

### **HomeBuyer Education Workshop**

Thank you for allowing the **HomeOwnership Center** to help you through the home buying process. The purpose of this Program is to help you become a successful homeowner.

Your first step is to **register** for a Homebuyer Education Workshop. Please see class options below:

- Take the in-person class that is held on the third Saturday of the month. The fee for the inperson class is \$50 per household if paid ahead of time, and \$85 if you pay at the class.
  - To take advantage of \$35 savings, your intake packets and the class fee <u>must</u> be received not later than <u>end-of-day on the Thursday before class</u>.
  - Payments for class can be made by check, or money order. We cannot accept cash or credit/debit cards.
- Take the virtual zoom option that happens at the same time as the in-person class on the third Saturday of the month. The fee for the virtual zoom class is \$85.
- ➤ Take the online class anytime by going to ehomeamerica.org. The fee for the eHome class is \$99. However, there is a discount code (ruraledge14) that will give you \$13 off, making the online class \$86.

The class fee covers you and one other person from your household who wishes to attend. The in-person and virtual zoom class schedule are on the last page of the intake packet. Be sure to register for the in-person & virtual classes early because space is limited!

Following the workshop, you will make an appointment to meet with your personal HUD certified Housing Counselor who will work with you throughout the process of buying your home. To help your counselor get familiar with your needs and opportunities, we ask that you fill out the enclosed **Personal Intake Registration Form.** 

Please mail or drop off the completed intake form with your registration fee to:

Rural*Edge*Attn: HomeOwnership Center
1222 Main Street

Saint Johnsbury, VT 05819

If you are taking the in-person class or the virtual zoom class, you can drop off or mail your intake packet, along with a check written out to Rural Edge at 1222 Main Street, Saint Johnsbury, VT. We are located between the Hilltopper restaurant and the Secondhand Prose bookstore. If dropping off paperwork, please direct your completed intake, with payment, to our drop box, on the wall, at the right of our main entrance.

Feel free to call us at 802-473-3926 or 802-535-3555, or email us homeownership@ruraledge.org with any questions. More information about us can be found at www.ruraledge.org.



1222 Main Street Saint Johnsbury, VT 05819 800.234.0560 TTY 800.253.0191 www.ruraledge.org

### **Personal Intake Registration Form**

This is NOT an application for a loan!

### **CUSTOMER**

| Name:   |   |  |                       |                                       |  |
|---|---|--|-----------------------|---------------------------------------|--|
|   | First   | MI   | La                    | st                                    |  |
| Mailing Addre   | ess:  |  |                       |                                       |  |
|   | Street  | City   | Sta                   | ate Zip Code                          |  |
| Physical Addre  | ess:  |  |                       |                                       |  |
|   | Street  | City   | Sta                   | ate Zip Code                          |  |
| Home Phone:   | ()  | Work   | Phone: ()             |                                       |  |
| Cell Phone: (_  | )   | Email:   | :                     |                                       |  |
| Social Security   | / #:  | Birth I  | Date:/_               | J                                     |  |
| Education: ☐ No High School Diploma ☐ ☐ Two Year College Degree ☐   |   |  | quivalent   Othe      | ☐ Other (Describe):                   |  |
|   | ☐ Master's Degree                                     | ☐ Above Master's Degree  |                       |                                       |  |
|   | _   | lCivil Union □ Divorced [ I Yes Do you need an acco                          |                       | □Separated                            |  |
| Are you Active  | e Military? 🗆 No 🗆                                    | Yes <b>Veteran?</b>  | l No □ Yes            |                                       |  |
| Current Housing Arrangement:  ☐ Rent ☐ Homeowner with Mortgage ☐ Homeowner with Mortgage Paid Off ☐ Homeless ☐ Living with Others/Not Paying Rent ☐ Other (Describe): |   |  |                       |                                       |  |
| years.  |   | currently do not own a home ar   | nd have not owned a I | home in the past three (3)            |  |
|   | pe:<br>ed Single Parent Household<br>Unrelated Adults | <ul><li>☐ Male Headed Single Paren</li><li>☐ Married with Children</li></ul> |                       | ngle Adult<br>arried without Children |  |
| Which Homeb  ☐ Jan ☐ Fel  | ouyer Education Class wil                             | l you be attending? (Chec<br>lMay □Jun □Jul □                                |                       | □Oct □Nov                             |  |
| How did you h  ☐ Brochure   | near about us?<br>□ Workshop Flyer                    | □ HUD □ Lender   | ☐ Newspaper Ad        | ☐ Social Service                      |  |

