RuralEdge
HOUSING & COMMUNITY DEVELOPMENT

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 quarterly on a Saturday. The fee for the in-person class is $99 per household.
- Take the virtual zoom option happens at the same time as the in-person class. The fee for the virtual zoom class is $99.
- Take the online class anytime by going to ehomeamerica.org. The fee for the eHome class is $99.

The class fee covers you and one other person from your household who wishes to attend. 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.

Personal Intake Form
(This is NOT an Application)

CUSTOMER:

Name:____
First MI Last

Mailing Address: ____
Street City State Zip Code

Physical Address: ____
Street City State Zip Code

Home Phone: (_____) ____________________ **Work Phone:** (_____) __________________

Cell Phone: (_____) ______________________ **Email:** _______________________________

Social Security #: ________________________ **Birth Date:** ________/_________/__________

Education: ☐ No High School Diploma ☐ High School Diploma /Equivalent ☐ Other (Describe): ____________________________
☐ Two Year College Degree ☐ Bachelor's Degree
☐ Master's Degree ☐ Above Master's Degree

Marital Status: ☐Single ☐ Married ☐Civil Union ☐ Divorced ☐Widowed ☐Separated

Handicapped or Disabled? ☐ No ☐ Yes Do you need an accommodation? _____________________

Are you Active Military? ☐ No ☐ Yes **Veteran?** ☐ No ☐ Yes

Current Housing Arrangement:
☐ Rent ☐ Homeowner with Mortgage
☐ Homeowner with Mortgage Paid Off ☐ Homeless
☐ Living with Others/Not Paying Rent ☐ Other (Describe):_______________________________________

Are You a First Time Homebuyer? (You currently do not own a home and have not owned a home in the past three (3) years.
☐ No ☐ Yes

Household Type:
☐ Female Headed Single Parent Household ☐ Male Headed Single Parent Household ☐ Single Adult
☐ Two or More Unrelated Adults ☐ Married with Children ☐ Married without Children
☐ Other (Describe):
____

Which Homebuyer Education Workshop will you be attending? (Check One):
☐ Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov

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How did you hear about us?

☐ Brochure	☐ Workshop Flyer	☐ HUD	☐ Lender	☐ Newspaper Ad	☐ Social Service
☐ Radio Ad	☐ Real Estate Agent	☐ USDA	☐ Website	☐ Social Media Ad	☐ Word of Mouth

Do you receive Section 8 Rental Assistance? ☐ No ☐ Yes If yes, when did assistance begin? ___________

Have you applied for Section 8 Assistance through VSHA (Vermont State Housing Authority)? ☐No ☐Yes

Family/Household Size: ________________ *(Please use back page if more space is required.)*

Dependents:

Name:______________________________ Age:_____ Relationship:_________________________

Name:______________________________ Age:_____ Relationship:_________________________

Name:______________________________ Age:_____ Relationship:_________________________

Name:______________________________ Age:_____ Relationship:_________________________

Name:______________________________ Age:_____ Relationship:_________________________

Are there <u>non-dependents</u> who will be living in the home? ☐ No ☐ Yes

Non-Dependents:

Name:______________________________ Age:_____ Relationship:_________________________

Name:______________________________ Age:_____ Relationship:_________________________

Name:______________________________ Age:_____ Relationship:_________________________

<u>CUSTOMER EMPLOYMENT</u>

Primary Employer: ____

____ (______)____________

Street City State Zip Code Phone

_____________________________________ ☐Full Time ☐ Part Time _______/_______/__________

Title or Job Description Hire Date

Gross Monthly Income (Before Taxes) $______________Net Monthly Income (After Taxes) $________________

Secondary Employer:____

____ (______)_____________

Street City State Zip Code Phone

_____________________________________ ☐Full Time ☐ Part Time _______/_______/_________

Title or Job Description Hire Date

Gross Monthly Income (Before Taxes) $_____________ Net Monthly Income (After Taxes) $_______________

CO-CUSTOMER

Name:____
First MI Last

Mailing Address:____
Street City State Zip Code

Physical Address: ____
Street City State Zip Code

Home Phone: (_____) ______________________ **Work Phone:** (_____) ____________________

Cell Phone: (_____) ________________________ **Email:** __________________________________

Social Security #: ___________________________ **Birth Date:** ________/_________/__________

Education: ☐ No High School Diploma ☐ High School Diploma /Equivalent ☐ Other (Describe):
☐ Two Year College Degree ☐ Bachelor's Degree ____________________________
☐ Master's Degree ☐ Above Master's Degree

Marital Status: ☐Single ☐ Married ☐Civil Union ☐ Divorced ☐Widowed ☐Separated

Handicapped or Disabled? ☐ No ☐ Yes Do you need an accommodation? _______________________

Are you Active Military? ☐ No ☐ Yes **Veteran?** ☐ No ☐ Yes

CO-CUSTOMER EMPLOYMENT

Primary Employer: ____

____ (______)_____________
Street City State Zip Code Phone

_______________________________________☐Full Time ☐ Part Time ______/_______/_________
Title or Job Description Hire Date

Gross Monthly Income (Before Taxes) $_______________Net Monthly Income (After Taxes) $_____________

Secondary Employer:____

____ (______)_____________
Street City State Zip Code Phone

_______________________________________☐Full Time ☐ Part Time _______/_______/_________
Title or Job Description Hire Date

Gross Monthly Income (Before Taxes) $_____________Net Monthly Income (After Taxes) $_______________

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ALL HOUSEHOLD INCOME

Type of Income	Customer Monthly Amount	Co-Customer 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: ______________________________		
Annual Gross Family/Household Income		$

Can you document your child support/alimony income? ☐ No ☐ Yes Expires: ____________________

If a household member receives SSI or SSDI, how long will the payments continue? ____________________

Regarding seasonal employment, have you worked in this field for two (2) or more years? ☐ No ☐ Yes

If you receive disability income, is it for a permanent disability? ☐ No ☐ Yes

Current Monthly Rent or Mortgage: ___________________________ ___________________________
Customer Co-Customer

WHERE ARE YOU IN THE HOME BUYING PROCESS?

