**PRE-PURCHASE COUNSELING PACKET**

**Please READ and sign all pages.**

**Fee is non-refundable, $50.00 per individual credit report.**

**We will not schedule an appointment until we have a completed packet, payment, and all documentation in our office.**

**Please submit the following with your packet (NO EXCEPTIONS):**

* **Driver’s License & Social Security Card**
* **One month of pay stubs**
* **Income tax return (if self-employed)**
* **Fee- Check or Money Order Only**

**PLEASE CALL OUR OFFICE BEFORE APPOINTMENT DATE IF YOU NEED TO CANCEL OR RESCHEDULE. IF YOU ARE MORE THAN 15 MINUTES LATE, WE WILL RESCHEDULE YOU.**

**To better serve you, we request that you do not bring children the day of your appointment.**

Our company uses First American CREDCO, a credit reporting agency and leading provider of specialized credit reports, is in business of providing the critical data individuals need to make credit decisions.

Odessa Affordable Housing, Inc. is a service that administratively assists you in reviewing your current credit situation and providing recommendations on how to improve your credit score and credit report. The delivery to you of the credit report and the initial recommendation service is simultaneous with receipt of your payment.

**ODESSA AFFORDABLE HOUSING, INC. REQUIRES PAYMENT AT THE TIME OF SCHEDULING APPOINTMENT.** Fee for services is: $50.00 per client.

OAHI will perform a soft pull to retrieve your credit history. It will be a tri-merge pull from the three credit bureaus that will not deduct points from your credit score. It will contain complete credit information. We also go over mortgage requirements and available down payment assistance or homebuyer programs.

**The estimated length of time for services is 30 minutes to 1 hour.**

These services are completed the day of your appointment. You are not required to purchase or use any other service that OAHI or OHFC provide.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT SIGNATURE CO-CLIENT SIGNATURE DATE

**CLIENT INTAKE**

**PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY**

**CLIENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_ SOCIAL SECURITY #:\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_**

**MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_ ZIP CODE:\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OWN\_\_\_ RENT\_\_\_ OTHER\_\_\_**

**CITY AND COUNTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MARRIED\_\_\_ SINGLE\_\_\_ DIVORCED\_\_\_**

**RURAL AREA: YES or NO GENDER: MALE FEMALE NON-CONFORMING**

**EDUCATION: HIGH SCHOOL/GED COLLEGE PRIMARY VOCATIONAL NONE**

**VETERAN: YES or NO DISABLED: YES or NO DISABLED DEPENDENT: YES or NO**

**ACTIVE MILITARY: YES or NO FOREIGN BORN: YES or NO**

**MONTHLY GROSS INCOME: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ETHNICITY: HISPANIC\_\_\_\_\_ NON-HISPANIC\_\_\_\_\_ CHOOSE NOT TO RESPOND\_\_\_\_\_**

**RACE (check all that apply): AMERICAN INDIAN/ALASKAN NATIVE\_\_\_\_\_ ASIAN\_\_\_\_\_**

**BLACK or AFRICAN AMERICAN\_\_\_\_\_ WHITE\_\_\_\_\_ NATIVE HAWAIIAN/PACIFIC ISLANDER\_\_\_\_\_**

**OTHER\_\_\_\_\_ CHOOSE NOT TO RESPOND\_\_\_\_\_**

**CO-CLIENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_ SOCIAL SECURITY #:\_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_**

**EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTHLY GROSS INCOME:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GENDER: MALE FEMALE NON-CONFORMING**

**EDUCATION: HIGH SCHOOL/GED COLLEGE PRIMARY VOCATIONAL NONE**

**VETERAN: YES or NO DISABLED: YES or NO DISABLED DEPENDENT: YES or NO**

**ACTIVE MILITARY: YES or NO FOREIGN BORN: YES or NO**

**ETHNICITY: HISPANIC\_\_\_\_\_ NON-HISPANIC\_\_\_\_\_ CHOOSE NOT TO RESPOND\_\_\_\_\_**

**RACE (check all that apply): AMERICAN INDIAN/ALASKAN NATIVE\_\_\_\_\_ ASIAN\_\_\_\_\_**

**BLACK or AFRICAN AMERICAN\_\_\_\_\_ WHITE\_\_\_\_\_ NATIVE HAWAIIAN/PACIFIC ISLANDER\_\_\_\_\_**

**OTHER\_\_\_\_\_ CHOOSE NOT TO RESPOND\_\_\_\_\_**

**HOUSEHOLD ANNUAL INCOME:$\_\_\_\_\_\_\_\_\_\_\_\_\_ HOUSEHOLD SIZE:\_\_\_\_\_\_\_\_\_\_**

**1ST TIME HOMEBUYER: YES or NO**

**PREFFERED LANGUAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ENGLISH LANGUAGE PROFICIENCY: PROFICIENT NOT PROFICIENT I DO NOT DISCLOSE**

**HOW DID YOU HEAR ABOUT US: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF THIS DOES NOT PERTAIN TO YOU, GO TO THE NEXT PAGE.**

**ARE YOU USING A SPECIFIC PROGRAM OR LENDER?**

**IF SO, PLEASE EXPLAIN AS MUCH AS YOU CAN BELOW:**

**Down payment assistance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of closing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Lending company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of loan officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **I understand that it is my/our responsibility to complete credit counseling.**
2. **I understand that credit counseling is a requirement of all programs of OAHI, Odessa Housing Authority, SEED administrators, Project Hope/links, and City of Odessa Community Development.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT SIGNATURE DATE CO-CLIENT SIGNATURE DATE**

**\* Employment History- Required**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Start Date: \_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_

Years in Profession: \_\_\_\_\_\_\_\_ Self Employed: Y / N (please circle one)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Worker: Y / N (please circle one)

Monthly Gross Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Net Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pay Period: Weekly Bi weekly Semi monthly Monthly

Employer Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income: Y / N (please circle one)

If you answered yes, please explain what type of income:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFDC/TANF $\_\_\_\_\_\_\_\_\_\_ Alimony $\_\_\_\_\_\_\_\_\_\_ Bonuses $\_\_\_\_\_\_\_\_\_

Child Support $ \_\_\_\_\_\_\_\_Commission $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Dividends/Interest $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overtime $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_

**\* 2nd Job or Co-Client Employment History- Required**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Start Date: \_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_

Years in Profession: \_\_\_\_\_\_\_\_ Self Employed: Y / N (please circle one)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Worker: Y / N (please circle one)

Monthly Gross Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Net Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pay Period: Weekly Bi weekly Semi monthly Monthly

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income: Y / N (please circle one)

If you answered yes, please explain what type of income:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFDC/TANF $\_\_\_\_\_\_\_\_\_\_ Alimony $\_\_\_\_\_\_\_\_\_\_ Bonuses $\_\_\_\_\_\_\_\_\_

Child Support $ \_\_\_\_\_\_\_\_Commission $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Dividends/Interest $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overtime $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_

**Monthly Expenses (Does not have to be exact amounts)**

|  |  |
| --- | --- |
| **Additional Income** |  |
|  | Royalties or settlements |  | $\_\_\_\_\_\_\_ |
|  | Rental Income | $\_\_\_\_\_\_\_ |
|  | Other Income |  | $\_\_\_\_\_\_\_ |
|  | SSI |  |  | $\_\_\_\_\_\_\_ |
|  | Food stamps |  | $\_\_\_\_\_\_\_ |
|  | TANF/AFDC |  |  | $\_\_\_\_\_\_\_ |
|  | Unemployment  |  | $\_\_\_\_\_\_\_ |
|  | **Total from Employment Page** |  | **$\_\_\_\_\_\_\_** |
|  | **Total Net Income** |  | **$­­\_\_\_\_\_\_\_** |
|  |  |  |  |  |
| **Fixed Expenses:** |  |
|  | Auto |  |  | $\_\_\_\_\_\_\_ |
|  | Child Support/Alimony | $\_\_\_\_\_\_\_ |
|  | Credit Card Payments (minimum pmnt) | $\_\_\_\_\_\_\_ |
|  | Credit Collections  |  | $\_\_\_\_\_\_\_ |
|  | Education/Tuition/Student Loans |  | $\_\_\_\_\_\_\_ |
|  | Housing Payment (Rent, Mortgage, etc.) |  | $\_\_\_\_\_\_\_ |
|  | Installment Loans |  | $\_\_\_\_\_\_\_ |
|  | Insurance (Auto, home, life, health) |  | $\_\_\_\_\_\_\_ |
|  | Medical Bills |  |  | $\_\_\_\_\_\_\_ |
|  | Savings |  |  | $\_\_\_\_\_\_\_ |
|  | Taxes |  |  | $\_\_\_\_\_\_\_ |
|  | Utilities (Gas, Electric, Water, etc.) |  |  | $\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| **Flexible Expenses** |  |  |
|  | Charity/ Tithes |  |  | $\_\_\_\_\_\_\_ |
|  | Dining/Entertainment |  |  | $\_\_\_\_\_\_\_ |
|  | Daycare |  | $\_\_\_\_\_\_\_ |
|  | Groceries (Not including SNAP) |  | $\_\_\_\_\_\_\_ |
|  | Gifts |  |  | $\_\_\_\_\_\_\_ |
|  | Household |  | $\_\_\_\_\_\_\_ |
|  | Transportation/ Gasoline |  | $\_\_\_\_\_\_\_ |
|  | Miscellaneous  | $\_\_\_\_\_\_\_ |
|  |  |  |
|  | **Total Expenses** | **$\_\_\_\_\_\_\_** |

**OAHI/OHFC Attendance and Follow-up Policy**

**Odessa Affordable Housing Inc. /Odessa Housing Finance Corp. reserves the right to refuse service to anyone.**

**Appointments:**

If a client(s) will be late to an appointment, we ask that call to advise our office. If you DO NOT CALL or NO SHOW, we will assess a $ 10.00 fee to be paid before services are rendered on your next appointment or follow up. If you arrive more than 15 minutes late without calling, we will reschedule your appointment and fee will be charged. LINKS/PROJECT HOPE, FAMILY PROMISE, & HUD CLIENTS WILL BE RESPONSIBLE FOR THEIR OWN FEE IF THEY DO NOT SHOW OR CALL IF LATE. IT WILL NOT BE PAID BY THE AGENCY. It is the responsibility of the client(s) to remember appointment time and comply with attendance. We do not call you to remind you.

**Follow up’s:**

To remain active, it is your responsibility as the client(s) to keep your counselor and our office updated if contact information changes. Our office will follow up by phone approximately every 60-90 days after the initial appointment, if we are unable to contact you after 3 consecutive follow up attempts we will deactivate the file. You are always welcome to re-activate in the future.

**New Credit Report:**

As mentioned on the first page of the packet, services are a NON-REFUNDABLE fee of $50.00 per client at the time we make your appointment. In the event you are rescheduled or do not attend your original appointment, you will have the option of using the credit report pulled for your original appointment or you may pay the $50.00 fee for a new credit report. All future follow-up appointments with a credit pull are applicable to the fee as well.

There is a $35.00 surcharge if a check is returned for non-sufficient funds. This fee must be paid before services are rendered, along with the amount of the returned check. All payments thereafter must be paid by money order. No exceptions will be granted.

To better serve the client(s), we ask that the client(s) update the credit packet and provide current documents yearly or as requested by the counselor.

**By signing below, you agree and acknowledge the adopted policies of OAHI/OHFC.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Client Signature Co-Client Signature Date

**AUTHORIZATION FOR RELEASE OF INFORMATION & PRIVACY DISCLOSURE FORM**

I hereby authorize and instruct the Odessa Affordable Housing, Inc. (hereinafter OAHI) or its designated agent (s) and City of Odessa Community Development (if applicable); to obtain, receive, and review all records and information pertaining to my eligibility for Housing Programs available through or associated with OAHI inclusive of my financial readiness to purchase a home. Information related to said programs may include, but not limited to, employment, income, credit history (including all reports), residency, banking information, and tax information. This authorization hereby gives OAHI the right to request all information that we can hold or obtain from any persons, company, or firm on any matter referenced. I agree to have no claim for defamation, violation of privacy, or otherwise against any person, firm, or corporation for any statement or information released by them to OAHI for purposes of the program. The term of this authorization shall commence on the date of signature and be in force for a period of two (2) years or for the duration of the affordability period required under certain programs.

My signature below authorizes the release to credit reporting agencies of financial or other information that I have supplied to OAHI 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 report. I hereby,

\_\_\_\_\_ Authorize

\_\_\_\_\_Do Not Authorize

OAHI to **pull my credit report and/or to share with potential mortgage lenders or home buyer programs; my credit report and any information that I 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.

I understand that I may revoke my consent to these disclosures by notifying OAHI in writing prior to receiving any services. However, if I receive service through OAHI, this authorization will remain in effect throughout the period stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

CLIENT PRINTED NAME SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

CO-CLIENT PRINTED NAME SIGNATURE DATE

**PRE PURCHASE COUNSELING PROGRAM DISCLOSURE**

**PURPOSE OF PRE-PURCHASE COUNSELING.** I/We understand that the purpose of the program is to provide one-on-one counseling and/or group counseling to help clients fix those problems that prevent mortgaging financing and/or to prepare clients for home buying. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining mortgage financing, and develop a plan to remove those barriers. The counselor will also aid in debt management with the preparation of a monthly budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us, rather to provide guidance and education to empower me/us in fixing those issues preventing mortgage financing.

**MORTGAGE FINANCING ASSISTANCE.** Upon completion of the pre purchase counseling program, I/We understand that the counselor will help refer me/us to loan programs that best fit my/our needs. Upon completion of the program, and with my/our permission, my/our information may be transferred to the lender of my/our choice. The counselor will monitor the loan progress to ensure the loan process runs smoothly and will aid as needed. I/We understand that the counseling agency does not guarantee that I/we will receive mortgage financing from the chosen lender.

**ELIGIBLE CRITERIA.** I/We understand that the counseling agency provides pre purchase counseling assistance to customers whose problems can be resolved in 24 months or less. I/we understand that if it is determined my/our issues will take longer than 24 months; I/we will be provided information on other resources.

**CUSTOMER RESPONSIBILITY.** I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in discontinuation of my/our counseling program. This includes but is not limited to missing 3 consecutive appointments.

**\*Please keep in mind you are free to choose any lender, realtor, program, or home. You are not obligated to use any services we provide, nor purchase any homes we have available. \***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CO-CLIENT SIGNATURE DATE

**DUAL AGENCY DISCLOSURE**

**DUAL AGENCY:** The following disclosure and acknowledgement apply to those transactions in which the seller (Odessa Affordable Housing Inc. and Odessa Housing Finance Corp.) OAHI/OHFC and the housing counselor consulting with you are employed by the same entity.

**YOUR RIGHT UNDER DUAL AGENCY:**  As a 501c3 non-profit organization under IRS rules, OAHI/OHFC sells residential property owned by the agency. In this capacity, the agency’s primary responsibility is to itself as the seller of the property.

As a counselor, the agency counsels you in preparing for homeownership. In this capacity, the agency’s primary responsibility is with you. You are not obligated to purchase residential property owned by the agency as a condition of receiving counseling services from the agency.

By making this disclosure, the agency wishes to obtain your informed consent to operate in a dual agency capacity. We may speak to you about other services we provide, but you are not required to use those services. You may retain the services of a counselor who will represent only your interest.

**CONSENT TO DUAL AGENCY:** By signing below, you acknowledge that you have received and read this disclosure notice. You also acknowledge that you understand that as the seller, OAHI/OHFC may be acting in its own best interest relative to the sale of residential real property owned by the agency. Finally, by signing below, you consent to the dual agency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CO-CLIENT SIGNATURE DATE

**(FILL OUT IF APPLICABLE)**

**AUTHORIZED PERSON**

**THE FOLLOWING IS A CONSENT BETWEEN YOU (THE CLIENT), THE PERSON(S) LISTED BELOW, AND OAHI/OHFC. IN THE EVENT YOU (THE CLIENT), ARE UNAVAILABLE TO ATTEND ANY APPOINTMENT SESSION OR ARE UNAVAILABLE PER ANY PHONE CONVERSATION, YOU HEREBY GIVE AUTHORIZATION TO THE PERSON(S) LISTED IN THIS FORM TO VIEW, RECEIVE, OR DISCUSS ANY CREDIT INFORMATION, OBTAIN A COPY OF YOUR CREDIT REPORT, AND ANY FURTHER INFORMATION TO BE GIVEN BY THE COUNSELOR AT OAHI/OHFC. YOU (THE CLIENT) ARE FULLY AWARE OF THE PRIVATE AND SENSITIVE INFORMATION TO BE DISCUSSED AT ANY APPOINTMENT SESSION OR PHONE CONVERSATION.**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorization to view, discuss, or receive any credit information. I also consent for this person to obtain a copy of my credit report and any additional information given at any appointment or per any phone conversation, to which I am unavailable to attend or receive. As stated above I am fully aware of the information to be discussed at any appointment or during any phone conversation. By signing below, I agree and will not hold OAHI/OHFC accountable for disclosing such information.**

**AUTHORIZED PERSON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZED PERSON SIGNATURE DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT SIGNATURE DATE**

**\*PLEASE ATTACH COPY OF DRIVERS LICENSE FOR AUTHORIZED PERSON\***

**Acknowledgment of Home Inspection Information**

Odessa Affordable Housing Inc. has informed and provided information to the client(s) regarding the importance of a home inspection and lead. It is the client(s) responsibility to read through the information provided in these packets.

* For Your Protection: Get a Home Inspection
* Homebuyer Protection Plan-Frequently asked questions
* Lead Packet

The duty of Odessa Affordable Housing Inc. is solely to provide the client(s) with information needed for the home buying process.

I hereby acknowledge that the information was provided, and is at the discretion of the client(s) if they choose to acquire a professional home inspection and are aware of lead risks.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Co-Client Signature Date