



Pre-Purchase Intake

Thank you for contacting Cabrillo Economic Development Corporation to set an appointment for a one-on-one pre-purchase assessment. A one-on-one assessment is an important factor when considering to purchase and we are pleased that you have decided to take this very important step in the path to homeownership.

To assist us in providing you with the most efficient service, please complete the attached forms: ***CEDC General Intake Form and Monthly Budget***. Also, please provide us with **copies** of the following documents.

(Note: In order to comply with our file auditing requirements we will NOT return any of the documents you submit therefore please make sure you submit copies).

- 4 consecutive recent paystubs; if self-employed, most recent Profit and Loss statement**
- Proof of any other income, i.e. child support , social security (if applicable)**
- Most recent retirement statement, i.e. 401K or 403B (if applicable)**
- Last three years of Federal income tax returns**
- Last three months of all bank statements**
- A check or Money Order payable to "CEDC" in the amount of \$23.00 (per person) for a credit report (NO CASH or DEBIT/CREDIT CARDS)**
- Valid I.D. or Driver's License**

Once you have a complete packet, you can scan/email (HFS@cabrilloedc.org), Fax (805) 659-6869, mail, or drop it off at our office. We will contact you once the packet is received and is complete to schedule your appointment. The sooner you get everything back to us the sooner you can start the process with the counselor. Your appointment will not be scheduled if an incomplete packet is submitted.

If you have any questions please call us immediately at (805) 659-6868. Our general office hours are Monday through Friday 8:30am to 5:30pm

We look forward to working with you towards your reaching your goals!

Sincerely,

Heidi Reyes

Education and Counseling Services Program Coordinator
Cabrillo Economic Development Corporation
702 County Square Drive
Ventura, CA 93003
(805) 659-6868 Ext 179



STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully and **initial the line next to each statement to indicate understanding** of that provision. For simplification, the singular is used when the plural may apply.

DECLARACIÓN DE SERVICIOS DE CONSEJERÍA

Favor de leer detalladamente lo siguiente y escribir sus iniciales en cada frase indicando que entiende todo lo que está escrito.

I understand Cabrillo Economic Development Corporation (CEDC) will provide a confidential comprehensive personal interview. _____, _____

Entiendo que Cabrillo Economic Development Corporation (CEDC) programara una entrevista integral personal y confidencial. _____, _____

I will provide CEDC with a true and accurate accounting of my financial condition to the best of my knowledge, and will disclose all obligations. _____, _____

Proporcionare a CEDC con la información verdadera y exacta acerca de mi estado financiero, y declarare todas mis obligaciones financieras _____, _____

I agree to hold CEDC, its employees, agents, volunteers, officers and directors harmless from any claim, suit, action or demand, or any other person resulting from advice or counseling.

_____, _____
Estoy de acuerdo de mantener a CEDC, sus empleados, oficiales, voluntarios y directores, libres de cualquier queja, reclamo, demanda o acción legal, o a cualquier otra persona como resultado de la sesión de consejería. _____, _____

I authorize CEDC to obtain my/our credit score/credit report(s) for the purpose of financial counseling. This information will be used to ensure accuracy of information and credit obligation.

Autorizo a CEDC a obtener mi/nuestro reporte de crédito para el propósito de asesoramiento financiero. Esta información será usada para asegurar la exactitud de la información proporcionada y de las obligaciones de crédito actuales. _____, _____

I authorize and agree to pay a fee of \$23.00 to CEDC for my credit report, as it does not cause a hardship. (Fee is per person and fee may be waived if a hardship is proven) _____, _____

Autorizo y estoy de acuerdo de pagar a CEDC una tarifa de \$23.00 para mi historial de crédito debido al hecho de poder pagar. (Precio es por persona y usted puede renunciar a pagar con comprobante de dificultad). _____, _____

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

Entiendo que yo puedo ser referido a otros servicios de vivienda ofrecidas por la organización, u otra agencia o agencias que asisten con problemas apropiados y particulares que han sido identificados. Yo entiendo que no es obligatorio usar ninguno de los servicios ofrecidos. _____, _____

