



## Flathead Finance Program Application Checklist

Please be sure to check the following to ensure your application is complete. Applications that are incomplete will be returned.

1.  Complete application in INK
2.  Family Composition: include birthdates, social security numbers and relationship to the head of household
3.  Be sure that all members of the household that are over the age of 18 years have their full middle names on the application.
4.  Proof of current income **and/or** employment verification for **ALL** household members 18 years of age and older. Including but not limited to:
  - a. Provide Social Security, Disability, Pension, Retirement, and Unemployment income award letter
  - b. Provide 30 days of your most current consecutive pay stubs
  - c. Child support court order and evidence of receipt of income/final divorce decree and documentation of alimony receipt and/or pay out, if applicable
  - d. Provide all W-2's or 1099's for the previous year
5.  Proof of Enrollment (copy of your Tribal ID)  
*(If you're an enrolled Tribal member)*
6.  Copy of State ID card or State Driver's License
7.  The Monthly Budget must be filled out COMPLETELY
8.  Credit Report (please contact our office if you need assistance)
9.  **EVERYONE** over the age of 18 years **MUST** sign **all** signature pages, front and back.

Please be aware that pending the type of assistance you are requesting you may be required to provide additional information to help us determine assistance

# Flathead Finance Program Application

**TYPE OF ASSISTANCE APPLYING FOR:** please mark all types of assistance you are requesting

- Down Payment       Closing Cost       Inspection  
 Credit Repair       Budgeting       Foreclosure       Environmental Review

### HOUSEHOLD COMPOSITION:

Please list the head of household and all other persons who will be living in your home. Give the relationship of each family member to the head of household. **EACH HOUSEHOLD MEMBER AGE 18 YEARS AND OLDER MUST SIGN THIS APPLICATION.**

	Full Name	Marital Status	Relation to HOH	Date of Birth	Gender (M/F)	Social Security #	Tribal Affiliation
1							
2							
3							
4							
5							
6							
7							
8							

### CONTACT INFORMATION:

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

Street/ P.O. Box
City
ST
Zip Code

Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_@\_\_\_\_\_.com

Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Are you able to receive calls & faxes at work?  Yes  No

Is English your primary language?  Yes  No

### ADDITIONAL CONTACT INFORMATION:

This information is used only in the event we are unable to reach you at the contact information you provided above.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

**EDUCATIONAL LEVEL**

Head of household only

- Below HS Diploma    HS Diploma    2 years of College    Bachelor's Degree    Master's Degree or above

**GENERAL QUESTIONS:**

**Please answer the following questions.**

1. Describe your current housing arrangement (circle which applies)
  - a. Homeless
  - b. Living with family member
  - c. Rent (how long \_\_\_\_\_)
  - d. Own mobile home on a permanent foundation
  - e. Homeowner with Mortgage (Current Mortgage holder: \_\_\_\_\_)
  - f. Homeowner with Mortgage paid off (When did you pay it off \_\_\_\_\_)
  
2. Are you/have you or any household member received services from SKHA?  Yes  No
  - a. What type of services? \_\_\_\_\_ When? \_\_\_\_\_
  
3. Do you or any household member have an outstanding balance with SKHA?  Yes  No
  - a. Who? \_\_\_\_\_ How much? \_\_\_\_\_ Current Payback?  Yes  No
  - b. Who? \_\_\_\_\_ How much? \_\_\_\_\_ Current Payback?  Yes  No
  
4. Are you or any household member a Veteran of the Military?  Yes  No
  - a. Who? \_\_\_\_\_ Do you have a DD-214?  Yes  No
  
5. Have you attended a 1<sup>st</sup> time Homebuyer Class?  Yes  No
  - a. Where? \_\_\_\_\_ When? \_\_\_\_\_
  
6. Have you or any household member owned a home?  Yes  No
  - a. Where? \_\_\_\_\_ When? \_\_\_\_\_
  - b. Do you still owe on that home?  Yes  No
  - c. How much do you still owe? \$ \_\_\_\_\_
  
7. Have you or any household member been arrested for any Drug-Related Criminal Activity or Drug Paraphernalia?  Yes  No
  - a. Who? \_\_\_\_\_ When? \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Please provide employment information on all household members who are currently working.

Head of Household	Current Employment
Name of Employer	
Address	
Telephone	(____) _____ - _____
Date of Employment	Start _____
Job Title	
Supervisor	
Rate of Pay	\$ _____ per _____
Hours Per Pay Period	

Other Household	Current Employment
Name of Employer	
Address	
Telephone	(____) ____ - _____
Date of Employment	Start _____
Job Title	
Supervisor	
Rate of Pay	\$ _____ per _____
Hours Per Pay Period	

**If additional household members are employed please provide information on additional sheet...**

### MONTHLY EXPENSES

Please provide a complete list of **ALL** household monthly expenses.

