

# HomeSafe

## Registration Form

*A Guide to Successful Home Ownership / HomeSafe Post Purchase Education*

**PLACE:** Housing Assistance Corporation  
460 West Main Street  
Hyannis, MA 02601

**COST:** \$25 per household

*Participants must attend the entire workshop to receive certificate of completion.*

**PURPOSE:** This one day workshop fulfills the ONE/Soft Second borrowers workshop requirement as well as discounts with some home insurance companies. We have expert guest speakers volunteering from our community covering topics such as: energy & weatherization, money management, re-financing, homeowner's insurance plus how to consider energy improvements and understand Home Net Zero Energy.

**PLEASE RETURN YOUR COMPLETED REGISTRATION FORM AND PAYMENT TO:**

*Housing Assistance Corporation*  
460 West Main Street  
Hyannis, MA 02601

Questions? Please contact Cheryl Codair at 508-771-5400 x267 or email: [ccodair@haconcapecod.org](mailto:ccodair@haconcapecod.org)

**CONFIRMATION EMAILS WILL BE SENT TWO WEEKS PRIOR TO THE CLASS.**

Please keep this sheet of paper as a reminder for yourself.

**DATE:**  
Saturday, January 25, 2020 (9 – 3:30 p.m.)



HomeSafe



DATE: \_\_\_\_\_ Saturday, January 25, 2020 (9 – 3:30 p.m.)

RETURN TO: Housing Assistance Corporation  
460 West Main Street, Hyannis, MA 02601

**Registration and payment reserves your seat. \$25 fee per household.**

ALL INFORMATION ON THESE FORMS MUST BE COMPLETED

Participant 1:

Participant 2:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MA Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ @ \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

I own a single family  condo box or other box can you please show me how to create these boxes?

Current Mortgage Company: \_\_\_\_\_

Do you have a ONE mortgage or Soft Second Loan? Yes  No

Insurance Company: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

How long have you owned your home? \_\_\_\_\_

Are you a first generation Homeowner? \_\_\_\_\_

Do you think you will need a loan in the future to do repairs/rehab on your home? \_\_\_\_\_

Please describe a topic of interest or maintenance project you are interested in? \_\_\_\_\_

SIGNATURE PARTICIPANT #1: \_\_\_\_\_ PARTICIPANT #2: \_\_\_\_\_

For office use only: payment received: cash \_\_\_\_\_ check# \_\_\_\_\_ mo# \_\_\_\_\_



## Participant Information Form



HUD will follow strict rules to protect your confidentiality. The personal data collected, such as name and address, are protected by the Privacy Act. You will never be named in any reports. Although your responses may be looked at individually by HUD, or contractors hired by HUD to collect and analyze the data, your name will not be associated with any analysis of the data. Only results from groups of people will be reported. Contractors to HUD are covered by the same requirements to protect your privacy as HUD staff and must demonstrate that they have systems in place to protect against data disclosure.

HAC receives funds from HUD and various sources for counseling services, so we are required to collect certain data. We also use the information we collect to evaluate our workshops and learn more about the people we are serving. The information collected from this form is completely confidential.

### Participant 1:

1. Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Gender:  Male  Female

4. Veteran?:  Yes  No

5. Disabled?:  Yes  No

6. Head of household?:  Yes  No

Total Number in household: \_\_\_\_\_

### 7. Marital Status:

Married  Single  Divorced

Widowed  Unknown  Separated

Choose not to respond

### 8. Highest Level of Education

Less than High school graduate

High School Diploma/GED

2-year college

Bachelor's Degree

Graduate School/Post Secondary Degree

### 9. Where were you born?

United States

U.S Territory (e.g., Puerto Rico)

Other Country: \_\_\_\_\_

### Participant 2:

1. Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Gender:  Male  Female

4. Veteran?:  Yes  No

5. Disabled?:  Yes  No

6. Head of household?:  Yes  No

### 7. Marital Status:

Married  Single  Divorced

Widowed  Unknown  Separated

Choose not to respond

### 8. Highest Level of Education

Less than High school graduate

High School Diploma/GED

2-year college

Bachelor's Degree

Graduate School/Post Secondary Degree

### 9. Where were you born?

United States

U.S. Territory (e.g., Puerto Rico)

Other Country: \_\_\_\_\_



live



learn



work



grow



10. Ethnicity:

- Hispanic/Latino
- Non Hispanic/Latino

\*For Census 2000, there are two categories for ethnicity:Hispanic or Latino and not Hispanic or Latino. The federal government considers race and Hispanic origins to be two separate and distinct concepts. Hispanics and Latinos may be of any race. (Source: <http://factfinder.census.gov/>)

11. Race:

Single Race Categories:

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific
- White

Multi-Race Categories:

- American Indian/Alaskan Native *and* White
- Asian *and* White
- Black/African American/White
- American Indian/Alaskan Native *and* Black/African American
- Other Multiple Races