Which financial institution do you use?____

Have you...? (*Please check all that apply*)

Submitted a Mortgage Application?	☐ Lender/Loan Officer Name & 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 costs or down payment? ☐ No ☐ 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 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

RuralEdge HOUSING & COMMUNITY DEVELOPMENT

BUDGET/SPENDING PLAN

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

BUDGET/SPENDING PLAN					
Your Bills and When They are Due		Next Due Date of Bill	Monthly Payment	Amount Past Due	Principal Balance
Food	Groceries				
	Lunches – Including School				
	Easting Out				
	Snacks				
	Other:				

Transportation	Vehicle #1				
	Vehicle #2				
	Gas				
	Car Insurance				
	Car Repairs/Tires				
	Public Transportation				
	Other:				
Credit, Loans, Savings, & Other	Credit Card #1				
	Credit Card #2				
	Credit Card #3				
	Loan #1				
	Loan #2				
	Loan #3				
	Savings for Retirement				

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BUDGET/SPENDING PLAN

Your Bills and When They are Due		Next Due Date of Bill	Monthly Payment	Amount Past Due	Principal Balance
Health	Health Insurance Premium				
	Medical/Dental Co Pay				
	Prescriptions				
	Over the Counter Medications				
	Other:				
Children	Child Care				
	Activities & Sports				
	School Costs				
	Toys, Books, Games, Etc.				
	Other:				
Luxury Items	Gifts				
	Alcohol & Tobacco Products				
	Movies or Video Purchases/Rentals				
	Books, Newspapers or Magazines				
	Pet Care				
	Travel, Vacation, Camping				
	Hunting & Fishing				
	ATVs/Snowmobiles				
	Charity/Church				
	Clothes (All Family Members)				
	Personal Care Items (Hair, etc.)				

AUTHORIZATION TO RELEASE INFORMATION

Name: ____ Social Security #: _____________________

Name: ____ Social Security #: _____________________

Address: ____ Phone: ____________________________

I/We authorize the release of information to and/or from Rural*Edge* and the Homeownership Center (HOC) regarding my/our income, debt, credit, mortgage, rent, employment, homeowners/hazard insurance, housing situation, closing disclosure, and any other necessary information, including the procurement of a credit report at any time, in order to obtain, verify or re-verify any information for the purposes of assisting in the acquisition, financing, refinancing, retention or repair of housing.
I/We further agree that photocopies or facsimiles of this authorization may be used for the purposes stated above.
This document constitutes my/our consent for the following organization(s) to release information to Rural*Edge* and the HOC and for Rural*Edge* and the HOC to release information to said organization(s), for the purposes stated above:

☒Attorneys and/or Title Companies Associated with the Transaction(s)
☒Banks, Credit Union, and other Lending Institutions Associated with the Transaction(s)
☒CBC Innovis, Equifax, Experian, and TransUnion
☒Citizens Housing and Planning Association (CHAPA)
☒Community Connections (NVRH)
☒Homeowner's Insurance/Hazard Insurance Agencies and/or Companies
☒NeighborWorks® America (NW)
☒Northeast Employment and Training Org. Inc. (NETO)
☒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 Independent Living (DAIL)
☒Vermont Housing Conservation Board (VHCB)
☒Vermont Housing Finance Agency (VHFA)
☒Vermont State Housing Authority (VSHA)
☒U.S. Department of Housing and Urban Development (HUD)
☒U.S. Department of Agriculture – Rural Development (USDA-RD)
☐All of the Above
☐All of the Above, Except:____
☐Other____

This consent is given freely and is open to all information provided to or acquired by the Homeownership Center and/or the above organizations in connection with advocacy services provided in connection with my/our pending acquisition, financing, refinancing, retention or repair of housing. This consent is in addition to the release of information as provided for my/our Service Contact Agreement with the Homeownership Center.
I/We further agree that the Homeownership Center may use information, pictures, or quotes, in promoting the Homeownership Center, and for the preparation of proposals to the funders of the Homeownership Center. I/We also authorize the Homeownership Center to share information about the services I/we receive through the Homeownership Center with VHFA for research and statistical purposes.

Name: ____ Date:___________________________

Name: ____ Date:___________________________

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 NeighborWorks® Homeownership 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.

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.

PRIVACY POLICY AND PRACTICES
(Continued)

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.

RuralEdge
HOUSING & COMMUNITY DEVELOPMENT

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 Rural*Edge* staff/agents through the filing of retaliatory and frivolous complaints with outside, third party governmental entities whether criminal or civil in nature against Rural*Edge* 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