



Calcasieu Parish Housing Counseling Agency  
2001 Moeling Street  
Lake Charles, La 70601  
337/721-4030 ext. 5114

## “We are HUD approved Housing Counseling Agency”

### Documentation required during your One-on-One Counseling Session

1. Completed application package and submit documents required below
2. Provide two updated check stubs, Retirement letter, Social Security award letter and any other form of income that your household is receiving
3. Provide the last two years of income tax return plus your W2's
4. Provide any and all Collections and or Judgement letters along with Bankruptcy documents
5. Provide and complete outline of all bills plus balances that you are paid monthly
6. Provide Picture ID's of all adults
7. Provide a Money order or Cashier check for Credit Report (this is the only fee)
  - a. Single 23.00
  - b. Couples 46.00

“Fillable forms must be download to your computer before submitting”



# CALCASIEU PARISH HOUSING COUNSELING AGENCY CLIENT APPLICATION FORM

Applicant Name \_\_\_\_\_

Current Address \_\_\_\_\_ Apt No: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax \_\_\_\_\_

Do you have limited English Proficient?  Yes  No

Do you live in a Rural Area?  Yes  No

Are you a Veteran?  Yes  No

Are you Disabled?  Yes  No

## HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the unit.

MEMBER'S FULL NAME	BIRTH DATE	SEX	SOCIAL SECURITY #

Family household size: \_\_\_\_\_ Ethnicity:  Hispanic  Non-Hispanic

Marital Status:  Single  Married  Divorced  Separated  Widow

Handicapped?  Yes  No First Time Homebuyer?  Yes  No

## RACE

White  Latin  Asian  Asian & White  Black or African American

Black or African American & White  American Indian/Alaskan Native

American Indian/Alaskan Native & White  American Indian/Alaskan Native & Black or African American

Native Hawaiian/Other Pacific Islander  Other Multiple Race  Chose Not to Respond

**SOURCE OF INCOME**

TYPE OF INCOME	MONTHLY INCOME
Alimony/Child Support Income	
Social Security/SSI Income	
Pension Income	
Disability Income	
Rental Income	
Dependent SSI Income	
Self-employment Income	
Unemployment Income	
Public Assistance	
Salary/Wage Earning Income	
Other Income	

**Current Employment Information**

Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ FT/PT: \_\_\_\_\_ Phone \_\_\_\_\_

Gross Income (before taxes): \_\_\_\_\_  hourly  weekly  every two weeks  twice a month  monthly**Current Employment Information**

Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ FT/PT: \_\_\_\_\_ Phone \_\_\_\_\_

Gross Income (before taxes): \_\_\_\_\_  hourly  weekly  every two weeks  twice a month  monthly**LIABILITIES/DEBT**

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do not include rent or utilities:

NAME OF COMPANY	CURRENT BALANCE	MONTHLY PAYMENT	WHO OWES DEBT? A-Applicant B- Both C-Co-Applicant


Do you make payments on time?  Yes  No

Are you currently in Chapter 13 bankruptcy?  Yes  No

Have you had a Chapter 7 bankruptcy?  Yes  No

Are there any outstanding judgements against you?  Yes  No

Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu?

Yes  No

**My Housing Goals is to.....Check all that apply**

- Buy a home (pre-purchasing counseling)
- Prevent foreclosure
- Discuss a fair housing rights violation
- Transition from homelessness
- Receive financial management counseling
- Maintain home
- Obtain rental housing
- Other \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you owned a home in the last three (3) years?  Yes  No

Do you have a contract on a house at this time?  Yes  No

Are you currently working with a real-estate agent?  Yes  No

Have you been effected by the recent hurricanes?  Yes  No

Are you currently receiving any type of housing subsidized (Section 8 or Public Housing)?  Yes  No

Highest level of Education?  Vocational/Technical School  High School/GED  
 Junior College  College  Graduate School

**CURRENT LIVING EXPENSES**

Expenditures	Monthly Debt	Expenditures	Monthly Debt
Current monthly rent or mortgage		Car Insurance	

Electric/Gas/Solid Waste		Gas/Transportation	
Telephone		Childcare/Daycare	
Cellular/Pager		Alimony/Child Support	
Cable/Satellite TV		Food(Groceries + Eating Out)	
Credit Cards		Student Loan Debt	
Loans		Tithing	
Car Note		Other	

<b>\$ Total Value, Liquid Assets:</b>	<b>\$ Total Value, Hard Assets:</b>
Stocks/Bonds/CDs:	Owner Occupied Property Value:
Savings Account:	Investment Property Value:
Checking Account:	Automobile:
Other:	Other:
<b>Total Value:</b>	<b>Total Value:</b>

<b>AUTHORIZATION</b>
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I authorize Calcasieu Parish Housing Counseling Agency to: refer my file to a lender to pull my/our credit report in connection with my pursuit of a loan to purchase a home; to review my/our credit file for housing counseling in connection with my pursuit of a loan to purchase a home; pull my/our credit report and review my/our credit file for informational inquiry purposes.

