Centro Campesino Farmworker Center 35801 SW 186 Avenue, Florida City, FL 33034 Tel 305 245 7738 www.centrocampesino.org		
l	Homeowner Profile	
APPLICANTSocial Security #:		
REFERRED BY (check all that apply)		
() Workshop Flyer () Bank/ () Walk-In () Frienc () Relative () Other		
APPLICANT AND CO-APPLICANT INFORM	ATION/EDUCATION/RACE/ETHNICITY	
<u>APPLICANT</u>	CO-APPLICANT (If Applicable)	
Gender: () Female () Male Status () Married () Single () Divorced () Separated	Gender: () Female () Male Status () Married () Single () Divorced () Separeted	
Total Persons in Household: Number of Income Recipients: Number of Minors: Age of Mino Are you a farmworker: Yes No	rs:	
Current Address of Applicant	Current Address of Co-applicant (if applicable)	
City: Zip: Zip:	City: Zip:	
Applicant Education (Check one) () Attended High School () High School Diploma or Equivalent () 2-year college/Associates Degree () Bachelor's Degree () Master's Degree or Higher	Co-Applicant Education (Check one) (If Applicable) () Attended High School () High School Diploma or Equivalent () 2-year college/Associates Degree () Bachelor's Degree () Master's Degree or Higher	



Applicant Race/Ethnicity

Hispanic Non-Hispanic

Co-Applicant Race/Ethnicity (If Applicable)

Hispanic Non-Hispanic

Race: (____) American Indian/Alaskan Native

(____) African American (____) White(____) Asian (____) Other Race: (___) American Indian/Alaskan Native (___) African American (___) White (___) Asian (___) Other

SOURCE OF INCOME	APPLICANT	CO-APPLICANT (if applicable
Salary		
Self-Employment		
Alimony/Child Support		
Social Security		
Disability / Pension		
Public Assistance		
Real Estate (Rental Income)		
Investment Dividends		
Unemployment Checks		
Food Stamps		
Other		
TOTAL INCOME		

Agency Disclosure

Centro Campesino Farmworker Center, Inc. (CCFC) provides counseling/coaching and education services to assist with credit rebuilding, creating a monthly expense plan to improve the financial capability and/or to purchase a home. As a client of Homebuyer/Homeowner Solutions Department you have the right to know the following:

CCFC is a not-for-profit organization and does not charge fees for its housing counseling services; however, the client may be asked to pay for certain third-party service fees, such as the cost of obtaining a tri-merge credit report. If you wish to pursue any form of down payment assistance, CCFC will work with you to identify the approved lender for these programs.

CCFC is certified by the US Department of Housing and Urban Development (HUD). CCFC maintains partnership with national, state and local community public and private businesses. CCFC receives funding sources from these partnerships. Major funding includes, but is not limited to Miami-Dade County, UNIDOS US, NeighborWorks America, Bank of America, Citi Foundation, Wells Fargo Foundation, Chase, HSBC and others. CCFC is always seeking new partners and contributors whose generous support makes it possible for CCFC to offer housing counseling and classes free-of-charge to our clients

Clients have absolute freedom of choice in selecting and engaging with industry professionals working in the homeownership promotion and/or preservation services. Industry professionals (lenders, realtors, title companies, insurance companies, etc.) regularly assist CCFC by making presentations covering their areas of expertise in our workshops. Clients that are informed about these industry representatives are volunteers speaking generally about products and services and clients are under no obligation, nor is there any expectation by CCFC HHS counseling staff, for clients to contract with any of these individuals. Clients are expected to make voluntary and informed decisions based on their own preferences free of coercion, intimidation or pressure from CCFC or any industry representative to whom they may be introduced through their participation in our classes or programs.

Agency Disclosure: As a client, you have the right to decide to terminate your relationship with CCFC. I/We understand that this needs to be done in writing via email, US Postal Service mailing, or delivered in person to CCFC's offices.



