



3202 Demarara Plaza, Suite 200  
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 (340) 777-4432  
 vihfa@vihfa.gov

100 Lagoon Complex Ste. 4  
St. Croix, VI 00840  
 (340) 772-4432  
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## COMMUNITY EDUCATION REGISTRATION FORM

Please provide us with the following information. Information collected on this form is used by **Virgin Islands Housing Finance Authority** only and is not shared with any other organization. Please answer all questions completely. If you have any questions about this form or how we will use this information, please ask us.

Print Full Name:			Phone:
Address and Apt/Unit Number:			Date of Birth:
City	State	Zip Code:	Email:

### Demographic Information (collected for reporting purposes only)

		Check	Household Type:	
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Estimated Annual Income (please circle one)	
	Choose not to respond		Under \$20,000	\$20,001 - \$40,000    \$40,001 - \$60,000
Race	American Indian/ Alaskan Native		\$60,001 - \$80,000	\$80,001 - \$100,000    \$100,001 or more
	Asian		<b>Choose not to respond</b>	
	Black/African American		Number of persons in household # _____	1 <sup>st</sup> Time Homebuyer: Yes No
	Native Hawaiian/ Pacific Islander		English Proficiency: Yes No <b>Choose not to respond</b>	Active Military: Yes No <b>Choose not to respond</b>
	White		Marital Status:	Current Housing Status:
	More than one race		Gender: (please circle one) Male Female Other/Non-Conforming	Veteran: Yes No <b>Choose not to respond</b>
	Choose not to respond		Education: High School/GED College Graduate School Vocational Unknown	Rural Area: Yes No <b>Choose not to respond</b>

**Would you like to receive information about Virgin Islands Housing Finance Authority events? Yes \_\_\_ No \_\_\_**

Workshop Name:	Date:
Have you received other services from VIHFA? Yes ___ No ___ Who did you meet with?	Fee Charged/Paid

### Disclosure

Virgin Islands Housing Finance Authority is a state housing finance agency, HUD-approved, comprehensive housing counseling agency. 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. As a housing counseling program participant, you are not obligated to use the products and services of Virgin Islands Housing Finance Authority or our industry partners.

Signature: \_\_\_\_\_

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

<b>Office Use Only</b> <b>Workshop Name</b> _____ <b>CMS Class ID#</b> _____
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## **Disclosure to Client for HUD Housing Counseling Services**

The Virgin Islands Housing Finance Authority offers Pre Purchase, Post Purchase, Foreclosure Prevention, Financial Management Counseling and Financial Management Education.

### Services Offered

**Pre-purchase Counseling:** Clients receive comprehensive one-on-one counseling, which covers the entire homebuying process from beginning to end. Counselors assist their clients with creating a sustainable budget and/or spending plan for their current household situation, and a clear action plan is developed to achieve the overall goal of homeownership. Clients also receive important material on home inspection, pre-foreclosure, and any other homeownership topic relevant to successfully maintaining a home.

**Non-delinquency Post-purchase Counseling:** Clients receive important material on how to properly maintain a home, refinance a home, and select a realtor. Clients are assessed for individual needs and are assisted with the tools and services to successfully maintain a home.

**Mortgage Delinquency and Default Resolution Counseling:** Clients receive assistance to avoid foreclosure. The counselors work with the clients to develop the most suitable loss mitigation option available that will address their needs. Counselors disseminate information that leads to home retention or if the client is unable to support the mortgage debt, other loss mitigation options before legal action is initiated.

It is understood that the Virgin Islands Housing Finance Authority will close my case file after six months of no contact. Attempts to communicate with the client will be made via email, telephone, and/or US postal mail. It is also understood that the client have the option to request a copy of their file.

The Virgin Islands Housing Finance Authority is hereby authorized to share the contents of their file with third parties as it pertains to file review with HUD for compliance purposes.

**Pre-purchase Homebuyer Education Workshops:** Attendees will receive information on topics that will prepare the prospective homebuyer to make informed home purchase decisions. Topics include homebuyer readiness, money management, understanding credit, getting a mortgage loan, shopping for a home, keeping your home/managing finances, and maintaining a home.

### No Client Obligation

Participation in our HUD housing counseling services does not oblige you to receive, purchase, or use any other services offered by this agency or by parties mentioned above or any other party.

### Alternatives

As a condition of our services, in alignment with your goals, and in compliance with HUD's Housing Counseling Program requirements, we must provide information on alternative services, programs, and loan products, if applicable and known.



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## Disclosure to Client for HUD Housing Counseling Services – page 2

Counselors may answer questions and provide information but will not give legal advice. If the client needs legal advice, it is recommended that they seek legal assistance from the appropriate entities.

### Hold Harmless Agreement

I give the Virgin Islands Housing Finance Authority permission to use my name in any current and future publications or reporting. Furthermore, in view of the fact that the Virgin Islands Housing Finance Authority is a state housing finance authority, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against the Virgin Islands Housing Finance Authority and its employees.

### *CLIENT ACKNOWLEDGEMENT OF COUNSELING SERVICES:*

I/We have read, understand and have received a copy of this disclosure.

Applicant printed name:	Applicant signature:	Date:
Co-applicant printed name:	Co-applicant signature:	Date:

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

