Visionary Home Builders of CALIFORNIA

PROGRAMS AND SERVICES DEPARTMENT
EDUCATION AND COUNSELING PROGRAMS
APPLICATION

This application will be used to enroll you in the programs offered by our agency which include:

HOMEBUYER EDUCATION AND COUNSELING

A HUD Approved 8 hour Homebuyers Education Class to assist current and prospective Homebuyers with the necessary information to make educated decisions regarding the purchase of a home.

FINANCIAL EDUCATION

A workshop providing participants information on how to create a spending plan/budget, building & maintaining credit, paying down debts and creating savings goals.

RENTAL COUNSELING

A program designed to assist participants who want to become sustainable and knowledgeable renters in understanding the intake screening process, required deposits, credit report and alternative to credit report requirements, tenant and landlord responsibilities and fair housing.

MORTGAGE DELINQUENCY & DEFAULT RESOLUTION COUNSELING

Housing counseling services to households struggling to pay their mortgage.

CHECKLIST

Supportive documents listed below to be provided with Application. Submit all documents via our web portal/alternative option provided by staff.

- ☐ Application: Pages 2 thru 6
- ☐ Driver's License/Identification Card (Photo ID)
- ☐ Social Security Card
- ☐ Provide the most recent of the following (1 month)
  - ☐ Work Pay Stub
  - ☐ Checking and Savings Account Statements
  - ☐ Social Security Award Letter (if applicable)
  - ☐ Federal Tax Filing including all W2's and 1099's (1 Year)
- ☐ If Applicable:
  - ·Final Bankruptcy Discharge Papers
  - ·Final Foreclosure Notice

INSTRUCTIONS

Please complete your Application & attach your Supportive Documents as listed under Checklist. Then submit all documents via our web portal/alternative option provided by staff. Please note: We Cannot Accept Original Documents.

FEES

Credit report fee: $32.30 (individual)/ $68.15 (joint report)

315 N. San Joaquin Street Stockton, CA 95202
(209) 466-6811
www.visionaryhomebuilders.org

APPLICANT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____ Gender: ☐M ☐F
Head of Household: ☐Yes ☐No Social Security #: _____
Date of Birth: _____/_____/_____ Age: _____ Mobile Phone: (_____) _____-_____
Home Phone: (_____) _____-_____Email: _____
Home Address: _____
City: _____ State: ____ Zip code: _____ Is your mailing address the same? ☐ Yes ☐ No
Years living at current residence: _____ Housing Payment: $_____ Household Size: _____
Dependents: _____ Ages: _____ Preferred Language:_____

Employment & Income Information: (2 Years)

Current Employer: _____ Position/Title: _____
Hire Date: _____/_____/_____ Monthly Income: Gross: $_____
Net: $_____
Other Source of Income: _____ Monthly Amount: $_____

Place an "x" in the ☐ next to the program you seeking services for:

☐ Homebuyer Education & Counseling ☐ Financial Capability/Education ☐ Rental Counseling
☐Mortgage Delinquency and Default Resolution Counseling ☐ Other: _____
Co-Applicants: _____ Previous Client: ☐ Yes ☐ No *If "Yes," what service was taken?_____

Referral Source: How did you hear about Visionary Home Builders of California, Inc.?

Friend/Relative Flyer/Sign Facebook/Social media Website Walk-in Previous Client
TV HUD/Government Non-Profit Agency Lender/Bank Realtor Newspaper Radio
Other: _____

Government Monitoring and Reporting Demographic Information

Race: American Indian/Alaskan Native
Asian
Black or African American
White
Native Hawaiian-Pacific Islander
Other Multiple Race
Hispanic: Yes No
Ethnicity (optional): Cambodian Chinese Filipino Hmong Vietnamese Mexican Puerto Rican
Live in Rural Area: Yes No English Proficient: Yes No
Foreign Born: Yes No Veteran: Yes No
Education: College High School GED Primary/Vocational None
Household Annual Income: _____ Current Residence: Own Rent Other
Please check here if you do not wish to furnish the information requested below; if not, continue:
Are you Disabled? Yes No
Are you a Disabled Dependent? Yes No
Marital Status: Married Single Other
Active Military: Yes No First Generation Home Buyer: Yes No

SIGNATURES

Applicant Signature: _____ Printed Name: _____ Date: _____
Co-Applicant Signature: _____ Printed Name: _____ Date: _____
Authorized Staff Signature: _____ Printed Name: _____ Date: _____

CO-APPLICANT INFORMATION

Relationship to Applicant:_____ ☐ ☐

First Name: _____ Middle Name: _____ Last Name: _____ Gender: ☐ M ☐ F

Head of Household: ☐ Yes ☐ No Social Security #: _____

Date of Birth: _____/_____/_____ Age: _____ Mobile Phone: (_____) _____-_____

Home Phone: (_____) _____-_____Email: _____

Home Address: _____

City: _____ State: ____ Zip code: _____ Is your mailing address the same? ☐ Yes ☐ No

