



Bright Community Trust Inc.
2605 Enterprise Road East Suite# 230
Clearwater FL 33759
Ph. (727)475-1366 Fax (727)223-5965

Homeownership Preservation Packet

Dear Homeowner,

First, allow me to congratulate you on taking the first step of contacting our agency. Bright Community Trust is a HUD approved counseling agency that has the ability to assist you with the current financial hardship you are facing. We understand how hard that was to do and promise to work with you to find a realistic solution to your situation. In order to provide effective and efficient service, please complete the attached forms completely and clearly, as missing information will only hamper our ability to assist you. Please give the monthly Income and Budget form careful attention. This information is the key element of resolving these difficult situations. In addition, the checklist included outlines items that need to be collected before an appointment is scheduled. Once all of the items on the checklist are collected please contact us for further assistance. If there are questions or information you don't understand, please contact us.

There is an emphasis on being truthful. A resolution will not materialize unless a complete and accurate picture of the financial hardship is given. Please give the monthly "INCOME and BUDGET" form careful attention. This information is the **key element** of resolving this difficult situation.

Please Note: Our organization is attempting to assist in resolving a financial hardship. The end result lies in the hands of the lender; Bright Community Trust cannot and will not guarantee the final outcome of any situation. Appointments usually last an hour and a half. Please arrive on time. Many other families are facing similar situations and the demand for our services is high. We often have appointments back to back. If you arrive late, we will only be able to work with you for the remaining time of your appointment.

You have taken the first step to resolving your situation. We look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read "Dania Perez".

Dania Perez
Sr Housing Counselor
danial@bctfl.org





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The following information must be provided by the borrower in order to review for any loss mitigation, home saving option:

- Most recent mortgage statement;** if you have been served please provide the first page of the summons.
- Hardship Letter;** this letter must be detailed, signed and dated by the borrower.
- Two months of current, consecutive bank statements;** Include all pages including all checking and savings accounts;
- Two current, consecutive utility bills;** These provide proof of occupancy;
- Copy of Driver's License**
- The last two years of tax returns,** signed and dated; Include all pages; If the borrower has received an extension to file on a previous tax return, please provide proof that the extension was given;
- Detailed list of household monthly expenses;** worksheet provided in this package
- Proof of income;**
 - Four current and consecutive pay stubs; Must show the year-to-date amount, taxes, gross and net amounts and deductions;
 - Please provide the most current copy of your benefits statement for pension, social security, VA, social security disability, or alimony income, etc.
 - If self-employed, year to date profit and loss statement, signed and dated





File/Client ID# _____

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Personal Information Client Intake Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

How did you learn about our housing counseling agency?

- | | | |
|---|--|---|
| <input type="checkbox"/> Member of the staff | <input type="checkbox"/> Print/Radio ad | <input type="checkbox"/> Religious or social organization |
| <input type="checkbox"/> HUD | <input type="checkbox"/> Bank or mortgage servicer | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> Friend/Family member | <input type="checkbox"/> Other _____ | |

Part One. Your Biographic and Demographic Information Applicant 1 Information

Applicant 1: _____ <i>Last Name First Name MI</i>			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address: _____ <i>City State Zip</i>			Home Phone: () _____ - _____		
Email Address: _____			Cell Phone: () _____ - _____		
Preferred Contact Method: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email			Best time to be reached: _____ am pm		
Social Security # _____ - _____ - _____			Date of Birth: ____/____/____		
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Biracial or Multiracial <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to Answer				Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No				Veteran Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Spouse/Dependent	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow					
My household type is... <input type="checkbox"/> Single Adult <input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Single Female-head of household <input type="checkbox"/> Single Male-head of household <input type="checkbox"/> Roommates/unrelated adults <input type="checkbox"/> Living w/non-spousal family members i.e., parents, siblings <input type="checkbox"/> Other _____					
Family household size: _____ Primary Language Spoken: _____					



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Applicant 2 Information

Applicant 2: _____ <i>Last Name First Name MI</i>			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____ <i>City State Zip</i>			Home Phone: () _____ - _____
Email Address: _____			Cell Phone: () _____ - _____
Preferred Contact Method: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email			Best time to be reached: _____ am pm
Social Security # _____ - _____ - _____			Date of Birth: ____/____/____
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Biracial or Multiracial <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to Answer Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic Veteran Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Spouse/Dependent
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			

