to law enforcement authorities.

Hold Harmless

I do hereby for myself, my heirs, successors, and/or assigns forever release, indemnify and hold harmless HOMEdteam, NWSNH, CATCH, LACLT its employees and volunteers from any liability or cause of action arising from the services I receive. All services and products are subject to change or withdrawal without notice.

Print name _____ Signature _____ Date _____

Print name _____ Signature _____ Date _____