Years living at current residence: _____ Housing Payment: $_____ Household Size: _____

Dependents: _____ Ages: _____ Preferred Language:_____

Employment & Income Information: (1 Years)

Current Employer: _____ Position/Title: _____

Hire Date: _____/_____/_____ Monthly Income: Gross: $_____

Net: $_____

Other Source of Income: _____ Monthly Amount: $_____

Place an "x" in the ☐ next to the program you seeking services for:

☐ Homebuyer Education & Counseling ☐ Financial Capability/Education ☐ Rental Counseling

☐Mortgage Delinquency and Default Resolution Counseling ☐ Other: _____

Co-Applicants: _____ Previous Client: ☐ Yes ☐ No *If "Yes," what service was taken?_____

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Race: American Indian/Alaskan Native
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Hispanic: Yes No

Ethnicity (optional): Cambodian Chinese Filipino Hmong Vietnamese Mexican Puerto Rican

Live in Rural Area: Yes No English Proficient: Yes No

Foreign Born: Yes No Veteran: Yes No

Education: College High School GED Primary/Vocational None

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SIGNATURES

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Co-Applicant Signature: _____ Printed Name: _____ Date: _____

Authorized Staff Signature: _____ Printed Name: _____ Date: _____

AUTHORIZATION

By signing below, I/we certify that all information given in this application is true and correct to the best of my knowledge.

I/We authorize Visionary Home Builders of California, Inc. to:

- Pull a Tri-Merge credit report to review my/our credit report.
- Verify all information contained herein.
- Obtain a copy of the Closing Disclosure from the mortgage lender or Title Company that I/we utilize for my/our mortgage loan.

I/we understand that willful concealment of information regarding family size, income, assets, holdings, personal or real property, business or partnerships, royalties, child support, debt repayment or other eligibility criteria will result in immediate disqualification from any Visionary Home Builders of California, Inc. program(s) from which I/we have submitted information and may result in civil and/or criminal recourse through the legal system.

CLIENT AUTHORIZATION FOR RELEASE OF INFORMATION

I/We agree to participate in counseling sessions to help me/us with my/our present housing situation and or to provide a roadmap of ways to make better money management decisions. I/we understand that counselors and staff may obtain and discuss information on my/our credit history, banking financial situations, employment, or other related subjects which may improve my/our ability and chances to build credit, build savings or to purchase/acquire a home. I/we understand that all information will be held in confidence and that no information will be divulged to any person who is not directly involved in the counseling or homeownership process.

I/we understand that I/we am/are free to choose any lender, loan product or house, regardless of the loan products shown to me/us or homes built by Visionary Home Builders of California, Inc.

I/we authorize Visionary Home Builders of California, Inc. to share credit, financial, employment and other information with other non-profits, governmental agencies, or lending institutions as may be necessary to help facilitate homeownership or other housing alternative(s).

Hold Harmless Agreement:
In consideration of the counseling services provided by Visionary Home Builders of California, Inc. I/we agree to release, discharge, and hold Visionary Home Builders of California, Inc. and their respective employees and volunteers, (the “Indemnified Parties”), harmless from any liability, damages, claim, suit, action, or demand asserted against or incurred by me/us as a result of the disclosure of my/our information so long as the Indemnified Parties have used reasonable efforts to keep it confidential.

_____ Applicant: Social Security Number

_____ Co-Applicant: Social Security Number

SIGNATURES

Applicant Signature: _____ Printed Name: _____ Date: _____

Co-Applicant Signature: _____ Printed Name: _____ Date: _____

Authorized Staff Signature: _____ Printed Name: _____ Date: _____

DISCLOSURE FORM | CONFLICT OF INTEREST PROGRAMS DISCLOSURE STATEMENT

I/We have been advised that Visionary Home Builders of California, Inc. (VHB) provides the following services:

- **Homeownership Counseling and Education:** A HUD Approved 8 hour Homebuyers Education Class to assist current and prospective Homebuyers with the necessary information to make educated decisions regarding the purchase of a home.
- **Rental Counseling:** A program designed to assist participants who are not ready for homeownership but want to become sustainable and knowledgeable renters in understanding the intake screening process, required deposits, credit report and alternative to credit report requirements, tenant and landlord responsibilities and fair housing.
- **Financial Capability/Education:** A workshop providing participants information on how to create a spending plan/budget, building & maintaining credit, paying down debts and creating savings goals.
- **Multi-Family Affordable Housing:** Provides affordable rental communities for low-to moderate-income families.
- **Real Estate Agency:** Real estate agents assist clients in the purchase and sale of real property.
- **Property Management Company:** Oversee and manage VHB's "for rent" properties.
- **Mortgage Delinquency and Default Resolution Counseling:** Housing counseling services to households struggling to pay their mortgage as an option for services provided by VHB.