Part Two. Your Employment Status

Applicant 1. Employment Status: <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Employed Seasonally <input type="checkbox"/> Unemployed (receiving benefits) <input type="checkbox"/> Unemployed (receiving no benefits) <input type="checkbox"/> Self Employed <input type="checkbox"/> Disabled (receiving benefits) <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____	
Employer Name: _____	Dates of Employment _____ to _____
Employer Address: _____ <i>Address City & State Zip</i>	Work Phone () _____ - _____
Previous Employer Name: _____	Dates of Employment _____ to _____
Employer Address: _____ <i>Address City & State Zip</i>	Work Phone () _____ - _____



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MY MORTGAGE DATA		
	First Mortgage	Second Mortgage
Is this loan Current or Delinquent?	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
Mortgage servicer name		
Loan Number		
Loan Balance	\$	\$
Interest Rate		
Monthly Principal and Interest Payment (excluding taxes and insurance)		
Private Mortgage Insurance (PMI) payment		
Fixed or Adjustable Interest Rate?	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable <input type="checkbox"/> I don't know	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable <input type="checkbox"/> I don't know
Date you made your last payment	/ /	/ /
Past Due Amount	\$	\$
Have you previously applied for a loan modification or forbearance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes", please provide details on the outcome of your previous foreclosure prevention effort here:		
REASON FOR DEFAULT:		
<input type="checkbox"/> Divorce <input type="checkbox"/> Disability <input type="checkbox"/> Marital Separation <input type="checkbox"/> Decrease in Income <input type="checkbox"/> Increase in Expenses <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____		
HARDSHIP:		
Please provide additional remarks about your hardship here: _____		

Has your hardship ended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have the ability and willingness to resume mortgage payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "NO", are you seeking an alternative outcome, such as a "deed-in-lieu of foreclosure" or "short sale"?		
Explain _____		





Part Three. Your Income Debt and Average Monthly Expenses

Please provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

Income Type	Applicant 1		Applicant 2	
	Monthly Income		Monthly Income	
	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)
1. Salary/wage earnings	\$	\$	\$	\$
2. Rental Income	\$	\$	\$	\$
3. Child support/Alimony	\$	\$	\$	\$
4. Social Security	\$	\$	\$	\$
5. Pension Income	\$	\$	\$	\$
6. Dependent SSI income	\$	\$	\$	\$
7. Disability income	\$	\$	\$	\$
8. Unemployment Income	\$	\$	\$	\$
9. Public assistance income	\$	\$	\$	\$
10. Other:	\$	\$	\$	\$
11. Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$
Total COMBINED Gross:	\$			
Total COMBINED Net:	\$			



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Average Monthly Debts	Name 1	Name 2
1. Rent	\$	\$
2. Mortgage (Principal and Interest)	\$	\$
3. Property Taxes, HOA, Insurance	\$	\$
4. Car Payment(s)	\$	\$
5. Car Insurance	\$	\$
6. Credit Cards (Total)	\$	\$
7. Childcare/daycare	\$	\$
8. Alimony/Child Support	\$	\$
9. School Tuition	\$	\$
10. Medical Debt:	\$	\$
11. Gas/Transportation	\$	\$
12. Household Utilities (Water, Electric, Gas, Trash, Landline, Cable)	\$	\$
13. Cell Phone(s)	\$	\$
14. Food (groceries + eating out)	\$	\$
15. Student Loan Debt	\$	\$
16. Tithing	\$	\$
17. Other:	\$	\$
Total:	\$	\$
Total COMBINED costs:	\$	\$

Complete the calculation below.

Combined monthly net income of \$ _____

Subtract combined monthly costs of \$ _____

Equals \$ _____ +/-

I/we have

POSITIVE or Negative cash flow.

Total Value, Liquid Assets:		Total Value, Hard Assets:	
1. Stocks/Bonds/CDs:	\$	1. Owner Occupied Property Value:	\$
2. Savings Account:	\$	2. Investment Property value:	\$
3. Checking Accounts:	\$	3. Other:	\$
4. Other:	\$	4. Other:	\$
Total Value:	\$	Total value:	\$

Signature Applicant 1. _____ Date ____/____/____

Signature Applicant 2. _____ Date ____/____/____

I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we acknowledge the receipt of Bright Community Trust Inc. Social Security Number Collection Policy under Section 119.071 (5), Florida Statutes (2007).

SOCIAL SECURITY NUMBER COLLECTION POLICY

Effective October 1, 2007

Please be advised, Bright Community Trust, Inc. collects your Social Security number for the following purposes: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.071(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes.



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Foreclosure Mitigation Counseling Agreement

Bright Community Trust (BCT) is 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 verbally and in writing will be managed within legal and ethical considerations. Your “non-public 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 and signature on the **Disclosure of Programs and Services**. We may also use anonymous aggregated case file information for the purposes of evaluating our services, gathering valuable research information for designing future programs.

Types of Information that we gather about you

- Information we receive from you verbally, 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 usages.
- Information we receive from credit reporting agencies, such as your credit history.

Release of your Information to third parties

1. So long as you have not opted-out per the **Disclosure of Programs and Services** form, 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 you, or is a requirement of grant awards which make our services possible.
2. We may also disclose non-public personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to non-public 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 non-public personal information.

Bright Community Trust and its counselors agree to provide the following services:

- Assess current financial situation
- Analysis of mortgage default, including the amount and cause of default





- Development of an action plan
- Presentation and explanation of reasonable options available to the homeowner
- Presentation and negotiation of possible remedies with mortgage servicers
- Assistance in communication with the mortgage servicer and other creditors
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Confidentiality, honesty, respect and professionalism in all services
- As the final outcome lies with the servicer, our counselors are not able to guarantee and solution.

I/We, agree to the following terms of service:

Please insert your name(s) on the first line and initial each line there after.

I/We, _____ agree to the following terms of service:

_____ I/We understand that **Bright Community Trust** provides foreclosure mitigation counseling after which I/We will receive a written action plan consisting of recommendations for handling my/our finances, possibly including referrals to other housing agencies as appropriate.

_____ I/We understand that **Bright Community Trust** receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and state funds through Florida’s Counseling Program, as such, is required to share some of my personal information with NFMC program administrators and Florida Housing or their agents for purposes of program monitoring, compliance and evaluation.

_____ I/We give permission for NFMC and Florida Housing programs administrators and/or their agents to pull my credit report up to two additional times between now and the end of the fiscal year and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and the end of the fiscal year for the purpose of program evaluation.

_____ I/We acknowledge that I/We have received a copy of **Bright Community Trust’s:**

- ❖ Disclosure of Programs and Services, included in this Home Preservation Packet.

_____ I/We may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to help with particular concerns that have been identified. I/We understand that I/We am not obligated to use any of the services offered.

_____ A Counselor may answer questions and provide information, but not give legal advice. If I/We want legal advice, I/We will be referred for appropriate assistance.





_____ I/We understand that **Bright Community Trust** provides information and education on numerous loan products and housing programs and I/We further understand that the housing counseling I/We receive from **Bright Community Trust** is no way obligated me/us to choose any of these particular loan products or housing programs.

_____ I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.

_____ I/We will provide all necessary documentation and follow-up information within the timeframes requested.

_____ I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.

_____ I/We understand that repeated no-shows or excessive cancellations may result in cancellation of services.

_____ I/We understand that I/We **must** have an appointment to meet with counselor and that should I/We walk-in I/We will be given an appointment for a later date and time.

_____ I/We understand that once I/We are an established client I/We may drop off documentation and that counselor availability is **not** guaranteed without an appointment.

_____ I/We will call within 6 hours of a scheduled appointment if I/We will be unable to attend an appointment.

_____ I/We will contact the counselor about any changes in our situation immediately.

_____ I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Primary Client: _____

Date: _____

Co-Client: _____

Date: _____

Counselor: _____

Date: _____





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PRIVACY POLICY

BRIGHT COMMUNITY TRUST takes the financial privacy of its customers very seriously. This notice describes our policy on collection and disclosure of personal non-public information. Personal non-public information, as used in this notice, means information that identifies an individual personally, and is not otherwise publicly available information. During the course of counseling and processing your application, we accumulate non-public personal information from you and from other sources about your income, your assets, and your credit history in order to BRIGHT COMMUNITY TRUST the necessary information to advise you and to make an informed decision regarding your case.