| rough VSHA (V    |  | stance begin?<br>ng Authority)? □No □Yes                     |
|------------------|--|--|
|                  | ermont State Housi                                       | ng Authority)? □No □Yes                                      |
| (Please use back |  |  |
|                  | page if more space is                                    | required.)   |
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| Age:             |  |  |
|                  |  |  |
|                  |  |  |
|                  |  |  |
| Age:             | Relationship:  |  |
| in the home?     | □ No □ Yes   |  |
| Age:             | Relationship:  |  |
|                  |  |  |
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|                  |  |  |
| State            | Zin Code   | ()<br>Phone  |
| State            | 2.0 0000   | THORIC   |
|                  |  |  |
| □Full Time □ Pa  | art Time   |  |
|                  |  | /Hire Date   |
|                  |  | /<br>Hire Date   |
|                  | Annual \$  |  |
|                  | Annual \$  | ()Phone  |
| State            | Annual \$  | ()   |
| State            | Annual \$ Zip Code                                       | ()Phone  |
|                  | Age: Age: Age: s in the home? Age: Age: Age: TOMER EMPLO | Age: Relationship:<br>Age: Relationship:<br>FOMER EMPLOYMENT |

☐ USDA

☐ Real Estate Agent

☐ Website

☐ Social Media Ad

☐ Word of Mouth

☐ Radio Ad



### **CO-CUSTOMER**

| Name:                  |                    |  |              |              |             |
|------------------------|--------------------|--|--------------|--------------|-------------|
|                        | First              | MI   |              | Last         |             |
| Mailing Address:       |                    |  |              |              |             |
|                        | Street             | City   | /            | State        | Zip Code    |
| hysical Address:       |                    |  |              |              |             |
| ,                      | Street             | City   | /            | State        | Zip Code    |
| Home Phone: ()         |                    | Wo   | ork Phone: ( | )            |             |
| Cell Phone: ()         |                    | Em   | nail:        |              |             |
| Social Security #:     |                    |  | th Date:     |              |             |
| ☐ Two Y                | - · ·              | <ul><li>☐ High School Diplon</li><li>☐ Bachelor's Degree</li><li>☐ Above Master's Degree</li></ul> | ·            | ☐ Other (Des | cribe):<br> |
| Marital Status: ☐Sing  | le □ Married □C    | Civil Union 🗆 Divorce  | d □Widowed   | □Separ       | ated        |
| Handicapped or Disab   | led? □ No □        | Yes Do you need an a   | ccommodation | ?            |             |
| Are you Active Militar | <b>y?</b> □ No □ \ | res <b>Veteran?</b>  | □ No □ Y     | 'es          |             |
| Primary Employer:      |                    |  |              | ( )          |             |
| Street                 | City               | State  | Zip Code     | Phone        |             |
|                        |                    | □Full Time □ Part T  | ime          |              |             |
| Title or Job Descri    | ption              |  |              | Н            | ire Date    |
| Gross Monthly Income   | (Before Taxes) \$_ |  | _ Annual \$  |              |             |
| Net Monthly Income (   |                    |  |              |              |             |
| Secondary Employer:    |                    |  |              |              |             |
|                        |                    |  |              | ()           |             |
| Street                 | City               | State  | Zip Code     | Phone        |             |
| Tible on talk D        |                    | □Full Time □ Part T  | Time         |              |             |
| Title or Job Descri    | μιιση              |  |              | Н            | ire Date    |
|                        |                    |  |              |              |             |

