

Homeownership & Financial Empowerment Center

Please print clearly and complete all fields as accurately as possible.



Which services below are you interested in?

- Homebuyer Education Workshop
- Money Management Workshop
- Rental Coaching
- Foreclosure Prevention Coaching

- Pre-Purchase Coaching
- Post-Purchase Coaching
- Financial Management/Budget Coaching
- Other: _____

Participant Name: _____

Co-Participant Name: _____

Street Address: _____

County of Residence: _____

Home or Cell Phone Number: _____

Email: _____

Number of Household members: _____ # Of Adults _____ # of Children

Head of Household type: Single adult Female-headed single parent Male-headed single parent Married without children Married with children Two or more unrelated adults

Gross monthly income (all household members 18 and older): _____

Are you at risk of any of the following? Foreclosure Bankruptcy Collections Tax liens None

Participant	Co-Participant
Date of Birth: _____	Date of Birth: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond
Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Migrant Farm Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Migrant Farm Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with family <input type="checkbox"/> Homeless	Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with family <input type="checkbox"/> Homeless
Are you a First-time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a First-time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, preferred language: _____	If no, preferred language: _____

<p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Choose not to respond</p> <p>Race:</p> <p><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> African American/Black <input type="checkbox"/> African American/Black & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native & African American/Black <input type="checkbox"/> Multiple race</p> <p>Highest Level of Education:</p> <p><input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College, not completed <input type="checkbox"/> Vocation certificate <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> No High School Diploma</p> <p>Job Duration (in Months): _____</p>	<p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Choose not to respond</p> <p>Race:</p> <p><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> African American/Black <input type="checkbox"/> African American/Black & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native & African American/Black <input type="checkbox"/> Multiple race</p> <p>Highest Level of Education:</p> <p><input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College, not completed <input type="checkbox"/> Vocation certificate <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> No High School Diploma</p> <p>Job Duration (in Months): _____</p>
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Referred by (please select): Bank/Lender HUD Area Agency Realtor Website Social Media
 Family/Friend staff/board member Other Non-Profit County Walk-In Other: _____

Disclosure of Relationships

You also have the right to seek assistance from other Housing Counseling Agencies.

Other HUD approved agencies include:

Greenpath Financial Wellness
3210 Racquet Club Dr. Suite A
Traverse City, Mi 49684 888-860-4167

Northern Homes Community Development Corporation
1048 E Main St.
Boyne City, Mi 49712
231-582-6436

Community Partner List

You are not obligated to utilize any service offered by any of the listed entities to receive service from NMCAA. *Please note that NMCAA works to establish relationships with additional community members and may modify this list.*

The FMS Partner List can be found here nmcaa.net/partnerships.asp at the the bottom of the page.



Counseling Agreement

Agency Agreement	Participant Agreement
<ul style="list-style-type: none"> ● Review your housing goals and finances, including income, debt, assets, & credit history ● Prepare a Client Action Plan that will help you manage your debt, expenses, and savings ● Your counselor is not responsible for achieving your housing and financial goals but will provide guidance and education in support of your goal. ● Neither your counselor nor NMCAA employees may provide legal, therapeutic (mental health), or tax advice. 	<ul style="list-style-type: none"> ● Attend meetings, return calls, provide documentation in a timely manner. ● Provide accurate information whether verbally or in writing ● Actively participate in developing and administering a budget and credit repayment plan ● Notify housing counseling when finances, goals, or scheduling changes occur

I/We acknowledge the agency has provided me/us with (1) For Your Protection Get a Home Inspection, (2) Ten Important Questions to Ask a Home Inspector, and (3) Disclosure of Lead-Based Paint Hazards in Housing

INITIAL (s) _____ / _____

Client Disclosure Statement

Participants of any Community Action House Housing programs are under no obligation to receive, purchase, or use any service offered by NMCAA, or the services of any of its partners. Enrollment in one NMCAA housing program does not disqualify a participant’s enrollment in another agency program. By initialing, I certify that I read and understand the Client Disclosure Statement.

INITIAL (s) _____ / _____

Authorization to Release Information

Authorization Terms: I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information deemed necessary to housing counseling received. I/we allow contact to be made on/my/our behalf with representatives from mortgage, attorney, collection, and credit bureau companies.

I/We grant permission for NMCAA to collect the Closing Disclosure Settlement Statement (from myself or my lender) and discuss and collect copies of my loan application, supporting documentation from my lender and/or closing company handling my loan.

I/We I hereby authorize NMCAA, Inc. to use photographs, video clips and/or quotes. I understand that these may be used in displays, bulletin boards, brochures, NMCAA web site, NMCAA video, or other types of news and/or educational publications and stories.

I/We understand that NMCAA respects the privacy of its participants and seeks to maintain their personal and financial information as confidential. I/We authorize NMCAA to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation, monitoring, and verification.

INITIAL (s) _____ / _____

SIGNATURE: Failure to sign this form may negatively impact program assistance or access to financial wellness services.

Participant Signature: _____ Date: _____

Co-Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____