Information We Collect

We collect personal, non-public information regarding you to help support our lending and counseling operations, and to aid you in shopping for and obtaining a home mortgage. We request such information from the following sources:

- Homebuyer Education, Counseling, and Lending Intake Forms
- Required and requested Documents
- Consumer credit reporting agencies
- HUD-1 Settlement Statements

Information We May Disclose

We may disclose the following:

- Information from your applications and other forms, such as your name, address, social security number, assets and income
- Information that we receive from required and requested Documents
- Information we receive from a consumer credit reporting agency, such as your creditworthiness, credit score, or credit history

To Whom We May Disclose

We may also disclose personal non-public information to third parties as permitted by law. We may disclose your personal, non-public information, to the following third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans
- Government and private agencies such as Housing and Urban Development (HUD) and Neighbor Works America (NWA), but only for purposes of program reviews, auditing, research and oversight purposes
- Real Estate affiliates and/or Realtors and Real Estate Developers in connection with your purchase transaction

Confidentiality and Security

We restrict access of your non-public personal, information about you to our employees who need to

know that information to provide products or services to you, including but not limited to underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and counseling. We maintain physical, electronic, and procedural safeguards that comply with HUD regulations to guard your personal non-public information. We do not disclose customer information to companies that perform marketing services.

PRIVACY CHOICES

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose your personal non-personal non-public information to unaffiliated third parties, you may opt out of those disclosures. You may direct us not to make those disclosures (other than disclosures permitted by law). You may opt out as follows by requesting so in writing:

- 1. Limit disclosures of personal, non-public information about me to unaffiliated third parties other than non-profit organizations involved in community development.
- 2. Limit disclosures of personal, non-public information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

If you want to opt out, that is, if you want to direct us not to use your personal information (other than disclosures permitted by law) as described in this notice, you may do so by contacting BRIGHT COMMUNITY TRUST.

Primary Client 1. _____ Date ____/____/____

Co-Client 2. _____ Date ____/____/____



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Data Release Form & Third Party Authorization

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

You hereby authorize and instruct BRIGHT COMMUNITY TRUST Housing Counseling Agency (BRIGHT COMMUNITY TRUST) and/or its assigned agents to:

- Obtain and review your credit report, and
- Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation (for example, verifying your annual property tax obligations and homeowner’s insurance fees)

Your credit report will be obtained from a credit reporting agency chosen by BRIGHT COMMUNITY TRUST. You understand and agree that BRIGHT COMMUNITY TRUST intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize BRIGHT COMMUNITY TRUST to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help BRIGHT COMMUNITY TRUST determine your viable financial options.

Lenders	Banks	Mortgage Servicers
Debt Collectors	Landlords	Public Housing Authorities
Property Management Companies	Social Service Agencies	Counseling Agencies

Entities such as mortgage lenders and/or counseling agencies may contact your BRIGHT COMMUNITY TRUST counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your BRIGHT COMMUNITY TRUST counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation.

You hereby authorize the release of your information to program monitoring organizations of BRIGHT COMMUNITY TRUST, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition you authorize BRIGHT COMMUNITY TRUST to have your credit report pulled two additional times to conduct program evaluations. You also agree to keep BRIGHT COMMUNITY TRUST informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for or a counseling service that you are seeking.

Finally, you understand that you may revoke consent to these disclosures by notifying Bright Community Trust Inc. in writing.

Signature Primary 1. _____ Date ____/____/____

Signature Co-Client 2. _____ Date ____/____/____



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Disclosure of Programs and Services

BCT receives funding from HUD under the Housing Counseling Program. BRIGHT COMMUNITY TRUST clients are under no obligation to use any of the above stated organizations for any type of services. You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties, that is, direct us not to make those disclosures.

If you choose to "opt-out", we will not be able to answer questions from our partners. If at any time you wish to change your decision with regard to your "opt-out", you may call us at 727-475-1366 and do so.