	EXPENSES	PAID TO:	MONTHLY BILL AMOUNT	TOTAL AMOUNT DUE
1	<b>Housing</b>		\$	\$
2	<b>Auto/Car Payment</b>		\$	\$
3	<b>Child Support/Alimony</b>		\$	\$
4	<b>Tribal Credit Loan</b>		\$	\$
5	<b>Personal Loan</b>		\$	\$
6	<b>Credit Card</b>		\$	\$
7	<b>Credit Card</b>		\$	\$
8	<b>Credit Card</b>		\$	\$
9	<b>Credit Collections</b>		\$	\$
10	<b>Credit Collections</b>		\$	\$
11	<b>Credit Collections</b>		\$	\$
12	<b>Credit Collections</b>		\$	\$
13	<b>Education</b>		\$	\$
14	<b>Installment Loans</b>		\$	\$
15	<b>Medical Bills</b>		\$	\$
16	<b>Insurance (Rental, Home)</b>		\$	\$

17	<b>Insurance (Medical)</b>		\$	\$
18	<b>Savings Account</b>		\$	\$
19	<b>Tax (personal)</b>		\$	\$
20	<b>Dining/Eating Out</b>		\$	\$
21	<b>Food/Groceries</b>		\$	\$
22	<b>Household Supplies</b>		\$	\$
23	<b>Entertainment</b>		\$	\$
24	<b>Gifts</b>		\$	\$
25	<b>Charities/Other donations</b>		\$	\$
26	<b>Public Transportation</b>		\$	\$
27	<b>Miscellaneous</b>		\$	\$
28	<b>Pet Expense (food, vet, etc.)</b>		\$	\$
29	<b>Money to Friends/Family</b>		\$	\$
30	<b>Utilities (Power)</b>		\$	\$
31	<b>Water/Sewer</b>		\$	\$
32	<b>Home Phone/Internet</b>		\$	\$
33	<b>Cell Phone</b>		\$	\$
34	<b>Cable/Satellite</b>		\$	\$
35	<b>Garbage fees</b>		\$	\$
36	<b>Auto Expenses (Gas, Oil)</b>		\$	\$
37	<b>Auto Repairs</b>		\$	\$
38	<b>Auto Insurance</b>		\$	\$
39	<b>Clothing for family</b>		\$	\$
40	<b>School Lunches</b>		\$	\$

41	<b>Work Clothes/Gear</b>		\$	\$
42	<b>Haircut/Nails</b>		\$	\$
43	<b>Alcohol/Tobacco</b>		\$	\$
44	<b>Diapers/Wipes/Formula</b>		\$	\$
45	<b>Other Personal items</b>		\$	\$
46	<b>Medications</b>		\$	\$
47	<b>Check Cashing fee</b>		\$	\$
48	<b>Bank Fees</b>		\$	\$
49	<b>Pawn Shops</b>		\$	\$
50	<b>Rent-A-Center(s)</b>		\$	\$
51	<b>Child Care</b>		\$	\$
52	<b>Crafts/Hobbies</b>		\$	\$
53	<b>Movie Rentals</b>		\$	\$
54	<b>Gambling</b>		\$	\$
55	<b>Athletic Events</b>		\$	\$
56	<b>Pow Wow/Stick Games</b>		\$	\$
57	<b>Property Taxes</b>		\$	\$
58	<b>Other</b>		\$	\$
59	<b>Other</b>		\$	\$
60	<b>Other</b>		\$	\$

# SIGNATURES

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective borrower under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC Chapter 37 (if VA); by 12 USC, Section 1701 et. Seq. (if HUG/FHA); by 42 USC, Section 145b (if HUD/CPD); and Title 42 USC, 1471 et. SEW., or 7 USC, 1921 et. Seq. (if USDA/FmHa).

I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Flathead Finance Program to make inquiries to verify the statements herein. I/We further understand that any intentional misrepresentation in this application might result in default and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify immediately.

Please print your FULL LEGAL NAME below:

Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### NOTICE OF PENALTY FOR MISREPRESENTATION:

Federal regulations establish administrative procedures for imposing civil penalties and assessments against person who file false claims or statements while applying for housing benefits. This regulation, which implements the Program Fraud Civil Remedies Act of 1986, applies to all applicants for Indian Housing Programs, as well as tenants and homebuyers. The Program Fraud Remedies regulations apply to any person or persons who misrepresents or omits information from applicants for housing, income verification, re-examinations of information, family compositions or ages of family members, etc. Such person or persons may be investigated by the Inspector General may be subject to the following penalties:

1. Up to \$ 5,000.00 for filing such a claim; or
2. Up to \$ 5,000.00 plus up to twice the amount of benefits which were fraudulently received; and
3. In any case, whether or not benefits were actually received by the individual family, any other remedy which may be prescribed by law will still apply. (This means that the fines do not preclude criminal charges or legal actions against the person(s) committing the fraud.)

Some of the areas where such fraud may occur:

1. Families reporting less than all sources of income, (e.g., only reporting husband's income when both spouses are working; or not reporting all or part of part-time income or other seasonal income.)
2. Families listing more dependents than are eligible or who live in the household.
3. Families misrepresenting age to either get benefits for "elderly" or claim children as dependents after they reach age 18.
4. Families not reporting all assets, such as bank accounts, real estate/homes owned (other than Trust land, which is not an asset for this program).

### A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL

I/we grant Salish & Kootenai Housing Authority permission to release information necessary in assisting me in obtaining other services for which I may be eligible.

I have read and accept the terms of the SKHA Criminal and Drug Related Activity Policy.

### I HAVE READ AND UNDERSTAND THESE REGULATIONS

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

THIS RELEASE OF INFORMATION IS GOOD FROM ONE YEAR FROM THE DATE SIGNED

### Authorization to Release Information

I (We) hereby authorize **Salish & Kootenai Housing Authority (SKHA)**, to verify my employment, and outstanding debt, including my present or previous mortgages, and to make any other inquiries pertaining to the Counseling Services they are providing to me, at their request. Initial \_\_\_\_\_

#### Mortgage Lenders/Serviceirs

I (We) hereby authorize **Salish & Kootenai Housing Authority (SKHA)**, to obtain any and all information about my account. I understand that information released to SKHA, may include, but is not limited to, information relating to my loan amount and payment transactions and/or the provision of copies of my loan documents.  
Initial \_\_\_\_\_

I (We) hereby authorize **Salish & Kootenai Housing Authority (SKHA)**, to obtain any and all information released to SKHA, may include, but is not limited to, information relating to any loan modification, forbearance plan and repayment, transactions and/or the provision of copies of my loan documents.  
Initial \_\_\_\_\_

I acknowledge that this authorization will remain in effect for the duration of time necessary to help me address my financial problems. SKHA will also assist in proposing a loss mitigation plan that is within your guidelines. I also acknowledge that should I wish to terminate this authorization, I will notify you in writing.

1<sup>st</sup> Mortgage \_\_\_\_\_ Loan Number \_\_\_\_\_

Authorized Third Party: **SALISH & KOOTENAI HOUSING AUTHORITY**  
PO Box 38  
Pablo, MT 59855  
Telephone: (406)675-4491  
Fax: (406)675-4495

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Co-Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

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

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



# 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 Flathead Finance Program is a HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including pre-purchase, 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:

Educator's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> <li>• Providing you with information and resources to inform your exploration of homeownership.</li> <li>• Your counselor is not responsible for achieving your housing goals, but will provide guidance and education in support of your goals.</li> <li>• Neither your educator nor [Org Name] employees, agents, or directors may provide legal advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Actively participating in all relevant class sessions, and providing requested paperwork.</li> <li>• Participating in one-on-one counseling (i.e. pre-purchase counseling) as relevant and recommended.</li> <li>• Retaining an attorney if seeking legal advice and/or representation.</li> </ul>
<p><b>Termination of Services: Failure to work cooperatively with your housing educator and/or The Flathead Finance Program will result in the discontinuation of education services. This includes, but is not limited to, missing a class.</b></p> <p style="text-align: center;"><b>[            /            ] (initial)</b></p>	

**Agency Conduct:** The Flathead Finance Program 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:** The Flathead Finance Program has financial affiliation with HUD, the Montana Board of Housing, NeighborWorks Montana, NeighborWorks America, USDA Rural Development, Smith County, and applicable Section 184 Approved Lenders. As a housing education program participant, you are not obligated to use the products and services of [Org Name] or our industry partners.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** You are not obligated to participate in this or other The Salish & Kootenai Housing Authority 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 The Flathead Finance Program and its exclusive partners and affiliates.

**Errors and Omissions and Disclaimer of Liability:** I/we agree The Flathead Finance Program, 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 SKHA education; and I hereby release and waive all claims of action against SKHA 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, The Flathead Finance Program, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with SKHA grantors such as HUD or NeighborWorks Montana.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Please initial acknowledging that you have received a copy of The Flathead Finance Program's Privacy Policy.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Please initial acknowledging that you have received a copy of "For Your Protection: Get a Home Inspection" (HUD-92564-CN) & "Ten Important Questions to Ask Your Home Inspector."**

**I/we acknowledge that I/we received, reviewed, and agree to The Flathead Finance Program Disclosures.**

Name 1 Signature	Date	Counselor Signature	Date
Name 2 Signature	Date		

# Privacy Policy

*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.*

The Flathead Finance Program is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

## What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

## What personal information does The Flathead Finance Program collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

## What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

## How is your personal information secured?

We restrict access to your nonpublic personal information to The Flathead Finance Program employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

## Opting Out of Certain Disclosures

You may direct The Flathead Finance Program to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit [Org Name]'s ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision at any time by contacting our agency.

Select one(1) option

**OPT-OUT:** I request that The Flathead Finance Program make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that The Flathead Finance Program will **NOT** be able to answer any questions from my creditors. I understand that I may change my decision at any time by contacting The Flathead Finance Program.

Printed Name 1                      Signature                      Date

\_\_\_\_\_

Printed Name 2                      Signature                      Date

\_\_\_\_\_

**RELEASE:** I hereby authorize The Flathead Finance Program to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Printed Name 1                      Signature                      Date

\_\_\_\_\_

Printed Name 2                      Signature                      Date

\_\_\_\_\_

# PRIVACY POLICY AND PRACTICES OF SALISH & KOOTENAI HOUSING AUTHORITY

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective borrower under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et, Seq. (if HUD/FHA); by 42 USC, Section 5301 et, seq. (if HUD/CPD); and Title 42 USC, 1471 et, Seq., or 7 USC, 1921 et, seq. (if USDA/FmHa).

We, at Salish & Kootenai Housing Authority value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

## Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources: Information that we receive from you on applications or other forms, Information about your transactions with us, our affiliates or others, Information we receive from a consumer reporting agency, and Information that we may receive from personal and employment references.

## Information We Disclose

We may disclose the following kinds of personal information about you:

Information we receive from your applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;

Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and

Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

## To Whom We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

Financial service providers, such as companies engaged in providing home mortgage or home equity loans,

Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law. Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

## Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

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Signature

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Date

---

Signature

---

Date

## HOUSING COUNSELOR/CLIENT AGREEMENT

**Purpose of Housing Counseling.** I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers fix those problems that prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

I understand that the **Salish & Kootenai Housing Authority (SKHA)** provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I understand that **SKHA** receives Congressional funds through the **National Foreclosure Mitigation Counseling (NFMC) program** and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

**SKHA** and its Counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default including the amount and cause of the default
- Present and explain reasonable options available to the homeowner
- Timely completion of counseling services
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Confidentiality, honesty, respect and professionalism in all services

**Customer's Responsibility.** I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing two consecutive appointments.

I (We) \_\_\_\_\_ agree to the following terms of service:

- Will always provide honest and complete information to my/our counselor, verbally or in writing
- Will provide all necessary documentation and follow-up information within the timeframe requested
- Will be on time for appointments and understand that if we are late, we will only be seen for the remainder scheduled time or you may be asked to reschedule.
- We will call within 24 hours if unable to attend an appointment
- Will contact the counselor about any changes in our situation immediately
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Co-Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Name (Print)

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

**EMPLOYMENT VERIFICATION**

Employer Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

**Return to:**

Salish & Kootenai Housing Authority  
Attention: Flathead Finance Program

Thank you for your prompt response all information is confidential

Email: \_\_\_\_\_ Fax (406) 675-4495

Please Contact: \_\_\_\_\_  
at (406) 675-4491 if you have any questions.

**PERMISSION FOR RELEASE OF INFORMATION**

You do not have to sign this form if either the requesting organization or the organization apply the information is left blank.  
RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed \_\_ Yes \_\_ No Date of first employment: \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

CURRENT Wages/Salary: \$ \_\_\_\_\_ (circle one) Hourly, Weekly, Bi-weekly, Semi-monthly, Monthly, Yearly

Average # of hours per week \_\_\_\_\_ Year to date earning: \$ \_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Overtime Rate \$ \_\_\_\_ per hour Average # of overtime hours per week \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_ per hour Average of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) Hourly, Weekly, Bi-weekly, Semi-monthly, Monthly, Yearly

List any anticipated change in the employee's rate of pay within the next 12 months \_\_\_\_\_:

Effective Date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer (Company) Name and Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address