I/We understand that any intentional or negligent representation (s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18. United States Code, Section 1001.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



# Credit Report Authorization Form

(To be completed prior to running credit reports by authorized counselors only)

I hereby authorize and instruct the Calcasieu Parish Housing Counseling Agency (hereinafter HCA) to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by HCA. I understand and agree that HCA intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in pre-post purchase counseling activities.

I hereby agree to pay a \$23.00 non-refundable fee for a single report and pay a \$46.00 non-refundable fee for a couple payable to Calcasieu Parish Housing Counseling Agency in a money order or a cashier check to cover the cost of obtaining my/our credit report.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to HCA in connection with such evaluation. Authorization is further granted to the credit-reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

Authorize     Do Not Authorize

HCA to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

In addition, in connection with pre-post purchase counseling activities, I hereby authorize HCA to:

- a. Share my client information with other counseling agencies and grant funding sources
- b. Allow my client file to be reviewed by other counseling agencies and grant funding sources for program monitoring and compliance purposes
- c. Allow follow-up with me related to program evaluation

\_\_\_\_\_  
Clients Name (Print)

\_\_\_\_\_  
Clients Name (Print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Revised 12/10/18





# Calcasieu Parish Housing Counseling Agency (HCA)

## Privacy Policy

*NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

Calcasieu Parish Housing Counseling Agency (HCA) 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

### What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publicly available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

### What personal information does HCA collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

### What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would

personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.

- We may also disclose personal information about you to third parties as permitted by law.

### How is your personal information secured?

We restrict access to your nonpublic personal information to HCA employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

### Opting Out of Certain Disclosures

You may direct HCA to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit HCA's ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

**OPT-OUT: I request that HCA make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that HCA will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting HCA and signing a new privacy policy form.**

\_\_\_\_\_  
Client (Printed)                      Signature                      Date

\_\_\_\_\_  
Client (Printed)                      Signature                      Date

**RELEASE: I hereby authorize HCA to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.**

\_\_\_\_\_  
Client (Printed)                      Signature                      Date

\_\_\_\_\_  
Client (Printed)                      Signature                      Date



**Calcasieu Parish Housing Counseling Agency**  
 2001 Moeling Street  
 (337) 721-4030 ext. 5114 (337) 721-4180 fax

## Program Disclosure Form

*NOTE: If you have a disability, impairment, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

About Us and Program Purpose: Calcasieu Parish Housing Counseling Agency (HCA) is a HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including pre-purchase, non-delinquency post-purchase, rental and homeless counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

**Client and Counselor Roles and Responsibilities:**

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> <li>• Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.</li> <li>• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.</li> <li>• Preparing a household budget that will help you manage your debt, expenses, and savings.</li> <li>• Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.</li> <li>• Neither your counselor nor HCA employees, agents, nor directors may provide legal advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Completing the steps assigned to you in your Client Action Plan.</li> <li>• Providing accurate information about your income, debts, expenses, credit, and employment.</li> <li>• Attending meetings, returning calls, providing requested paperwork in a timely manner.</li> <li>• Notifying HCA or your counselor when changing housing goal.</li> <li>• Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.</li> <li>• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.</li> </ul>

_____ / _____ <i>Initials</i>	<p><b>Termination of Services: Failure to work cooperatively with your housing counselor and/or HCA with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</b></p>
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Agency Conduct: No HCA employee, director, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: HCA has financial affiliation with HUD, Louisiana Housing Corporation, local organizations, and several banks. As a housing counseling program participant, you are not obligated to use the products and services of HCA or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: Calcasieu Parish Housing Counseling Agency has a first-time homebuyer program, however, you are not obligated to participate in this or other HCA programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from





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entities including the Calcasieu Parish Public Trust Authority, Veteran’s Administration or USDA Rural Development for first-time homebuyer programs.

You are entitled to choose whatever real estate professional, closing attorney, inspector, lender, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the parish and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. **This list also identifies alternative agencies that provide services, programs, or products identical to those offered by NCS and its exclusive partners and affiliates.**

\_\_\_\_\_  
Initials

Privacy Policy: I/we acknowledge that I/we received a copy of HCA’s Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree HCA, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in HCA counseling; and I hereby release and waive all claims of action against HCA and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, HCA, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with HCA grantors such as HUD, Louisiana Housing Corporation or NeighborWorks America.

**I/we acknowledge that I/we received, reviewed, and agree to Calcasieu Parish Housing Counseling Agency Program Disclosures.**

\_\_\_\_\_  
Client Signature                      Date

\_\_\_\_\_  
Counselor Signature                      Date

\_\_\_\_\_  
Client Signature                      Date