Please initial below to accept or decline disclosure to BCT third party partners. BCT receives funds from partners that enable us to provide assistance to families in need. BCT is contractually required to provide non-personal information regarding our performance and demonstrate adherence to the rules and regulations, regarding foreclosure education and counseling, to ensure that clients receive appropriate assistance.

Please Initial below:

Primary Client: To Accept _____ To Decline _____

Co-Client: To Accept _____ To Decline _____

- I understand that BRIGHT COMMUNITY TRUST (BCT) provides homebuyer education and counseling, down payment assistance loans and grants, and I am under no obligation to use BRIGHT COMMUNITY TRUST programs and services.
- I understand that BCT does not receive referral fees from any lenders in the "Approved Lenders" list and I am under no obligation to use any particular lender.
- I understand that BCT does not have financial arrangements with its volunteer instructors and I am under no obligation to receive services from the volunteers and other BCT community partners.
- I understand that I am under no obligation to utilize the services of BRIGHT COMMUNITY TRUST partners (i.e., lenders, realtor
- I further understand that I am under no obligation to use the services and, or, loan programs provided by BRIGHT COMMUNITY TRUST.
- I understand that BCT owns sells properties and I am under no obligation to purchase those properties and that there are other alternative sources of homes for purchase.

Signature Primary 1. _____ Date ____/____/____

Signature Co-Client 2. _____ Date ____/____/____



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Client Authorization and Counseling Disclosure

HUD Approved Non-Profit Counseling Agency: _____

Agency Counselor: _____

I would like to participate in your counseling sessions to help me improve my financial and housing situation. I understand that my counselor may discuss information about my credit history, financial situation, employment, and other information with me, and with other representatives of financial institutions or agencies as necessary to assist me in improving my financial and housing situation. I understand that information about my personal circumstances will be treated as confidential. I further understand that I am free to choose a lender, lending product and home regardless of the recommendations made by my counselor. If I choose to seek financial assistance, I understand that I may be referred to a separate agency. I understand that there may be additional eligibility requirements to qualify for such assistance. I hereby authorize my counselor to discuss any information related to my personal circumstances that may be necessary in our attempts to improve my financial and housing situation and to release and/or obtain credit, financial, employment and other information to and/or from other agencies or financial institutions when disclosing this information will help my counselor and I work out and assess improvements to my financial and housing situation. It is further understood that in consideration of the counseling agency's assistance with my financial and housing situation, I agree to hold harmless the counseling agency and its agent and/or its employees and the agencies and financial institutions with which the counseling agency works and shares information from any and all claims or causes of actions arising, or which may arise, from mistakes, errors, or omissions in regards to said counseling. I/we hereby authorize BCT to verify my/our past and present employment earnings, records, bank accounts, stock holdings and any other asset balances that are needed to process a mortgage loan application. I/we further authorize BCT to order a consumer credit report to verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will serve as authorization.

Borrower/Solicitante: _____ SS# _____

Signature/Firma _____ Date/Fecha: _____

Co-Borrower/Solicitante _____ SS# _____

Signature/Firma _____ Date/Fecha: _____

Address/Domicilio: _____

Lender/Administrador Hipotecario(s): _____

Account Number/Numero de Cuenta(s): _____

Counselor/Consejero signature: _____



Bright Community Trust “Marketing Questionnaire”

Thank you for taking the time to meet with us. We hope that we have been helpful in assisting you. Please take a moment to fill out this survey. Your feedback is greatly appreciated and will be used to monitor the quality and success of our marketing efforts.

1) How did you hear about us?

- Bank/Lender City Government office Friend or Relative Radio /TV
- Print Media Movie Theatre Ad Billboards/Signs Community/ Recreation Center
- Church Other: _____

3) What City do you live in? _____

4) What programs are you interested in at BCT? Check all that apply.

- Down Payment Assistance Homebuyer Education Foreclosure Prevention Counseling
- Home Improvement Programs Purchasing a Home

5) Have you heard of Skype? YES NO

-Have you ever used it? YES NO

- Would you use it as a form of counseling with BCT it is was offered? YES NO

7) Additional Comments:

