



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

Greetings,

First, allow me to congratulate you on taking the first step of contacting our agency. Bright Community Trust is a HUD approved education and housing counseling agency that has the ability to assist you.

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. In addition, please bring in or send in with your intake forms 60 days or 2 months proof of income. If there are questions or information you don't understand, please contact us.

There is an emphasis on being truthful. A realistic and workable plan will not materialize unless a complete and accurate picture of your financial situation is assessed.

Please Note: Bright Community Trust cannot and will not guarantee the final outcome of any situation. Appointments usually last an hour.

Please arrive on time. Many other families are in need of our resources 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.

We look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read "Dania", written in a cursive style.

Dania Perez
Sr Housing Counselor
danial@bctfl.org





File/Client ID# _____

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Personal Information Client Intake Form

NOTE: If you have 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	Date of Birth: ____/____/____
Address: _____ <i>City State Zip</i>		Social Security # _____-_____-_____	
Email Address: _____ Preferred Contact Method: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email		Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Best time to be reached: _____ am pm	
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"/> Retired <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	Date of Birth: ____/____/____
Address: _____ <i>City State Zip</i>			Social Security # ____-____-____	
Email Address: _____			Home Phone: () _____-_____	
Preferred Contact Method: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email			Cell Phone: () _____-_____	
			Best time to be reached: _____ am pm	
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"/> Retired <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. Other household information

(PLEASE FILL OUT THIS SECTION ONLY IF YOU ARE INTERESTED IN PURCHASING A BRIGHT COMMUNITY HOME)

OTHER HOUSEHOLD MEMBERS:

Name(s)	Social Security #	Date of Birth/Age	Relationship to Applicant

PLEASE LIST THE ADDRESSE(S) of the HOMES you are interested in purchasing:

1st Choice	
2nd Choice	



Part Four. 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:	\$			

Type of Asset	Asset Value	Bank/Account	Annual Asset Income
		Total Annual Income:	



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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).



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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:

