

Certificate of Housing Counseling: Homeownership

U.S. Department of Housing and Urban Development
Office of Housing

Certificate Number: _____
OMB No. 2502-xxxx (expires xx/xx/xxxx)

Public reporting burden for this collection of information is estimated to average **XXX** hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for **XXXX** and will be used for **XXXXXX**. Provision of this information may be required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless the form has a currently valid OMB control number.

Privacy Act Notice: The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in the form by virtue of Title 12, United States Code, Section 1701 et seq., and regulations promulgated at Title 12, Code of Federal Regulations. While no assurances of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

Counseling Recipient **LEGAL** Name(s) as verified by Driver's License or other acceptable documentation _____

Current Address (City/State/Zip Code) as of the date of counseling: _____

HUD or other parties may require that as a condition for eligibility to receive certain benefits that recipients receive homeownership housing counseling services from an agency participating in HUD's Housing Counseling Program. The requirements of the specific program will determine whether counseling services may occur face-to-face, via telephone, by attending and completing an educational workshop, completion of an approved web-based educational course, a combination of these methods or any alternate setting or format approved by HUD.

In accordance with Section 106 of the Housing and Urban Development Act of 1968 and 24 CFR 214, I have discussed in detail the following topics and activities with the above referenced counseling recipient:

- 1. Decision to Purchase:** [Budgeting, credit, assessing homeownership readiness](#); [Mortgage Application Process, including a discussion of alternative types of mortgage loans/features and special financing products](#), mortgage insurance, pre-qualification, [common lending documents, and steps in the loan application, approval, and closing processes](#); [Shopping for a home, including understanding the professionals involved in the process](#), and
- 2. Issues Arising During or Affecting the Period of Ownership of the Home:** [Other Financial Decisions, home maintenance \(including preventive maintenance, taxes, insurance](#), homeownership association, condo or other fees); [Refinancing, Default and Foreclosure](#), and
- 3. Sale or Other Disposition of a Home.**

Counselor Certification:

I certify that the counseling recipient(s) listed above received counseling services covering the entire process of homeownership, according to the requirements of this certificate and the standards of HUD, as described in mortgagee letters, handbooks, protocols, regulations and statute.

Counseling Service conducted: Face-to-Face Telephone Other _____

Counseling Education was conducted: Attended Workshop Completed Web-based workshop Other _____

This certificate was not prepared before the counseling session occurred.

Counselor's Name (Printed):	HUD-Approved Counseling Agency Name:	
Counselor's Signature & Date:	Address (City/State/Zip)	
X	Telephone No:	Agency HCS ID Number

Counseling Recipient Certification:

I/we hereby certify that I/we have received the specified homeownership counseling services from the above counselor. I/we certify that I/we have discussed the financial implications of and the alternative types of mortgage loans/features and special financing products, mortgage insurance, prequalification, lending documents, loan application steps through loan closing, shopping for a home, home maintenance, taxes, insurance, HOA or other fees, refinancing, default and foreclosure, and disposition of a home. This information will enable me/us to make more informed decisions about whether I/we want to proceed with purchasing a home. I/we understand that I/we may be charged a counseling fee that may be paid upfront to the counseling agency or if I/we decide to proceed with a mortgage loan, financed into the mortgage and payment under any of these methods will be reflected in the 800 series on the HUD-1 settlement statement in accordance with HUD's Real Estate Settlement Procedure regulations at 24 CFR part 3500 (see 24 CFR 3500.8).

Counseling Recipient Signature & Date: _____

Counseling Recipient Signature & Date: _____

X _____ / ____ / ____ X _____ / ____ / ____
Date Counseling Completed: _____ / ____ / ____ Certificate Expiration Date (365 days from date counseling completed): _____ / ____ / ____

Upfront Fee for Counseling Session (if any): _____ * Financed Fee for Counseling _____ Fee Waived _____

* If a "Financed Fee for Counseling" is indicated above, **this certificate serves as an invoice to the lender and settlement agent.** Payment must be reflected in the 800 series on the HUD-1 settlement statement.