



## Homebuyer/Homeowner Solutions Department

35801 SW 186 Avenue, Florida City, FL 33034  
Tel: 305-245-7738 ext. 227 | Email: [housing@ccfcfl.org](mailto:housing@ccfcfl.org)

## Free Workshops and Counseling

Thank you for your interest in Centro Campesino Farmworker Center, Inc. (Centro Campesino, CCFC) **Essentials for First Time Homebuyer Workshop and/or Financial Capability program**

Centro Campesino is a community development corporation that strengthens families and communities by providing affordable housing, homeownership support, economic advancement, and educational opportunities to families throughout South Florida.

**Essentials for First Time Homebuyer Workshop** provides a FREE, HUD-approved course on housing information and education to all residents of South Florida who register and attend. All topics in the workshop (credit management, finding a Realtor, qualifying for a loan, down payment assistance, professional home inspection) are key to your path to achieve homeownership. **Financial Capability** provides FREE financial coaching and education to gain knowledge, capacity and tools to make sound financial decisions.

Please, review, complete and sign all pages of the intake form where signature is required. All documents listed below are needed to establish a file. **(Only copies are accepted)**

### PLEASE SUBMIT THE APPLICATION ALONG WITH COPIES OF THE FOLLOWING ITEMS SO THAT WE CAN CREATE YOUR FILE IN OUR DATA BASE.

A \$28.00 Tri-Merge credit report fee per applicant will apply. Go to [www.centrocampesino.org](http://www.centrocampesino.org), and click on the upper section the "Donate" button to make the payment. Alternatively you can send your payment (Money order or check made out to Centro Campesino) to **P.O BOX 343449, Florida City , FL 33034** *(No payment required if a Pre-qualification letter is presented)*

- Proof of Income for the last 30 days: Paystubs, SSI Award letter, Retirement, Pension, Child Support. (If Self-employed, please provide year-to-date Profit & Loss Statement).

Most recent two Bank statements: Checking, Savings, Retirement, Money Market or CD (No on line transaction histories please). **All pages included**

Last two years of Tax returns with W2's or 1099's for salary workers and Self-employed individuals including business tax returns when applicable

Copy of Florida Driver's License and proof of Citizenship or Permanent Residency for each applicant.

### PLEASE NOTE THE FOLLOWING:

- If you are **Pre-qualified by a lender**, the **Pre-qualification** letter is necessary to complete your file
- **A copy of lender's pulled credit report ,or a soft pulled obtained by Centro Campesino that do not affect the scores** is needed to complete the pre-purchase counseling section
- If you are currently not working with a lender, some may require additional documents.
- We reserve the right to withhold the Certificate of Completion until we have a complete file.



## Home Buyer /Home Owner Solution Department

### Service you are interested in:

HB Education/Pre-purchase counseling    Credit Counseling    Rental Counseling    Financial Capability

**APPLICANT:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN:   XXX   -   XXX   -   \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**CO-APPLICANT:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN:   XXX   -   XXX   -   \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**REFERRED BY (check all that apply)**

- |                                  |  |  |
|----------------------------------|--|--|
| <input type="checkbox"/> Flyer   | <input type="checkbox"/> Bank/Lender       | <input type="checkbox"/> Realtor         |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Friend    Other |

### APPLICANT AND CO-APPLICANT INFORMATION/EDUCATION/RACE/ETHNICITY

**APPLICANT:**

Gender: Female                      Male  
Married                      Separated  
Single                      Divorced                      Other

**Household Size:**

Numbers in Household : \_\_\_\_\_ English proficient? \_\_\_\_\_

Do you live in a rural area? \_\_\_\_\_ Veteran? \_\_\_\_\_

Are you an active Military? \_\_\_\_\_ Disable \_\_\_\_\_

**Current Address of Applicant**

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

How long: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

Rent Payment: \$ \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

Current occupation/position/title \_\_\_\_\_

**Date of Hire:** \_\_\_\_ \_\_\_\_ \_\_\_\_

**Second or Prior Employer** ( if less than 2 years)

\_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

**CO-APPLICANT:**

Gender: Female                      Male  
Married                      Separated  
Single                      Divorced                      Other

**Current Address of Co-Applicant**

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

How Long: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

Rent Payment: \$ \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

Current occupation/position/title: \_\_\_\_\_

**Date of Hire:** \_\_\_\_ \_\_\_\_ \_\_\_\_

**Second or Prior Employer:** (if less than 2 years )

\_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

**Applicant Education (Please check one):**

- ☐ Below High School Diploma
- ☐ High School Diploma or Equivalent
- ☐ Two-year college/Associates
- ☐ Bachelor's Degree
- ☐ Master's Degree or Higher

**Co-Applicant Education (Please check one):**

- ☐ Bellow High School Diploma
- ☐ High School Diploma or Equivalent
- ☐ Two-year college/Associates
- ☐ Bachelor's Degree
- ☐ Master's Degree or Higher


**Applicant Race/Ethnicity**

Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

**Race:**

American Indian/Alaskan Native  
 African American  
 White  
 Asian  
 Other

**Co-Applicant Race/Ethnicity**

Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

**Race:**

American Indian/Alaskan Native  
 African American  
 White  
 Asian  
 Other

Total annual Household income ( include other incomes) \$ \_\_\_\_\_

**OTHER INCOME**

SOURCE OF INCOME	APPLICANT	CO-APPLICANT
Self-Employment		
Alimony/Child support		
Social Security		
Disability		
Pension		
Public Assistance (supplementary, or food stamps		
Other		

Have you or Co-Applicant owned a home in the last three (3) years?    yes        no  
 Do you have a contract on a house at this time?                                yes        no  
 Are you currently working with a real-estate agent?                                yes        no

**CLIENT AGREEMENT**

The purpose of the **Essentials for First Time Homebuyers Program** provides housing counseling and education to all residents of Miami- Dade County and assist with credit rebuilding, creating a monthly expense plan to achieve homeownership.

The purpose of the Financial Capability program is to provide financial coaching and education to gain knowledge, capacity and tools to make sound financial decisions. The counselor/coach will conduct an assessment and financial analysis and provide me with an Action Plan, resources and referrals to address barriers that prevent from reaching goals. Other services provided include: Foreclosure prevention, Post -purchase ,and rental counseling

**Client Responsibility**

- Understand that deliberately providing inaccurate information or an unwillingness to timely provide necessary information or documents will result in the closing of our file and no further assistance from the counselor will be provided. Hereby consent and authorize the staff of CCFC to take/use photographs, motion pictures, television transmission, and/or videotaped recordings of me for documentary and public relations purposes.
- Understand that it will not be the responsibility of the counselor/coach to fix the problem but rather to provide guidance and education to empower me/us in fixing those issues
- I/We will be on time for scheduled appointments and understand that if we are late for an appointment it will be canceled and rescheduled. I/We understand that after 3 missed appointments my file can be closed.
- I/We understand that as part of program, I/We will be **required** to attend educational classes. I/We understand that failure to attend the required workshop(s) and/or follow the action plan will result in the discontinuation of services.

Applicant

Date

Co-Applicant

Date

## 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 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. 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.

## 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.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.

### 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.

By signing here, I/we indicated our understanding of the privacy policy described above.

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Applicant Signature

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Date

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Co-Applicant Signature

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Date



## AUTHORIZATION TO RELEASE CLOSING DISCLOSURE

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

To: \_\_\_\_\_

Borrower's Name: \_\_\_\_\_

Co-Borrower's Name: \_\_\_\_\_

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

I/We authorize representatives from Centro Campesino Farmworker Center, Inc. (CCFC), where I/we have applied for assistance, to obtain a copy of the official Closing Disclosure from my Lender and/or Attorney/Title/Escrow Company upon the closing/recording of my transaction at their request. You may release any additional information without further authorization.

*(This information is used for reporting purposes only)*

\_\_\_\_\_  
CCFC Representative Name & Title

Sincerely,

\_\_\_\_\_  
Borrower/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower/Co-Applicant

\_\_\_\_\_  
Date

## AUTHORIZATION TO ACCESS CREDIT REPORT INFORMATION

I/We hereby authorize, Centro Campesino Farmworker Center, Inc., to access my/our credit information for the purpose of assessing my credit worthiness.

I fully understand the following:

- There is a fee per applicant when credit is pulled and may need be pulled more than once.
- I understand that credit report pulled by Centro Campesino is considered a "soft pull" and therefore will not affect credit score.
- This will appear on my credit bureau report as an inquiry ( only I can see it)
- The Credit Bureau Repositories will NOT allow a copy of this report to be given to me personally, but may request a copy from the repositories directly.
- Centro Campesino Farmworker Center, Inc does not guarantee the accuracy of the information reported on neither the credit report.
- Any disputes regarding the accuracy or completeness of said credit report will be directed to the repository (Equifax, Experian, and Transunion) by applicant or co-applicant.
- All information will be kept confidential between Centro Campesino and applicant/co-applicant.
- Homebuyer/Homeowner Solutions Department will be held harmless for information received in this credit report.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date

## HOUSEHOLD BUDGET

	APPLICANT NAME	CO-APPLICANT NAME
<b>Clients sources of income:</b>	<b>1:</b>	<b>2:</b>
1. Salary/self-employment (net)	\$	\$
2. SSI/Child support	\$	\$
3. Other _____	\$	\$
<b>Average Monthly Debts:</b>		
1. Rent	\$	\$
2. Mortgage (Principal and Interest)	\$	\$
3. Property Taxes, HOA, Insurance	\$	\$
4. Car Payment(s)	\$	\$
5. Car Insurance	\$	\$
6. Gas/ Public Transportation	\$	\$
7. Childcare/daycare	\$	\$
8. Alimony/Child Support	\$	\$
9. Student Loans/ Installment loans	\$	\$
10. Credit cards (totals minimum payment)	\$	\$
11. Health & Life Insurance	\$	\$
12. Internet/Streaming services	\$	\$
13. Cable TV	\$	\$
14. Electricity	\$	\$
15. Water/Sewer	\$	\$
16. Cell Phone/Telephone	\$	\$
17. Gym/Other subscriptions	\$	\$
18. Food (groceries)	\$	\$
19. Eating out	\$	\$
20. Family Support/Donations	\$	\$
21. Medicines/Doctor co-payments:	\$	\$
22. Clothing/Toiletries/Dry cleaning	\$	\$
23. Beauty Salon/Barber	\$	\$
24. Tolls/Sun pass	\$	\$
<b>Total COMBINED costs:</b>	\$	

COMBINED costs as added on the right. This represents your monthly cash flow. Complete the calculation below.

Taking my combined monthly net income of \$\_\_\_\_\_

and subtracting my combined monthly costs of \$\_\_\_\_\_

equals \$\_\_\_\_\_

I/we have ☐ POSITIVE or ☐ NEGATIVE cash flow.

A healthy cash flow should show from 10 to 15% discretionary income

Name 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_