

KINGDOM COMMUNITY DEVELOPMENT CORPORATION

Dear Future Homeowner:

Thank you for contacting Kingdom Community Development Corporation to assist you with navigating you on the road to homeownership. A home is a financial asset and more. It is a place to live and raise children; it is a plan for the future; it is an investment in your community. We believe all Americans should have an opportunity to enjoy the benefits of homeownership.

Knowledge opens doors. To become a first time buyer you need to know where and how to begin the process. We start with the application process which includes verifying your income and looking at your credit. We will complete a budget analysis, pull a tri-merge credit report and review it with you, assess mortgage readiness and prequalification.

Down payment assistance money is available for first time homebuyers. In order to qualify your income must fall within the Cumberland County median income guidelines. Also you must agree to attend and eight hour homeownership workshop.

Please complete and sign the enclosed forms. Bring them to your initial meeting along with copies of your most recent pay stubs (1 month) for all borrowers, proof of any additional income, two months of bank statements and prior two years of tax returns and W-2's.

129 N. Main Street
Spring Lake, NC 28390
USA

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FAX (910) 484-5630
E-MAIL elgilmore@att.net
WEB SITE www.kingdomcdc.org

Kingdom Community Development Corporation
129 N. Main Street
Spring Lake, NC 28390
(Office) 910.484-2722 (Fax) 910.484-5630

Authorization to Release Information

I/We _____,
authorize the release of any personal and financial information requested by Kingdom
Community Development Corporation employees including:

- Employment and Income records
- Checking, Savings and/or Other Deposit Account Records
- Social Services, VA, and Other Benefit Payment Verification
- Courthouse and Other Public Records (titles, liens, taxes, fixed assets verifications, etc)
- Creditor and/or Collection Account Information
- Mortgage Account Information and/or Rental History

This authorization should be extended to any employee of Kingdom CDC identifying themselves with the company information listed above AND with the required personal information to identify me.

Upon receipt, you are authorized to speak with Kingdom CDC employees by phone and to provide information both verbally and in writing as requested. This authorization should be considered ongoing and enforce indefinitely from the date of signature unless and End Date is indicated here or until you receive my written revocation of said authorization. **End Date** _____

Signature Social Security Number Date of Birth

Signature Social Security Number Date of Birth

Address

City, State, Zip Code

Primary Contact Phone # _____

Date Signed



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This agreement certifies that _____

Applicant Name(s)

and Kingdom Community Development Corporation (Housing Counseling Organization) pledge cooperation and mutual assistance in the process of attaining housing goals as determined by the applicant.

The applicant recognizes the need for housing counseling and pledges full cooperation with the counselor. The applicant will provide to the counselor any and all information that is required relating to the pre-qualification for a mortgage loan or other housing-related goal. The applicant recognizes that it may become necessary to obtain information from outside sources, including but not limited to credit reports, employment and residential verifications, and other financial information. The applicant therefore authorizes the counselor to obtain additional information from outside sources when necessary to fulfill the obligations of this agreement. The applicant acknowledges that participation in this counseling program does not guarantee loan approval, eligibility for housing or housing assistance programs.

The counselor pledges to preserve strict confidentiality concerning the applicant and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no action without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interest of the applicant.

The applicant understands that he/she is under no obligation to purchase from the supporting Housing Counseling Organization. The Counselor acknowledges to have no influence over the applicants decision to reside at any one place.

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Counselor

Date

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PRIVACY POLICY

Our agency is committed to assuring the privacy of individuals and / or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your personal financial information, such as your total debt information, income, living expenses and personal information concerning your financial circumstances will be provided to creditors and possibly others with your specific authorization.

We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregated data in all circumstances.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST OR** when our staff has been served by a valid subpoena.

The following **PRIVACY PRACTICES** details circumstances under which we will release your information to a third party:

1. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.
2. We may compile data and aggregate information that you give us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors, or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
4. We may disclose all of the information that we collect, as described below, to creditors and related financial institutions who need this information in order to put you on a debt solver program (DSP).
5. 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, electronics and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
6. We collect nonpublic personal information about you from the following source:
 - Information we received from you, our application or others forms you provide:
 - Information about your transactions with us, your creditors, or others; and
 - Information we receive from a credit-reporting agency.
7. We may disclose the following kinds of nonpublic personal information about you:
 - Information we receive from you 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 credit-reporting agency, such as your credit history.

RELEASE: I hereby authorize this Housing Counseling Agency to release all non-public information it obtains about me to (1) my creditors and (2) any third parties necessary to resolve the matters(s) discussed during my counseling session.

I further **RELEASE** and authorize all of my creditors to provide non-public information about me to this Housing Counseling Agency.

Consumer _____ Date _____

Consumer _____ Date _____