I understand that CEDC provides information and education on numerous loan products (FHA, Conventional, VA, and USDA) and housing programs and I further understand that the housing counseling I receive from CEDC in no way obligates me to choose any of these particular loan products or housing programs. _____, _____

Entiendo que CEDC provee información y educación sobre varios productos financieros de hipoteca (FHA, Conventional, VA y USDA) y programas de vivienda y entiendo que la conserjería que voy a recibir de CEDC no requiere que obtenga estos productos financieros de hipoteca o los programas de vivienda.

I acknowledge that I have received a copy of Cabrillo Economic Development Corporation’s Privacy Policy, Resource Referral Guide, “10 Important Questions to ask Your Home Inspector”, & “For Your Protection Get a Home Inspection.” _____, _____

Reconozco haber recibido una copia de la póliza de privacidad de Cabrillo Economic Development Corporation, la Guia de Recursos, “10 Important Questions to ask Your Home Inspector”, & “For Your Protection Get a Home Inspection”. _____, _____



CABRILLO ECONOMIC DEVELOPMENT CORPORATION
STATEMENT OF COUNSELING SERVICES
DECLARACIÓN DE SERVICIOS DE CONSEJERÍA

Our Agency is committed to ensuring 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 regarding your financial circumstances will be provided to others with your specific authorization.

Nuestra agencia está comprometida a asegurar la privacidad de cada individuo y/o familias que se han comunicado con nosotros para asistencia. Le aseguramos que toda la información compartida verbal o escrita, será manejada dentro de consideraciones éticas y legales. Su “información financiera personal”, tal como deudas, ingresos, gastos entre otra información acerca de sus circunstancias financieras será proporcionada a otros con su específica autorización.

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.

Además, podemos utilizar la información agregada a su caso con el fin de evaluar nuestros servicios, para obtener información valuable para estadísticas y para diseñar programas futuros. Mantendremos su anonimato por medio del uso de un numero de cliente o utilizando datos adicionales en cualquier circunstancia.

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 with a valid subpoena.

*En cualquier otra situación, su información puede ser compartida con individuos o agencias apropiadas **SOLAMENTE POR MEDIO DE UNA PETICION POR ESCRITO** o cuando nuestro personal reciba una orden legal.*

Client Signature/ *Firma del cliente*: _____ Date/*Fecha*: _____

Client Signature/ *Firma del cliente*: _____ Date/*Fecha*: _____

Counselor Signature: _____ Date: _____

CEDC Personal Intake Form/ Formulario Personal

CLIENT INFORMATION/INFORMACION DEL CLIENTE

Name/Nombre: _____
First/Nombre
Middle/Inicial
Last/Apellido

Mailing Address/Domicilio: _____
Street/Calle
City/Ciudad
State/Estado
Zip Code/Codigo Postal

Home/Casa: (_____) **Cell/Celular:** (_____)

Email/Correo Electrónico: _____

Social Security/Seguro Social: _____

of Co-applicants/# de Co-solicitantes: _____

Date of Birth/Fecha de Nacimiento: _____

Race/Raza (please check all that apply/por favor marque todos lo que apliquen)

- American Indian/Alaskan Native/ *Nativo Americano de Alaska*
- Asian/*Asiatico*
- African American/*Afroamericano*
- Hispanic/*Hispano*
- Native Hawaiian/*Other Pacific Islander/Nativo de Hawaii o Las Islas del Pacifico*
- White/*Blanco*
- Other/*Otro*
- Choose not to respond/*No deseo responder*

Hispanic Ethnicity/Etnia Hispana: Yes/Si No

Born outside the US/Nacido fuera de los EE.UU.: Yes/Si No

Veteran/Veterano: Yes/Si No

Gender/Género: Male/Masculino Female/Femenina

Active Military/Militar Activo: Yes/Si No

Head of Household/Cabeza de su hogar: Yes/Si No

Disabled/Deshabilitado: Yes/Si No

Disabled Dependent/Dependiente Deshabilitado: Yes/Si No

Total Household Size/ Tamaño de Familia: _____

How many dependents?/Cuantos dependientes?: _____

Annual Household Income/ Ingresos actuales combinados de su familia al año: \$ _____

Marital Status/Estado Matrimonial:

- Single/Soltero Separated/Separado(a)
 Married/Casado(a) Widowed/Viudo(a)
 Divorced/Divorciado Choose not to respond/No deseo responder

Highest Level of Education/Nivel más alto de educación:

- None/Ninguno High School/GED/Preparatoria College/Título Universitario
 Primary/Primaria Vocational/Vocacional Graduate School/Escuela de Posgrado
 Junio High/Secundaria Junior College/Colegio Comunitario Other/Otro

Current Housing Arrangement/Arreglo actual de residencia:

- Homeowner/Dueño de casa
 Rent/Renta
 Other/Otro

Time at residence/Tiempo viviendo en su residencia (years/años): _____

Are you a first time home buyer/Es primer comprador de casa: Yes/Si No



Co-Applicant/Co-Solicitante:

Name/*Nombre*: _____
First/Nombre *Middle/Inicial* *Last/Apellido*

Mailing Address/*Domicilio*: _____
Street/Calle *City/Ciudad* *State/Estado* *Zip Code/Codigo Postal*

Home/*Casa*: (_____) *Cell/Celular*: (_____)

Email/*Correo Electrónico*: _____

Social Security/*Seguro Social*: _____

Date of Birth/*Fecha de Nacimiento*: _____

Relationship to Applicant/*Relacion al Solicitante*:

- Spouse/*Esposo/a* Daughter/ Son *Hijo/a* Brother/ Sister *Hermano/a*
- Partner *Compañero/a* Mother/Father *Madre/Padre* Other *Otro*

Race/Raza (please check all that apply/*por favor marque todos lo que apliquen*)

- American Indian/Alaskan Native/ *Nativo Americano de Alaska*
- Asian/*Asiatico*
- African American/*Afroamericano*
- Hispanic/*Hispano*
- Native Hawaiian/*Other Pacific Islander/Nativo de Hawaii o Las Islas del Pacifico*
- White/*Blanco*
- Other/*Otro*
- Choose not to respond/*No deseo responder*

Hispanic Ethnicity/*Etnia Hispana*: Yes/Si No

Born outside the US/*Nacido fuera de los EE.UU.*: Yes/Si No

Veteran/*Veterano*: Yes/Si No



Gender/Género: Male/Masculino Female/Femenina

Active Military/Militar Activo: Yes/Si No

Disabled/Deshabilitado: Yes/Si No

WHO REFERRED YOU?/QUIEN LO REFERIO?:

- Flyer/Volante Radio/Radio
- Realtor/Agente de bienes raíces Friend
- Bank/Banco I'm a former client/Soy cliente previo
- Government Agency/Agencia de Gobierno Social Media/Medio de comunicación social
- CEDC Staff or Board member/Empleado o miembro del consejo de CEDC
- Other/Otro: _____

Employment Information for Primary Client/Informacion de Empleo del cliente principal:

Primary Employer/Empleo Principal: _____

Title/Titulo: _____ Date Hired/Fecha que fue contratado: _____

Business Type/Tipo de Trabajo: _____

Monthly Gross Income/Ingresos Brutos Mensuales:(before taxes/antes de impuestos) \$ _____

Monthly Net Income/Ingresos Netos Mensuales: (after taxes/después de impuestos) \$ _____

Secondary Employer/Segundo Empleo: _____

Title/Titulo: _____ Date Hired/Fecha que fue contratado: _____

Business Type/Tipo de Trabajo: _____

Monthly Gross Income/Ingresos Brutos Mensuales:(before taxes/antes de impuestos) \$ _____

Monthly Net Income/Ingresos Netos Mensuales: (after taxes/después de impuestos) \$ _____



Employment Information for Co-Applicant/Informacion de Empleo del Co-Solicitante:

Primary Employer/Empleo Principal: _____

Title/Titulo: _____ **Date Hired/Fecha que fue contratado:** _____

Business Type/Tipo de Trabajo: _____

Monthly Gross Income/Ingresos Brutos Mensuales:(before taxes/antes de impuestos) \$ _____

Monthly Net Income/Ingresos Netos Mensuales: (after taxes/después de impuestos) \$ _____

Secondary Employer/Segundo Empleo: _____

Title/Titulo: _____ **Date Hired/Fecha que fue contratado:** _____

Business Type/Tipo de Trabajo: _____

Monthly Gross Income/Ingresos Brutos Mensuales:(before taxes/antes de impuestos) \$ _____

Monthly Net Income/Ingresos Netos Mensuales: (after taxes/después de impuestos) \$ _____

How soon do you think you will be able to purchase a home?/Cuando piensa que estará listo para comprar casa?

- 1-6 months/ 1-6 meses
- 6-12 months/6-12 meses
- 1 or more years/1 año o más

Are you currently saving for your down payment?/Esta ahorrando para el enganche de su casa?

Yes/Si No **If yes, how much?/Si contesto "Si" cuanto?** \$ _____

PLEASE COMPLETE THE MONTHLY SPENDING PLAN ON PAGE 9

POR FAVOR COMPLETE EL PLAN DE GASTOS MENSUALES EN LA PAGINA 10

MONTHLY SPENDING PLAN			
Income (ALL) (all income sources)		Monthly Gross (before taxes)	Monthly Net (after taxes)
Salary 1	\$		
Salary 2			
Commissions/Bonuses			
Social Security			
Other			
Other			
TOTAL Income	\$		\$
Take out your paystubs, credit card bills, and bank statements! Writing down your monthly income & spending will help you gain better control of your finances.			
MUST Expenses - (A "must" expense is something you must pay each month...or else.)			
		Per Month	Per Month
HOME - Mortgage/Rent	\$		INSURANCE - Life
Property taxes			Disability
Homeowners Insurance			Liability
Maintenance			Other
Electric/Gas			DEBTS - Personal Loan
Water/Sewer			Student Loan
Telephone			Credit Card - 1
Other			Credit Card - 2
AUTO - Loan Payment			Other
Auto Insurance			Other
Gas			SAVINGS - Emergency
Maintenance			General Savings
Other			Other
MEDICAL - Insurance			DAILY - Groceries
Doctor/Dentist			Child Care
Prescriptions			Other
Other	\$		TOTAL Musts
			\$
WANT Expenses - (A "want" expense is something that makes life better but is not truly necessary)			
		Per Month	Per Month
Cable TV	\$		Gifts
Dining out			Allowances
Hobbies/Clubs			Other
Vacation			Other
Pet Care			Other
Charity			TOTAL Wants
			\$
TOTALS			
Net Income			\$
(Subtract) Musts + Wants Total Expenses			\$
Monthly Surplus or Deficit			\$

PLAN DE GASTOS MENSUALES			
Ingresos (Todos)	Ingreso Bruto (antes de impuestos)	Ingreso Neto (despues)	
Sueldo 1	\$	\$	Take out your paystubs, credit card bills, and bank statements! Writing down your monthly income & spending will help you gain better control of your finances.
Sueldo 2			
Comisiones/Bonos			
Seguro Social			
Otro tipo de ingreso			
Otro tipo de ingreso			
Ingreso Total	\$	\$	
Gastos NECESARIOS- (Un gasto "Necesario" es algo que usted debe pagar cada mes sin falta)			
	Por mes		Por mes
Hogar- Hipoteca/Renta	\$	Seguro de vida	\$
Impuestos de propiedad		De Discapacidad	
Seguro Hipotecario		De Riesgo	
Mantenimiento		Otro	
Electricidad/Gas		DEUDAS-Prestamo Personal	
Agua/Basura		Préstamo Estudiantil	
Teléfono		Tarjeta de Crédito-1	
Otro		Tarjeta de Crédito-2	
AUTO – Préstamo de Auto		Otro	
Seguro de Auto		Otro	
Gas		AHORROS - Emergencia	
Mantenimiento		Generales	
Otro		Otro	
MEDICO – Aseguranza de Salud		COTIDIANO - Comida	
Doctor/Dentista		Cuidado de niños	
Recetas médicas		Otro	
Otro	\$	TOTAL de gastos "Necesarios"	\$
Gastos de "Lujo" ("Un gasto de "lujo" es algo que hace la vida mejor pero no es necesario)			
	Por Mes		Por Mes
Cable	\$	Regalos	\$
Salir a cenar		Dinero para sus hijos	
Actividades/Clubs		Otro gasto	
Vacaciones		Otro gasto	
Cuidado de mascotas		Otro gasto	
Caridad		Total gastos de lujo	\$
TOTAL			
Ingreso neto (despues de impuestos)		\$	
Restar gastos "necesarios" y gastos de "lujo"		\$	
Cantidad que le sobra o corta		\$	

BUDGET CONTINUED:

Please read below carefully/ Favor de leer la siguiente información:

Household Expenses and Income: All of the information that I/We have provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file and no further assistance from the counselor will be provided.

Gastos Familiares e Ingresos: *Toda la información que Yo/Nosotros proporcione en esta solicitud es verdadera y correcta. No he retenido ninguna información. Entendemos la importancia de proveer información verdadera y completa y proporcionaremos cualquier información adicional necesaria para completar esta solicitud. Entendemos que el proporcionar deliberadamente, información que no es verdadera o la falta de mi disponibilidad para proveer información a su debido tiempo al consejero, o el no proveer los documentos que ayuden a mi/nuestro caso, resultará en el cierre del caso y no se me proporcionará ayuda futura por parte del consejero.*

Household Assets: As Head of Household I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.

Bienes Familiares: *Como Encargado de Familia (Head of Household), declaro que miembros de mi familia no tienen propiedad, completa o en parte, solamente los antes mencionados, al valor que se ha declarado de los bienes.*

Please sign below/Por favor firme:

Signature/Firma Date/Fecha

Signature/Firma Date/Fecha



AUTHORIZATION/AUTORIZACION

I authorize Cabrillo Economic Development Corporation to:

Autorizo a CEDC Centro de Viviendas a:

(a) Pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property; _____, _____

Correr mi/nuestro reporte de crédito, y lo (los) evalúen para aconsejarme en el proceso de comprar casa y obtener un préstamo para esta compra. _____, _____

(b) Pull my/our credit report and review my/our credit file for informational inquiry purposes; _____, _____

Correr mi/nuestro reporte de crédito, y lo (los) evalúen para propósito de obtener información; _____, _____

(c) Obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan. _____, _____

Obtener una copia de las formas del Departamento de Urbanización y Viviendas HUD-1 Acuerdo de Estado de Cuenta, Evaluación, y Notas de Bienes cuando compre una casa, de un prestador que me/ nos haga un préstamo y/o la compañía de título que cierre la venta. _____, _____

(d) I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my income and any pertinent information they may have personal, or otherwise, and release Cabrillo Economic Development Corporation from all liability for any damage that may result from utilization of such information _____, _____

Autorizo la investigación de todas las declaraciones contenidas en este documento y las referencias y los empleadores enumerados para darle cualquier tipo de información relacionadas a los ingresos de mi y cualquier otra información pertinente que pueda tener personal, o de lo contrario, y la liberación de Cabrillo Economic Development Corp. de toda responsabilidad por cualquier daño que puede resultar de la utilización de dicha información. _____, _____

(e) I also understand and agree that no representative of CEDC has any authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. _____, _____

También tengo entendido que ningún representante de Cabrillo Economic Development Corporation tiene autorización para entrar en acuerdo por cualquier detalle especificado, o proceder en acuerdo contrario a lo indicado, solamente que este escrito y firmado por el representante de la compañía autoritaria. _____, _____

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Yo/Nosotros entendemos que cualquier representación intencional o negligente de la información contenida en esta forma puede resultar en cargos civiles o criminales bajo las provisiones y derechos dados en el Título 18, del Código del los Estados Unidos, Sección 1001.

Signature/Firma del Solicitante

Date/Fecha

Signature/Firma

Date/Fecha



Project Reinvest: Financial Capability Authorization:

1. I understand that Cabrillo Economic Development Corporation provides financial capability counseling/coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand that Cabrillo Economic Development Corporation submits client-level information relating to the Project Reinvest: Financial Capability grant program to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.
3. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
4. I give permission for Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
5. I acknowledge that I have received a copy of Cabrillo Economic Development Corporation’s Privacy Policy.
6. I may be referred to other services of the organization, another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
7. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

Client signature: _____ Date _____

Print Name: _____ Date _____

Client signature: _____ Date _____

Print Name: _____



Project Reinvest: Financial Capability Autorización:

1. Entiendo que Cabrillo Economic Development Corporation brinda asesoría / asesoramiento sobre capacidad financiera, luego de lo cual recibiré un plan de acción por escrito que consiste en recomendaciones para manejar mis finanzas, posiblemente incluyendo referencias a otras agencias, según corresponda.
2. Entiendo que Cabrillo Economic Development Corporation envía información del nivel del cliente relacionada con el programa de subvención Project Reinvest: Financial Capability al NeighborWorks America Data Collection System (DCS), abre archivos para ser revisados con el fin de monitorear y cumplir con el programa, y realiza seguimientos con los clientes relacionados con la evaluación del programa.
3. Entiendo que puedo optar por excluirme de este requisito, pero la prueba de esta exclusión debe registrarse en mis archivos.
4. Doy permiso para que Project Reinvest: los administradores del programa de Capacidad financiera y / o sus agentes hagan un seguimiento conmigo dentro de los próximos tres años a los efectos de la evaluación del programa.
5. Confirmando que he recibido una copia de la Política de Privacidad de Cabrillo Economic Development Corporation.
6. Es posible que me remitan a otros servicios de la organización, a otra agencia o agencias, según corresponda, que puedan ayudar con las inquietudes particulares que se hayan identificado. Entiendo que no estoy obligado a utilizar ninguno de los servicios que se me ofrecen.
7. Un consejero puede responder preguntas y proporcionar información, pero no puede brindar asesoramiento legal. Si deseo consejo legal, será referido para asistencia apropiada

Firma: _____ Fecha _____

Imprimir nombre: _____

Firma: _____ Fecha _____

Imprimir nombre: _____



Privacy Policy Cabrillo Economic Development Corporation

We at Cabrillo Economic Development Corporation value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information and financial debts. It also includes your social security number and other information that you have provided us on any application or forms that you have completed.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on application forms or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law.

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Client Signature/ Firma de Cliente

Client Signature/ Firma de cliente

702 County Square Drive, Ventura, CA 93003
(805) 659-6868



PRIVACY POLICY AND PRACTICES OF

Cabrillo Economic Development Corporation

Directing Us Not to Make Disclosure to Unaffiliated Third Parties

If you prefer that we do not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
• If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

PRIVACY CHOICES FORM

If you want to opt out, that is, direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

[] Box 1 - Limit disclosure of personal information about me to unaffiliated third parties other than non-profit organizations involved in community development.

[] Box 2 - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name:

Address:

City: State: Zip:

Phone Number:

If you have checked any of the boxes above, Please mail this form in a stamped envelope to:

Cabrillo Economic Development Corporation
702 County Square Drive, Ventura, CA 93003

Please allow approximately 30 day from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until your request a change.

702 County Square Drive, Ventura, CA 93003
(805) 659-6868



Please Note:

**There is a fee of \$0.25 per copy
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Please make sure you make copies **before** you
turn in the complete packet OR be prepared to
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In order to meet our file auditing requirements any
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we **will not accept originals.**

Thank you.