

**HomePath Program**

**A direct service of:**

**Klamath Housing Authority (KHA)**

**1445 Avalon Street, Klamath Falls, OR 97603**

**Phone: (541)884-0649 Fax: (541)883-1568**

**Toll Free: (866)358-8549** [**www.klamathhousing.org**](http://www.klamathhousing.org)

**CLIENT INTAKE FORM – Please Print Clearly Date: \_\_\_\_\_\_\_\_\_\_\_**

**Primary Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Co-Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How Many In Family: \_\_\_\_\_\_\_ Number of Females: \_\_\_\_\_ Number of Males: \_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disabled (circle) YES NO / Any family members disabled? YES NO Health Insurance (circle) YES NO**

**Family Type: Single Parent, Female Single Person**

**Single Parent, Male Two Adults, No Children**

**Two Parents, number of children \_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annual Household Gross Family Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number in household \_\_\_\_\_\_\_\_**

**Current Housing: Own Homeless**

**Rent Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source of Income: TANF Unemployment Insurance**

**SSI/SSDI Employment + Other source of income**

**Social Security Retirement Employment**

**Pension Self-Employment**

**General Assistance Other**

**Highest Level of**

**Education: K-8 Some college**

**9-12 non-graduate 2 or 4 year college degree**

**High School graduate / GED**

***KHA is committed to providing access, equal opportunity, and reasonable accommodations in its services, programs, activities, education and employment for individuals with disabilities. To request disability accommodations contact the KHA office at 541-884-0649 (Oregon Relay 711)***

**Race:**

**White Native Hawaiian & Other Pacific Islander**

**African American or Black Other**

**American Indian or Alaska Native Multi-Race (any two of the above)**

**Asian**

**Ethnicity: Hispanic Non-Hispanic**

**Veteran (circle): Yes No / Active Military (circle) Yes No /**

**First Time Homebuyer (circle) Yes No Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HomePath Service Requested:**

**Financial Coaching \_\_\_\_ Home Buyer Housing Counseling \_\_\_\_ Workshop: Ready to Rent \_\_\_\_\_**

**Financial Fitness \_\_\_\_\_**

**Home Buyer \_\_\_\_\_**

**Equal Housing Opportunity: The preparation of this form was funded with State funds from Oregon Housing and Community Services. This form is not subject to State or Federal copyright law. This may be reprinted, copied or duplicated without permission of the State of Oregon or the grant recipient.**

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**Disclosure:**

**HomePath programs provide a wide variety of services that includes confidential face-to-face or online ZOOM counseling sessions for the following:**

* **Financial Coaching**
* **Pre Purchase Housing Counseling**
* **Individual Development Accounts**
* **Financial Fitness, Home Buying, and Ready to Rent Workshops**

**These individual service “paths” include education on credit scores and reports, asset building, loss mitigation, family budgeting, debt reduction, and short and long term goals.**

**I understand that the HomePath program provides financial coaching in which I will receive a written action plan consisting of recommendations for handling my finances and personal credit profile, and a spending plan. All clients must submit personal data information upon enrolling in this program. Demographic information will be reported to Oregon Housing and Community Services per grant requirements. Files may be reviewed for program monitoring and compliance purposes. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.**

**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 program participant, please affirm your roles and responsibilities along with the following disclosures:**

**Coach’s Roles and Responsibilities**

* **Review your housing or financial goal and your finances to include your income, debts, assets, and credit history.**
* **Prepare a Client Action Plan that lists the steps that you and your coach will take in order to achieve your goal.**
* **Review household budget and discuss options to manage your debt, expenses, and savings according to your goals.**
* **Provide referrals to other agencies as appropriate.**
* **Provide guidance and education in support of your goal, but is not responsible for achieving your housing or financial goal.**
* **Never provide legal advice.**
* **Always conduct themselves in a professional and respectful manner.**

**Client Roles and Responsibilities**

* **Once you have established your action plan, work diligently in accomplishing each goal.**
* **Provide accurate information in terms of household income assets, debts, expenses, credit and employment.**
* **Attend appointments on time, return calls and email messages.**
* **Provide requested documents in a timely manner.**
* **Attend educational workshops as recommended.**
* **Conduct themselves in a respectful manner.**

**Termination of Services:**

**Failure to work cooperatively with your coach will result in the discontinuation of counseling services. This includes, but is not limited to missing 3 appointments. Please call ahead if you will be late. Your appointment will be canceled if you are more than 15 minutes late.**

**HomePath services receives funding from the following sources:**

* **Home Ownership Assistance Program (HOAP funds through OHCS)**
* **Neighbor Works Umpqua (IDA funds)**

**HomePath partnering organizations, agencies, and businesses:**

* AmeriTitle
* Fisher Nicholson Realtors
* Klamath County Parole & Probation
* Marta’s House
* Oregon Housing & Community Services
* Klamath County Chamber of Commerce
* Coldwell Banker’s
* Neighbor Works Umpqua
* Dev NW
* SCOEDD
* Klamath County Realtors Association
* Klamath Community College
* Klamath County Library
* Klamath & Lake Community Action Services
* Pacific Crest Federal CU
* Umpqua Savings Bank
* All Season’s Mortgage
* Klamath River Mortgage
* Caliber Home Loans
* Rogue Federal CU
* WaFed Bank
* Integral Youth Services

**Agency Conduct:**

**No Klamath Housing Authority employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of administering coaching 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 state regulations and our commitment to serving the best interests of our clients.**

**Referrals and Community Resources:**

**You will be provided a community resource list which outlines many county and regional services available to meet a variety of needs related to your housing and financial goals. You may also be referred to other agencies that may be able to assist you with particular concerns that have been identified. You understand that you are not obligated to use any of the services offered to you.**

**Privacy Policy:**

**Klamath Housing Authority is committed to assuring the privacy of individuals / 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 both orally and in writing will be managed within legal and ethical considerations. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information, such as your total debt information, income, living expenses, and personal information concerning your financial circumstances. This information will be provided to program monitors only with your authorization and signature.**

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

1. **Information we receive from you orally or on application or other forms, such as your name, address, social security number, assets, and income.**
2. **Information about your transactions with your creditors or others, such as your account balance, payment history, transactions and credit card usage.**
3. **Information we receive from a credit reporting agency, such as your credit history and credit reports.**
4. **Within the organization, we restrict access to nonpublic personal information about you to your financial coach who needs 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.**

**You may OPT-OUT of certain disclosures:**

1. **You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors) which directs us not to make those disclosures.**
2. **If you choose to “opt-out”, we will not be able to answer questions from your creditors or meet program compliance.**
3. **If you choose to allow us to release your information as provided in this Privacy Policy, sign under the RELEASE clause below. If you later change your decision and wish to “opt-out” going forward, you must notify KHA in writing at michelle@klamathhousing.org**

**Release of your information to third parties:**

1. **You understand and agree that KHA may disclose some or all of the personal information collected, as described above, to third parties that it determines would be helpful to you, or will assist with your coaching needs. Examples of such entities including creditors, financial service providers, federal, state, local public agencies, non-profit partners and any other pre-authorized individuals or organizations.**
2. **You understand and agree that KHA submits client level information to meet grant requirements, opens files to be reviewed for program monitoring and compliance purposes and may provide communication exchanges such as emails to agencies that support the operations and mission of KHA.**
3. **You give permission to grant administrators and their agents to contact you as needed within the next three years for program evaluation.**
4. **You understand that KHA may also disclose any nonpublic personal information to anyone as permitted by law.**

**Authorization to Obtain and Release Information:**

**I hereby authorize the release /exchange of my information to and from Klamath Housing Authority in order to assist with my case. I authorize my Financial Coach to:**

* **Pull my/our credit report(s) for all applicable services provided, at various times as needed.**
* **Obtain a copy of the final closing disclosure statement, appraisal, and Real Estate Note when purchasing a home from the lender or Title Company.**

**Counseling Partnership Agreement:**

**Situations arise and conflicts happen. If you are not going to be able to attend your set appointment, please call as soon as possible to reschedule. If you are 15 minutes late for an appointment we will ask that you reschedule. Please provide all requested documents and completed forms so we can review your specific situation and make accurate eligibility determinations. You will be expected to reschedule your appointment if information is incomplete or missing. Due to confidentiality, courtesy to other clients, and to confirm staff availability, we ask that you call before dropping by the office if you need to visit with your counselor.**

**HomePath’s First Time Home Buyer program provides information and education on numerous loan products and housing programs, and you understand that the housing coaching services you receive from KHA in no way obligates me to choose any of these particular loan products or housing programs.**

**I /We acknowledge that I/We have received a copy of the HomePath program Disclosure, Privacy Policy, Partnership Agreement and other various disclosures in accordance with this full-service program. I/We are not required to utilize any program or assistance which is available from the HomePath program or its partners. My/Our participation in any one program does not obligate Me/Us to participate in another, although I/We are welcome to do so. I/We further understand that participation in HomePath program coaching activities does not in any way obligate Me/Us to use HomePath program referred lenders, realtors, or business partners. I have read through and understand this document.**

**Applicant: Printed Name Signature Date**

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**Co-Applicant: Printed Name Signature Date**

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**HomePath Coach Signature Date**