

### Client Intake Form

#### Applicant

\_\_\_\_\_  
First MI Last Name

**Current Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
County Length of Occupancy

Rent  Own  Other

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Preferred Contact \_\_\_\_\_

**Ethnicity (please check)**

Hispanic  Non-Hispanic

**Race (please check)**

**Single Race**

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

**Multi-Race**

- American Indian/Alaskan Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaskan Native and Black or African American
- Other Multiple Race

#### Co-Applicant

\_\_\_\_\_  
First MI Last Name

**Current Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
County Length of Occupancy

Rent  Own  Other

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Preferred Contact \_\_\_\_\_

**Ethnicity (please check)**

Hispanic  Non-Hispanic

**Race (please check)**

**Single Race**

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

**Multi-Race**

- American Indian/Alaskan Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaskan Native and Black or African American
- Other Multiple Race

**Applicant**

**Gender of Applicant**

Male  Female

**Marital Status**

Single  Married  
 Divorced  Separated  Widowed

**Other (check all that apply)**

Female Head of Household (per IRS)  
 Single Head of Household (per IRS)  
 First Time Homebuyer  
 Owned Home in Last 3 Years  
 Disabled  US Veteran  
 Senior (Age 62 or older)

# in Household \_\_\_\_\_ # of Dependents \_\_\_\_\_

**Gross Income (before taxes)**

Monthly \_\_\_\_\_  
Annual \_\_\_\_\_

**Other Income (source)** \_\_\_\_\_

Monthly \_\_\_\_\_  
Annual \_\_\_\_\_

**Highest Education**  No HS Diploma or GED

HS Diploma  GED  Vocational Cert.  
 Some College  Associates  
 Bachelors  Masters  Doctorate

**Current Rent or Mortgage Payment** \_\_\_\_\_

**Total Assets (checking, savings, 401k, other)** \_\_\_\_\_

**Debts/Liabilities (monthly payments)**

Car Payment: \_\_\_\_\_  
Credit Cards: \_\_\_\_\_  
Loans: \_\_\_\_\_  
Other Debts (furniture, personal, etc.) : \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Lender (if known): \_\_\_\_\_

Realtor (if known): \_\_\_\_\_

 **Signature (applicant)** \_\_\_\_\_

 **Signature (co-applicant)** \_\_\_\_\_

 **Date** \_\_\_\_\_

**Co-Applicant**

**Gender of Applicant**

Male  Female

**Marital Status**

Single  Married  
 Divorced  Separated  Widowed

**Other (check all that apply)**

Female Head of Household (per IRS)  
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# in Household \_\_\_\_\_ # of Dependents \_\_\_\_\_

**Gross Income (before taxes)**

Monthly \_\_\_\_\_  
Annual \_\_\_\_\_

**Other Income (source)** \_\_\_\_\_

Monthly \_\_\_\_\_  
Annual \_\_\_\_\_

**Highest Education**  No HS Diploma or GED

HS Diploma  GED  Vocational Cert.  
 Some College  Associates  
 Bachelors  Masters  Doctorate

For Office Use Only:

HUD Referral Source  
\_\_\_\_\_

Preferred Language  
\_\_\_\_\_

Colonias Resident?

Section 8 Voucher?

Farm Worker?

Other HUD Assistance  
\_\_\_\_\_

HECM Certificate

Predatory Lending

Housing Discrimination

US Citizen

Financial and Housing Counseling—Housing Redevelopment—Workforce Development

<b>Client Name</b>	
<b>Incomes</b>	
Type	Budget
Base Salary	<input style="width: 100%; height: 20px;" type="text"/>
Other	<input style="width: 100%; height: 20px;" type="text"/>
<b>Totals</b>	
<b>Expenses</b>	
Type	Actual
Housing/Mortgage or Rent	<input style="width: 100%; height: 20px;" type="text"/>
Housing/Utilities	<input style="width: 100%; height: 20px;" type="text"/>
Telephone	<input style="width: 100%; height: 20px;" type="text"/>
Food	<input style="width: 100%; height: 20px;" type="text"/>
Car Payment	<input style="width: 100%; height: 20px;" type="text"/>
Gas and Oil	<input style="width: 100%; height: 20px;" type="text"/>
Car Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Medical Expenses	<input style="width: 100%; height: 20px;" type="text"/>
Personal care	<input style="width: 100%; height: 20px;" type="text"/>
Entertainment	<input style="width: 100%; height: 20px;" type="text"/>
Debts	<input style="width: 100%; height: 20px;" type="text"/>
Donations/Charities	<input style="width: 100%; height: 20px;" type="text"/>
Pets	<input style="width: 100%; height: 20px;" type="text"/>
Savings	<input style="width: 100%; height: 20px;" type="text"/>
Other	<input style="width: 100%; height: 20px;" type="text"/>
<b>Totals</b>	

Disclosure Form for Financial and Housing Counseling Clients

I, \_\_\_\_\_ agree to participate in Dominion Financial Management, Inc.'s housing counseling and education program to help me improve my housing situation and/or become a homeowner. Dominion Financial Management, Inc. offers housing and financial counseling, housing redevelopment and workforce development services.

I understand that:

- I am under no obligation to purchase a home from Dominion Financial Management, Inc.
- I understand that Dominion Financial Management, Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Dominion Financial Management, Inc. in no way obligates me to choose any of these particular loan products or housing programs.
- The housing counselor and I will discuss my credit history, financial situation, employment, and family. I further understand that it may be necessary for the counselor to discuss this information with representatives of other firms or agencies to assist me in meeting my housing and homeownership goals.
- 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 whether by Dominion Financial Management, Inc. or by another agency or agencies.
- My personal information will be treated confidentially and will not be divulged to any party that is not directly concerned and specifically authorized by me.

Client: \_\_\_\_\_

Client: \_\_\_\_\_

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

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

### Privacy Policy

Dominion Financial Management, Inc. 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 information shared both orally and in writing will be managed within legal and ethical considerations. Your nonpublic personal information, such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you:

- Information we receive from you orally, on application or other form, such as your name, address, social security number, assets, and income;
- Information about your transaction with us, your creditors, or other, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 615-220-5858 and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I acknowledge that I have received a copy of this policy by my signature below.

Client Signature/Date

Client Signature/Date

660 Fitzhugh Blvd. | (615) 220-5858 Phone  
Suite 100 | (615) 220-8828 Fax  
PO Box 1512 | info@dominionfinancial.org  
Smyrna, TN 37167 | www.dominionfinancial.org

Financial and Housing Counseling—Housing Redevelopment—Workforce Development

Authorization to Release Information

To:

Name:

Address:

Re: Account Number:  
Last Four of SS #:

We are working with Dominion Financial Management, Inc. regarding the above referenced account. We hereby authorize you to release any and all information concerning this account to Dominion Financial Management, Inc. at their request.

We further authorize you to discuss this account with the counselors\* of Dominion Financial Management, Inc. They will be in contact with you to obtain the necessary information. Their contact information is:

Dominion Financial Management, Inc.  
660 Fitzhugh Blvd., Suite 100  
PO Box 1512  
Smyrna, TN 37167-1512  
Phone: 615-220-5858  
Fax: 615-220-8828  
[www.dominionfinancial.org](http://www.dominionfinancial.org)

You may continue to release information regarding this account to Dominion Financial Management, Inc. without further authorization.

Thank you in advance for your assistance.

Sincerely,

\_\_\_\_\_  
Signature/Date

\*Marcus Lyons—[marcus@dominionfinancial.org](mailto:marcus@dominionfinancial.org)  
Regina Harvey—[regina@dominionfinancial.org](mailto:regina@dominionfinancial.org)  
Ronald Harvey—[ron@dominionfinancial.org](mailto:ron@dominionfinancial.org)

\_\_\_\_\_  
Signature/Date

Sue Turpin—[sue@dominionfinancial.org](mailto:sue@dominionfinancial.org)  
Paige Reed—[paige@dominionfinancial.org](mailto:paige@dominionfinancial.org)  
Cherie Moon—[cherie@dominionfinancial.org](mailto:cherie@dominionfinancial.org)

THIRD PARTY AUTHORIZATION FORM

1. I understand that Dominion Financial Management, Inc. 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.
2. I understand that Dominion Financial Management, Inc. 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.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2011 for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Dominion Financial Management, Inc.'s Privacy Policy.

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

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

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

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





**Hardest Hit Fund Program**  
Third Party Authorization Form

\_\_\_\_\_  
**Borrower Name**

\_\_\_\_\_  
**Co-borrower Name**

\_\_\_\_\_  
**Lender/Mortgage Servicer Name**

\_\_\_\_\_  
**[Account][Loan] Number**

\_\_\_\_\_  
**Property Address**

I provide consent to my lender/mortgage servicer to release or otherwise provide to:

\_\_\_\_\_  
**[Agency]**

\_\_\_\_\_  
and/or **[State HFA]**

\_\_\_\_\_  
**[Agency Contact Name and Phone Number]**

\_\_\_\_\_  
**[State HFA Contact Name and Phone Number]**

(individually and collectively the "Requestor") public and non-public personal financial information contained in my loan account which may include, but is not limited to, my name, address, telephone number, social security number, credit score, income, government monitoring information, loss mitigation application status and information about account balances and payment activity.

The lender/mortgage servicer will take reasonable steps to verify the identity of the Requestor authorized above, but will have no responsibility or liability to verify the true identity of the Requestor when he/she asks to discuss my account or seeks information about my account. Nor shall the lender/mortgage servicer have any responsibility or liability for what the Requestor may do with the information he/she obtains concerning my account.

**Before signing this Authorization, beware of foreclosure scams!**

- It is expected that a HUD-approved housing counselor will work directly with your lender /mortgage servicer.
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.
- Beware of anyone who ask you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

This Authorization will not be valid unless signed by all borrowers and co-borrowers named on the mortgage and will remain valid until revoked in writing by any borrower or co-borrower. I agree to contact the servicer if I wish to revoke this Authorization.

I also understand and consent to the disclosure of my personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

**I AGREE WITH THE TERMS OF THIS AUTHORIZATION**

\_\_\_\_\_  
**Borrower Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Borrower Name**

\_\_\_\_\_  
**Date**





Hardship Affidavit  
Hardest Hit Fund Program

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Hardest Hit Fund Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

**BORROWER**

I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion.

**CO-BORROWER**

I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion.

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the Tennessee Housing Development Agency, the [ \_\_\_\_\_ ], the State of Tennessee, the U.S. Department of Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

STATE OF TENNESSEE )  
COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, a Notary Public of the state and county mentioned, personally appeared \_\_\_\_\_ and \_\_\_\_\_, the within named bargainer(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that he/they executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal, at office, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_