|--|



### **ALL HOUSEHOLD INCOME**

| _  | Customer  | Co-Customer              |  |  |  |  |
|--|---|--------------------------|--|--|--|--|
| Type of Income   | Monthly Amount  | Monthly Amount           |  |  |  |  |
| Salary/Employment Income   |   |                          |  |  |  |  |
| Self-Employed Income   |   |                          |  |  |  |  |
| Unemployment Income  |   |                          |  |  |  |  |
| Alimony/Child Support Income   |   |                          |  |  |  |  |
| Public Assistance Income   |   |                          |  |  |  |  |
| Social Security Income   |   |                          |  |  |  |  |
| Disability Income  |   |                          |  |  |  |  |
| Pension Income   |   |                          |  |  |  |  |
| Other:   |   |                          |  |  |  |  |
| An   | nual Family/Household Income  | \$                       |  |  |  |  |
| If a household member receives SSI or SSDI Regarding seasonal employment, have you If you receive disability income, is it for a per Current Monthly Rent or Mortgage: | worked in this field for two (2) or ermanent disability? $\Box$ No $\Box$ | r more years? ☐ No ☐ Yes |  |  |  |  |
| WHERE ARE YO Which financial institution do you use?   | Which financial institution do you use?                                   |                          |  |  |  |  |
| Have you? (Please check all that apply)  |   |                          |  |  |  |  |
|  |   |                          |  |  |  |  |
| Submitted a Mortgage Application?  | ☐ Lender/Loan Officer Name 8  | Contact Number           |  |  |  |  |
| Have a Signed Purchase and Sales?  | □Real Estate Agent  |                          |  |  |  |  |
| Completed Home Inspection?   | □Who?   |                          |  |  |  |  |
| Received Financing Commitment Letter?  | □ No □ Yes  |                          |  |  |  |  |
| Have a Closing/Settlement Agent?   | □Who?   |                          |  |  |  |  |
| Have a Closing Date?   | □When?  |                          |  |  |  |  |
| Other:   |   |                          |  |  |  |  |
| Do you have any savings (capital) for closing  | g costs or down payment? $\square$ No                                     | <br>⊃ □ Yes              |  |  |  |  |

| Are you about to receive additional funds (ie. tax refunds, property sales, etc.?) | □ No | ☐ Yes |
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### **AUTHORIZATION**

### I authorize the HomeOwnership Center to:

- a) Pull my/our credit to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- b) Pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- c) Obtain a copy of the Closing Disclosures from the lender who granted me/us a loan or the Title Company/Lawyer that closed the loan when I purchased a home.
- d) I have received a copy of the Rural Edge Privacy Policy and Practices
- e) Send notifications to me via text message, email or other means of communication as needed.

  ➤ Do you wish to opt out of the text message notification option? □ No □ Yes

| Customer | Date     |  |
|----------|----------|--|
| Customer | <br>Date |  |

### Please Complete and Return to:

Rural*Edge* NeighborWorks® HomeOwnership Center 48 Elm Street, PO Box 259, Lyndonville VT 05851 (802) 535-3555 x1304 ◆ Toll Free - (800) 234-0560

Online at ruraledge.org ◆ Email at

"This institution is an equal opportunity provider and employer"

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this Program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to not furnish this information, we are required to note the race/national origin of the individual applicant(s) on the basis of visual observation or surname."

| CUSTOMER                                       | CO-CUSTOMER                                    |
|--|--|
| Ethnicity (Select One)                         | Ethnicity (Select One)                         |
| ☐ Hispanic or Latino                           | ☐ Hispanic or Latino                           |
| ☐ Not Hispanic or Latino                       | □ Not Hispanic or Latino                       |
| Race (Select One or More)                      | Race (Select One or More)                      |
| ☐ White  | ☐ White  |
| ☐ American Indian/Alaskan Native               | ☐ American Indian/Alaskan Native               |
| ☐ Native Hawaiian/Other Pacific Islander       | ☐ Native Hawaiian/Other Pacific Islander       |
| ☐ Asian and White                              | ☐ Asian and White                              |
| ☐ American Indian/Alaskan Native and Black     | ☐ American Indian/Alaskan Native and Black     |
| ☐ Black or African American                    | ☐ Black or African American                    |
| ☐ Asian  | ☐ Asian  |
| ☐ American Indian/Alaskan Native and White     | ☐ American Indian/Alaskan Native and White     |
| ☐ Black/African American and White             | ☐ Black/African American and White             |
| ☐ Other  | □ Other  |
| Gender (Select One)                            | Gender (Select One)                            |
| ☐ Male ☐ Female                                | ☐ Male ☐ Female                                |
| Were you born in the United States? ☐ Yes ☐ No | Were you born in the United States? ☐ Yes ☐ No |



### **BUDGET/SPENDING PLAN**

| Υοι     | r Bills and When They are Due         | Next Due<br>Date of Bill | Monthly<br>Payment | Amount<br>Past Due | Principal<br>Balance |
|---------|---------------------------------------|--------------------------|--------------------|--------------------|----------------------|
|         | Mortgage (1st)/Rent                   | Date of Bill             | Payment            | Past Due           | balance              |
|         | Mortgage (2 <sup>nd</sup> )           |                          |                    |                    |                      |
|         | Mortgage (3 <sup>rd</sup> )           |                          |                    |                    |                      |
|         | Electricity                           |                          |                    |                    |                      |
|         | Oil/Wood                              |                          |                    |                    |                      |
|         | Other Fuel                            |                          |                    |                    |                      |
|         | Home Phone                            |                          |                    |                    |                      |
|         | Cell Phone(s)                         |                          |                    |                    |                      |
|         | Cable TV/Satellite                    |                          |                    |                    |                      |
| ing     | Internet                              |                          |                    |                    |                      |
| Housing | Water/Sewer/Septic                    |                          |                    |                    |                      |
|         | Trash                                 |                          |                    |                    |                      |
|         | Home Repair/Maintenance               |                          |                    |                    |                      |
|         | Insurance (Escrowed? ☐ No ☐ Yes )     |                          |                    |                    |                      |
|         | Property Taxes (Escrowed? ☐ No ☐ Yes) |                          |                    |                    |                      |
|         | Cleaning Supplies                     |                          |                    |                    |                      |
|         | Lawn Care                             |                          |                    |                    |                      |
|         | Other:                                |                          |                    |                    |                      |
|         |                                       |                          |                    |                    |                      |

| BU                              | BUDGET/SPENDING PLAN          |                          |                    |                    |                      |
|---------------------------------|-------------------------------|--------------------------|--------------------|--------------------|----------------------|
|                                 | r Bills and When They are Due | Next Due<br>Date of Bill | Monthly<br>Payment | Amount<br>Past Due | Principal<br>Balance |
|                                 | Groceries                     |                          |                    |                    |                      |
|                                 | Lunches – Including School    |                          |                    |                    |                      |
| Food                            | Easting Out                   |                          |                    |                    |                      |
| Fo                              | Snacks                        |                          |                    |                    |                      |
|                                 | Other:                        |                          |                    |                    |                      |
|                                 | Vehicle #1                    |                          |                    |                    |                      |
| u C                             | Vehicle #2                    |                          |                    |                    |                      |
| Transportation                  | Gas                           |                          |                    |                    |                      |
| nspo                            | Car Insurance                 |                          |                    |                    |                      |
| Tra                             | Car Repairs/Tires             |                          |                    |                    |                      |
|                                 | Public Transportation         |                          |                    |                    |                      |
|                                 | Other:                        |                          |                    |                    |                      |
|                                 | Credit Card #1                |                          |                    |                    |                      |
|                                 | Credit Card #2                |                          |                    |                    |                      |
| er                              | Credit Card #3                |                          |                    |                    |                      |
| & Oth                           | Loan #1                       |                          |                    |                    |                      |
| ngs, &                          | Loan #2                       |                          |                    |                    |                      |
| Savi                            | Loan #3                       |                          |                    |                    |                      |
| oans,                           | Savings for Retirement        |                          |                    |                    |                      |
| Credit, Loans, Savings, & Other | Other Savings                 |                          |                    |                    |                      |
| Cre                             | Other:                        |                          |                    |                    |                      |
|                                 | Other:                        |                          |                    |                    |                      |
| <u> </u>                        | <u> </u>                      | <u>1</u>                 | <u> </u>           | <u> </u>           | <u> </u>             |