I/We also acknowledge that VHB has financial relationships with industry partners including: BAC Community Bank, Bank of America, BBVA, Bank of Stockton, Bank of the West, Citibank, F&M Bank, JPMorgan Chase, Oak Valley Community Bank, Ocwen, PNC Bank, Raza Development Fund, Union Bank, U.S. Bancorp, and Wells Fargo Bank. I/We further acknowledge that VHB has program participation, funding, management, and development agreements with various governmental agencies including cities, state (i.e. CalHFA, HCD) and counties.

Finally, I/we acknowledge and agree that the services I/we receive from VHB **do not obligate me in any way** to receive, purchase, or utilize any other services offered by VHB, to purchase or rent a home from VHB, to utilize products or services of any of VHB's industry partners or any other vendor, or receive any servcies or participate in any program of any governmental agencies.

DISCLOSURE FORM | COUNSELING PROGRAM DISCLOSURE

Purpose of Counseling: I/We understand that the purpose for counseling is to educate families and individuals on money management including monthly budgeting, building or repairing credit and options on saving for the future. The counselor will access my/our current financial situation based on the information I/we provide and will share options on how to overcome barriers that prevent me/us from being financially successful. I/We further understand that it will not be the responsibility of the counselor to repair the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues. I/We understand that even if we follow the plan and remove the barriers I/we may still not resolve the issue.

Eligible Criteria: I/We understand that the counseling agency provides housing counseling assistance to customers whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I/we will be referred to an alternative program which may be better suited to assist with long-term counseling.

Homeownership Education Classes/Workshops: I/We understand that as part of the housing counseling program, I/we will be required to attend a Homeownership Education Class/Workshop.

Hold Harmless Agreement: In consideration of the counseling services provided by Visionary Home Builders of California, Inc. I/we agree to release, discharge, and hold Visionary Home Builders of California, Inc. and their respective employees and volunteers, (the "Indemnified Parties"), harmless from any liability, damages, claim, suit, action, or demand asserted against or incurred by me/us as a result of services which I/we receive from the Indemnified Parties.
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 three consecutive appointments.

SIGNATURES

Applicant Signature: _____ Printed Name: _____ Date: _____

Co-Applicant Signature: _____ Printed Name: _____ Date: _____

Authorized Staff Signature: _____ Printed Name: _____ Date: _____

NET INCOME: SPENDING PLAN/BUDGET (MONTHLY)

RENT/HOUSING:	
Monthly Rent Payment	$
Renters Insurance	$
	$
	$
LOANS:	
Car Loan(s)	$
Student Loan(s)	$
Credit Card: 1 (minimum payment)	$
Credit Card: 2 (minimum payment)	$
Credit Card: 3 (minimum payment)	$
Credit Card: 4 (minimum payment)	$
EDUCATION:	
School Fees/Books/Supplies	$
School Lunches	$
Tuition	$
Tuition	$
UTILITIES:	
Electricity & Gas	$
Garbage/Trash	$
Water/Sewer	$
Telephone(s): Home/Mobile	$
FOOD:	
Food/Groceries	$
Food at Work	$
INSURANCE:	
Life Insurance	$
Other Insurance(s)	
MEDICAL/HEALTH:	
Doctor/Dentist Visit-Copay	$
Medications	$
Health Insurance	$
HOME MAINTENANCE:	
Cleaning Supplies	$
Lawn Care/Maintenance	$
Pest Control	$
	$

AUTO:	
Auto Insurance	$
Maintenance: Oil Changes/Car Repairs	$
Fuel: Gasoline/Diesel	$
Annual Registration/Smog/Inspection(s)	$
ENTERTAINMENT:	
Attending Athletic Events	$
Cable TV/Internet	$
Hobbies: Crafting/Collecting	$
Dining Out	$
Movie Rentals/Web Subscription	$
Vacations	$
	$
GIFTS/DONATIONS:	
Birthday/Christmas	$
Church Donation(s)/Tithing/Offerings	$
	$
PERSONAL:	
Personal Hygiene	$
Barber/Beauty Shop	$
Child Care	$
Child Support	$
Alimony	$
Other Personal Items	$
Child Sports	$
CLOTHING:	
Clothing/Shoes	$
Laundry/Dry Cleaning	$
	$
SAVINGS:	
Contribution towards Emergency Fund	$
Other Savings	$
OTHER:	
Bank: Checking/Savings Account Fees	$
Pet Expenses: Food, Vet Visits, etc.	$
Misc./Spending Money	$
Other	$
SUMMARY: Total Net Income:	$
Total Expenses:	$
Surplus/Shortfall:	$

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Co-Applicant Signature: _____ Printed Name: _____ Date: _____

Authorized Staff Signature: _____ Printed Name: _____ Date: _____