12. Annual gross income: \_\_\_\_\_

13. Have you seen a copy of your credit report in the last year?

- Yes
- No

14. Do you know your credit score?

- Yes
- No

15. How did you hear about us?

\_\_\_\_\_

10. Ethnicity:

- Hispanic/Latino
- Non Hispanic/Latino

\*For Census 2000, there are two categories for ethnicity:Hispanic or Latino and not Hispanic or Latino. The federal government considers race and Hispanic origins to be two separate and distinct concepts. Hispanics and Latinos may be of any race. (Source: <http://factfinder.census.gov/>)

11. Race:

Single Race Categories:

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific
- White

Multi-Race Categories:

- American Indian/Alaskan Native *and* White
- Asian *and* White
- Black/African American/White
- American Indian/Alaskan Native *and* Black/African American
- Other Multiple Races

12. Annual gross income: \_\_\_\_\_

13. Have you seen a copy of your credit report in the last year?

- Yes
- No

14. Do you know your credit score?

- Yes
- No

15. How did you hear about us?

\_\_\_\_\_





**Privacy**

HAC 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 information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Agreement and Disclosure. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

**Types of information that we gather about you**

Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income; Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and Information we receive from a credit reporting agency, such as your credit history.

**You may opt-out of certain disclosures**

You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 508-771-5400 and do so. HAC is a US Housing and Urban Development (HUD) certified agency and subject to audit by HUD or our intermediary, Housing Partnership Network. By engaging in services, you understand that disclosure to these entities may be required and you cannot opt out of this disclosure. We also receive funding from the Massachusetts Division of Banks and Massachusetts Housing Partnership. If the services you are receiving are paid for through these funds, you cannot opt out of a possible file review by the funder.

**Release of your information to third parties**

So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process.). Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Client Signature (s) \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date: \_\_\_\_\_



**Program Disclosure Form**

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

**About Us and Program Purpose:** The mission of Housing Assistance Corp is to deliver housing and services that meet the needs of the community and minimize our impact on natural resources. Housing Assistance Corp is a nonprofit, HUD-approved housing counseling agency. We provide free housing counseling and education services, including Mortgage Delinquency & Default Resolution Counseling, Reverse Mortgage Counseling, Homeless Services Counseling, Home Improvement and Rehabilitation Counseling, Pre-purchase Counseling, Rental Housing Counseling, as well as Financial Management/Budget Counseling, Financial, Budgeting, and Credit workshops, Rental Housing Workshops, and Pre-purchase Homebuyer Education Workshops. 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 & Responsibilities	Client's Roles & Responsibilities
<ul style="list-style-type: none"> <li>• Reviewing your housing goal and your finances</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.</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 agency employees, agents, or 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 your counselor when changing a housing goal.</li> <li>• Attending educational workshops as recommended.</li> <li>• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.</li> </ul>
<p><b>Termination of Services: Failure to work cooperatively with housing counselor and/or Housing Assistance Corp will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</b>  <b>INITIALS: _____ / _____</b></p>	

**Agency Conduct:** No Housing Assistance Corp employee, 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 Relationship:** Housing Assistance Corp has financial affiliation with HUD and Massachusetts' Division of Banks. As a housing counseling program participant, you are not obligated to use the products and services of Housing Assistance Corporation or our industry partners.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** In the interest of full disclosure, Housing Assistance Corp also provides real estate services. As a housing counseling client, you are not obligated to participate in any of these services. You are entitled to choose whatever services and/or products best meet your needs.

**Referrals and Community Resources:** You will be provided a community resource list which outlines regional services available to meet a variety of needs, including utility assistance, food banks, and legal aid assistance, among others. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Housing Assistance Corp.

**Privacy Policy:** I/we acknowledge that I/we received a copy of Housing Assistance Corp's Privacy Policy. **INITIALS \_\_\_\_\_ / \_\_\_\_\_**



**Program Disclosure Form**

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

**Home Inspection:** I/we acknowledge that I/we received a copy of 'For Your Protection: Get a Home Inspection' and '10 Important Questions to Ask Your Home Inspector'. **INITIALS** \_\_\_\_\_ / \_\_\_\_\_

**Errors and Omissions and Disclaimer of Liability:** I/we agree that Housing Assistance Corp, its employees, agents, and directors are not liable for any claims and causes of actions arising from errors or omissions by such parties, or related to my participation in Housing Assistance Corp counseling; and I hereby release and waive all claims of action against Housing Assistance Corp 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. Please note that representatives of Housing Assistance Corp do not provide tax or legal advice and that you should consult your tax advisor or attorney for such guidance.

**Quality Assurance:** In order to assess client satisfaction and in compliance with grant funding requirements, Housing Assistance Corp 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 Housing Assistance Corp grantors such as HUD. By signing this Disclosure Statement I give Housing Assistance Corp authorization to share my information with HUD and other third parties, as applicable.

**I/we acknowledge that I/we received, reviewed, and agree to Housing Assistance Corp's Program Disclosures.**

\_\_\_\_\_  
**Name 1 Signature** **Date**

\_\_\_\_\_  
**Name 2 Signature** **Date**

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

**If acceptance of Program Disclosure Form is taken by phone:**

Counselor's signature above acknowledges that this Program Disclosure Form was read to client and client has verbally agreed to Housing Assistance Corp's Program Disclosures. A hard copy of the disclosure was sent to the client on \_\_\_\_\_.