Authorization Form

- 1. I understand that CCFC provides housing stability counseling after which I will receive a written action plan consisting of recommendations for handling my situation, possibly including referrals to other housing agencies as appropriate. _____I Choose to Opt Out
- 2. I agree to allow CCFC to pull my credit report at the time of intake. In lieu of a new credit pull, I agree to provide CCFC with a copy of my credit report dated within 30 days of the intake date. ____I Choose to Opt Out
- 3. I understand that CCFC receives Congressional funds through the Housing Stability Counseling Program (HSCP) and as such, is required to submit client-level information to the online reporting system and share some of my information with HSCP administrators or their agents for purposes of program monitoring, compliance and evaluation. _____I Choose to Opt Out
- 4. I give permission for HSCP administrators and/or their agents to follow-up with me between now and June 30, 2026, for the purposes of program evaluation. _____I Choose to Opt Out
- 5. I may be referred to other housing services of the organization or other agency or agencies as appropriate that may be able to assist with concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

Privacy Policy

Centro Campesino Farmworker Center, Inc. values your trust and is committed to the responsible management, use and protection of personal information. We are 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. 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 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 (305-245-7738x227

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/coaching you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you 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.

Date

I acknowledge that I have received a copy of (Organization) privacy policy.

Client Signature_



MONTHLY FAMILY BUDGET

Monthly Income	Secured Debts (Monthly Payments)
Salary / Self Employment Income	
Salary or Wages (Spouse)	1st Mortgage
Social Security	2nd Mortgage
Pension / Retirement	Land Lease (Trailer Park, Other)
Interest on Accounts	Student Loans
Alimony / Child Support	Auto Loans / Leases
Real Estate Rent (Income)	Recreation (Boat, ATV, etc.)
Investment Dividends	Past Due Taxes
	Other Debts
Unemployment / Food Stamps Other	
	Other Debts
Total Take Home Income	Other Loans
Monthly Expenses	Total Monthly Fixed Expenses
Alimony / Child Support (Outgoing)	
Auto Gasoline	Unsecured Debt
Auto Insurance	Credit Card 1 minimum payment
Cable TV / Satellite Fees	Credit Card 2 minimum payment
Charitable Contributions	Credit Card 3 minimum payment
Child Care	Credit Card 4 minimum payment
Children's' Activities/Allowance	Credit Card 5 minimum payment
Laundry / Dry Cleaning	Credit Card 6 minimum payment
Clothing Purchases	Credit Card 7 minimum payment
Electric Bill	Credit Card 8 minimum payment
Food (In-Home / Groceries)	Personal Loan 1
Food (Out of Home - Lunch, Dining)	Personal Loan 2
Health and Dental Insurance	Medical Bill Payment
Homeowner / Condo Fees	Other
Homeowners / Renters Insurance	Other
Household Items	Total Monthly Variable Expenses
Internet Access	
Life and Disability Insurance	Summary
Membership (Health Club etc.)	Total Take Home (Income)
Barber/Beauty Shop	Total Living Expenses (-)
Prescriptions	Total Secured Debt Payments (-)
Personal Items/Toiletries	Total Unsecured Debt Payments (-)
Property Services (Gardener, Pool)	Disposable Income
Security Services / Alarm	Disposable Income as Percent
Subscriptions	
Telephone (Home, Cell, Pager)	A healthy budget will have 5-10% disposable income.
Trash Disposal	If your calculations reveal a deficit you should seek help.
Tuition and School Supplies	It may mean you may be in serious debt and may need help.
Water Bill	Buying a home now may not be the right thing!
Other Expenses	
Total Monthly Living Expenses	

Applicant Signature

Date

Co-Applicant Signature

Date

AUTHORIZATION TO RELEASE INFORMATION



Centro Campesino Farmworker Center 35801 SW 186 Avenue, Florida City, FL 33034 Tel 305 245 7738 www.centrocampesino.org

Date:	
То:	
Loan Number:	
Borrower's Name:	
Co-Borrower's Name:	
Address:	
Authorization end date	

Dear ____:

I am currently working with **Centro Campesino Farmworker Center, Inc.** Homebuyer/Homeowner Solutions Department.

I herby authorize you to release any and all information concerning my financial information to Centro Campesino Farmworker Center, Inc. Homebuyer/Homeowner Solutions Department housing counseling staff listed below at their request.

Housing Counselor

Housing Counselor

You may release any additional information regarding my situation and/or account details without further authorization from me until my request is resolved.

Sincerely,