| nt Principal<br>que Balance |
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| Name:   | Social Security #:   |
|---|--|
| Name:   | Social Security #:   |
| Address:  |  |
| I/We authorize the release of information to and/or from Rumy/our income, debt, credit, mortgage, rent, employment, he disclosure, and any other necessary information, including the obtain, verify or re-verify any information for the purposes of a or repair of housing.  I/We further agree that photocopies or facsimiles of this author. This document constitutes my/our consent for the following or HOC and for RuralEdge and the HOC to release information to see a Mattorneys and/or Title Companies Associated with the Banks, Credit Union, and other Lending Institutions of CBC Innovis, Equifax, Experian, and TransUnion CBC Itizens Housing and Planning Association (CHAPA) Community Connections (NVRH)  Homeowner's Insurance/Hazard Insurance Agencies NeighborWorks® America (NW)  Northeast Employment and Training Org. Inc. (NETO Northeast Kingdom Community Action (NECKA)  Northeast Kingdom Community Action (NECKA)  Northern Counties Health Care  State of Vermont Department of Financial Regulation Vermont Agency of Human Services (AHS)  Vermont Community Development Program (VCDP)  Vermont Department of Disabilities, Aging and Indepair Northeast Endown Board (VHCB)  Vermont Housing Conservation Board (VHCB)  Vermont State Housing Authority (VSHA)  U.S. Department of Housing and Urban Development Call of the Above  All of the Above  All of the Above, Except:  Other | nomeowners/hazard insurance, housing situation, closing in procurement of a credit report at any time, in order to ssisting in the acquisition, financing, refinancing, retention rization may be used for the purposes stated above.  In the acquisition of the acquisition of the purposes stated abov |
| This consent is given freely and is open to all information provided above organizations in connection with advocacy services financing, refinancing, retention or repair of housing. This const for my/our Service Contact Agreement with the HomeOwnersh I/We further agree that the HomeOwnership Center may be HomeOwnership Center, and for the preparation of proposals authorize the HomeOwnership Center to share information above Center with VHFA for research and statistical purposes.   | provided in connection with my/our pending acquisition, sent is in addition to the release of information as provided hip Center.  use information, pictures, or quotes, in promoting the to the funders of the HomeOwnership Center. I/We also  |
| Name:   | Date:  |
| Namo  | Date:  |



## RURALEDGE, INC. PRIVACY POLICY AND PRACTICES

Rural*Edge* and the NeighborWorks® HomeOwnership Center value your trust. Protecting your confidential information is important to us. This notice describes our policy regarding the collection and disclosure of personal information.

Rural Edge does not sell or share any personal information with commercial companies for the purpose of marketing their products to you.

### What Information We Collect

Personal information means information that identifies an individual and is not otherwise publicly available. This includes personal financial information, such as credit history, income, employment history, financial assets, bank account information, financial debts, Social Security number, and other information you provide on a Personal Profile or Intake application.

We collect personal information in order to provide financial fitness counseling, counseling to prepare you for applying for a home mortgage from a conventional lender, counseling to prevent foreclosure, and our own lending for down payment, closing costs, home rehab, or other purposes related to home purchase or foreclosure prevention.

### Restrictions on Disclosure of Personal Information

In general, Rural Edge and the Neighbor Works Home Ownership Center disclose personal information only when necessary to provide services to you, or when allowed by law.

