

MSHDA HOUSEHOLD PROFILE

Date: _____

For Counselor Use Only:

Program: LINKS to Homeownership/ FSS/LINKS to Homeownership / Other: _____

Applicant Name First: _____ MI: _____ Last: _____ SSN: _____

Street Address: _____ Apt: _____ County: _____

City: _____ MI Zip Code: _____ Own: _____ Rent: _____

Home Phone: (_____) _____ - _____ Business Phone: (_____) _____ - _____

Co-Applicant Name First: _____ MI: _____ Last: _____ SSN: _____

Street Address: _____ Apt: _____ County: _____

City: _____ MI Zip Code: _____ Own: _____ Rent: _____

Home Phone: (_____) _____ - _____ Business Phone: (_____) _____ - _____

For Statistical Purposes: (Please circle and complete appropriate answer as it applies to **Applicant**)

Ethnicity (You must select one)

1. *Hispanic*

2. *Non-Hispanic*

Single Race:

1 American Indian/Alaskan Native

2 Asian

3 Black / African American

4 Native Hawaiian/Pacific Islander

5 White

Multi-Race

6. American Indian/Alaskan Native **and** White

7. Asian **and** White

8. Black/African American **and** White

9. American Indian/Alaska Native **and**

Black/African American

10. Other Multiple Race

Sex: Male Female

Married: Yes No

Disabled: Yes No

Previous Homeowner: Yes No

If Yes, within the last three years?

Yes No

For Statistical Purposes: (Please circle and complete appropriate answer as it applies to **Co-Applicant**)

Ethnicity (You must select one)

1. *Hispanic*

2. *Non-Hispanic*

Single Race:

1 American Indian/Alaskan Native

2 Asian

3 Black / African American

4 Native Hawaiian/Pacific Islander

5 White

Multi-Race

6. American Indian/Alaskan Native **and** White

7. Asian **and** White

8. Black/African American **and** White

9. American Indian/Alaska Native **and**

Black/African American

10. Other Multiple Race

Sex: Male Female

Married: Yes No

Disabled: Yes No

Previous Homeowner: Yes No

If Yes, within the last three years?

Yes No

Please List Applicant, Co-Applicant, and All Other Household Members: Please list all sources of income for adult members of the household. Do include unearned income of minor children. **(Do not include earned income of minor children)**

Name	Date of Birth	Gross Annual Income	Primary Source of Income	Relationship To Applicant
(Applicant)				XXXXXXXX
(Co-Applicant)				

Total Household Income: **\$_____ (Excluding Minor Children)

Income Sources: Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military Allotments, Child Support, Alimony, Other: amounts must be broken down per category per recipient.

How did you hear about **LINKS to Homeownership or FSS/LINKS to Homeownership** ?

- Referral from MSHDA.
- Referral from Department of Human Services.
- Referral from a Lender.
- Referral from a Real Estate Professional.
- Referral from a Community Organization.
- Referral from Friend/Relative.
- Walk in Self-Referral.
- Other: _____

Please answer the following questions (ARelated@ means by blood, marriage or adoption):

1. Mark all Department of Human Services programs that your family is receiving at this time or has received in the past two years. Please mark with a **C** if currently receiving, or with a **P** if you have received in the past two years.

_____ FIP (Formerly ADFC) Case Worker Name: _____ Case Number: _____
 _____ Food Stamps _____ Medicaid _____ Child Day Care

2. A. Do one or more children under the age of 18 who are related to you or the co-applicant live in your home?
 _____ Yes _____ No
- B. Do one or more children age 18 attending high school full time who are related to you or the co-applicant live in your home?
 _____ Yes _____ No
- C. Are you or the co-applicant currently pregnant? _____ Yes _____ No

I hereby certify that the information given above is accurate and complete. I understand that if information I provided is discovered to be false or misleading, my participation may be denied or terminated.

Ω _____ County You Intend to Reside In: _____
 Signature of Applicant Date

Ω _____ County You Intend to Reside In: _____
 Signature of Co-Applicant Date

**TO BE COMPLETED BY HOMEOWNERSHIP COUNSELOR
 DETERMINATION OF LINKS TO HOMEOWNERSHIP PROGRAM ELIGIBILITY**

Verified Family Income: \$ _____ **Family Maximum Income Limit:** \$ _____

FAMILY IS ELIGIBLE: _____ Yes _____ No

Agency Name: _____ Agency Number: _____

Phone Number: _____

Lender: _____

Date of Initial Counseling: _____

Signature of Counselor: _____ Date: _____

Release of Information

In signing this consent form, you are authorizing MSHDA, its agents, employees or affiliates to request income and asset information from all income providers (i.e. social security administration, Department of Human Services, Employers, etc.), those entities listed on your Household Profile and any other related application forms. Information may also be gathered from previous or current landlords, credit reporting agencies, collection agencies, and personal references for the purpose of the program qualification.

Further, you are allowing MSHDA to provide this information to its agents, employees, or affiliates involved with *LINKS to Homeownership or FSS/LINKS to Homeownership* for the purpose of this referral. The agents, employees, or affiliates involved with *LINKS to Homeownership or FSS/LINKS to Homeownership* may also provide this information to MSHDA Private owners may not require information authorized by this form unless disclosure of such information is required under State or Federal Law.

Failure to sign the consent form may result in denial of assistance or termination of benefits.

CONSENT:

I/we hereby allow MSHDA, its agents, employees, or its affiliates to request and obtain income and asset information, a consumer credit report from a consumer reporting agency, landlord and personal information pertinent to the qualification process for *LINKS to Homeownership or FSS/LINKS to Homeownership*.

If you, or anyone in your family feels as though they have been unfairly steered or pressured into using a certain Mortgage Lending Product (home loan), real estate, or other housing related services please contact the *LINKS to Homeownership* Program immediately at 517-373-6840.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Other Adult Household Member

Date

Other Adult Household Member

Date

Other Adult Household Member

Date