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

- ❖ Information we receive from you on applications for a loan or other product or service, such as name, address, telephone number, Social Security number, assets and income;
- Information about your transactions with us, such as your loan balance, payment history and parties to your transactions; and
- ❖ Information we receive from third parties such as credit bureaus, including information about your credit worthiness and your credit history.

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

- ❖ Financial service providers, such as companies engaged in providing home mortgages, reverse mortgages, or home equity loans;
- Other service providers with whom we may coordinate efforts in order to make efficient use of resources, such as NETO (weatherization), PATH (emergency assistance), NEKCA, VHCB (lead abatement), Vermont Center for Independent Living, or other nonprofit community resources.
- Other third parties when the information is provided to help complete a transaction initiated by you, such as reporting a payoff on a loan, or to otherwise administer our business, and other third parties who are involved in program review, auditing, research, or oversight purposes.









# RURALEDGE, INC. PRIVACY POLICY AND PRACTICES (Continued)

We may disclose personal information about you to third parties as permitted by law, such as auditors in connection with a financial audit of our offices, to Government entities, in response to a subpoenas, and to credit bureaus.

In material intended for public distribution, such as newspaper articles, Rural Edge publications, press releases, or reports to funding sources, it is sometimes useful to illustrate our services by highlighting our work with a family or individual. In those cases, we will specifically seek your permission to use any personal information.

### **Medical Information**

We will not use or share personally identifiable medical information about you for any purpose other than that which is authorized by you.

### Protecting the Confidentiality of Your Personal Information

All Rural Edge employees are required to use strict standards of care regarding the confidentiality of your personal information as outlined in Personnel Policies. Employees not adhering to our policies are subject to disciplinary action. 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. Our safeguards comply with Federal regulations to guard your personal information.

#### If You Want More Information

If you have any questions regarding our Privacy Policy, please contact the Manager of NeighborWorks® HomeOwnership Center at (802) 535-3555 or toll free at (800) 234-0560 or you can write us at NeighborWorks® HomeOwnership Center, 1222 Saint Johnsbury, VT 05819.



### **CUSTOMER CONDUCT POLICY**

**Mission:** Rural*Edge* strengthens Northeast Kingdom communities one home at a time.

**Vision:** Rural Edge envisions Northeast Kingdom communities where every individual can live in

stable, affordable housing with access to the services they need to live a healthy and

prosperous life.

Rural*Edge* values community and its clients and takes its work very seriously. A key component of successfully achieving its mission and vision is respect. Rural*Edge* staff strive to provide the best in customer service and in return, Rural*Edge* expects that its staff will be treated with respect and be able to work in an environment free from harassment and threats.

Abusive or violent behavior toward Rural*Edge* agents or staff includes, but is not limited to, verbal as well as physical abuse or violence, use of racial epithets, or other harsh, threatening, or discriminatory language. All means or forms of communication, written or oral, or physical gestures, that could be customarily used to intimidate may be considered abusive, threatening, or violent behavior.

Harassing behavior refers to the act of repeatedly disturbing, alarming, or threatening someone, to the extent that such conduct either causes harm or results in the person complaining of harassment to reasonably fear that harm may be caused to them. Harassing behavior may also include the electronic dissemination to third parties of personally identifying, embarrassing or inaccurate information about staff/agents. It also includes using the legal system to harass RuralEdge staff/agents through the filing of retaliatory and frivolous complaints with outside, third party governmental entities whether criminal or civil in nature against RuralEdge and/or its staff/agents.

### To address this:

- Rural *Edge* reserves the sole right and discretion to deny or discontinue services or disenroll from programming, a customer or potential customer if any member of the household has engaged in repeated harassing behavior or has threatened any violence toward Rural *Edge*'s agents or staff as described above.
- Understanding its legal obligation as a landlord, Rural Edge may require property maintenance requests that are not considered emergency, that have been submitted by tenants who have demonstrated threatening or harassing behavior, to be completed when the household is not present.

| Signature Acknowledging Receipt of Policy: |
|--|
| Date of Acknowledgement:                   |
| Adopted August 2023                        |



