

Privacy Notice

Rock Island Economic Growth Corporation (“Growth”) dba Economic Growth Corporation would like to advise you of its privacy policies. **Growth** has collected non-public personal information from your application and consumer reporting agencies. This non-public personal information includes your address and other contact information, demographic background, loan status, family income, social security number, employment information, collection and repayment history, and credit history.


We disclose non-public personal information to third parties to process and service your loan; only as necessary to effect, administer or enforce your loan; with your consent; or as permitted or provided by applicable laws, including the Illinois Freedom of Information Act (“FOIA”) and the Privacy Act of 1974. Applicable laws permit disclosure to third parties for certain purposes. Examples of such disclosures include (i) disclosure in connection with enforcement purposes or litigation, audits or other investigations; (ii) to comply with proper requests under FOIA or other federal, state, or other local laws and regulations; and (iii) to federal and state agencies to the extent specifically permitted or required by law. We do not sell or otherwise make available any information about you to any third parties for marketing purposes.

We protect the security and confidentiality of non-public personal information by limiting and monitoring all physical access to sites where non-public personal information is kept. A complete copy of our written privacy policy is available upon request.

If we decide to change our privacy policy, we will provide you with a revised privacy policy containing such changes.

If you have any questions, please get in touch with James Jones
Phone Number: (309) 788-6311
Title: Housing Manager

Rock Island Economic Growth Corporation

By: 
Printed Name: Brian Hollenback
Title: President

December 31, 2022

Buying a Home

Are you ready to make the move to home ownership? GROWTH offers many incentives for home buyers. GROWTH may provide funds to help with down payment and closing costs.

Purchasing a home doesn't have to be complicated. The goal of GROWTH is to make the process as pleasant and understandable as possible. All of GROWTH's programs include individualized counseling and an educational seminar that will lead you through the process of selecting, purchasing, and maintaining a home.

Funding to support these programs are allocated on a first-come, first-serve basis. Income limits and programs are subject to change without notice.

What Does the Homebuyer Program Offer?

GROWTH's homebuyer programs will provide assistance before, during, and after you purchase your home. The housing staff will help with:

- Understanding the process of purchasing a home.
- Selecting a home that fits your budget.
- Understanding the terminology used by lenders, attorneys, REALTORS®, and appraisers.
- Provide information on a participating lender to finance the home.

Why Should I Apply for the Homebuyer Program?

You may be eligible for thousands of dollars in assistance for down payment and closing costs.

When Should I Apply?

As soon as you begin thinking seriously about purchasing a home you should complete an application. GROWTH's housing staff is here to guide you through the entire process, from start to finish. Our housing staff must approve your application *prior* to making an offer on a home.

Do I Have to Get a Home Loan?

You will need to qualify for a first mortgage loan from an approved lender. GROWTH works with homebuyers on a daily basis to help them obtain financing that is affordable and easily understood.

What About a REALTOR®?

GROWTH strongly encourages you to work with a qualified REALTOR®. Find one that you are comfortable with, because he/she can save you a lot of time and money.

How Long Does It Take?

While every situation is unique, GROWTH will typically be able to review your completed application and provide a plan of action within 5 business days. Once approved for the program, offers to purchase a home must allow for 60 days between acceptance of the offer and closing on the home.

Homebuyer Applications

Once a completed application is submitted, GROWTH's housing staff will review it and prepare a customized plan for you to follow. Staff will also schedule a meeting with you to review the plan and help you take steps needed to apply for a first mortgage loan from a participating lender of your choice. Homebuyers are required to complete our homeownership educational seminar.

Questions? Call **309.788.6311**, email us at info@growthcorp.org, or stop by the office 100 19th Street, STE 109 Rock Island, IL.



Rock Island Economic Growth Corporation and its subsidiaries are Equal Opportunity Providers. We are pledged to the letter and spirit of U.S. Policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Moline Down Payment Program Steps

GROWTH wants you to have a positive home buying experience. While using any of GROWTH's housing program, it is important to follow the steps outlined below. This will ensure that the process will move as smoothly as possible. Our friendly staff is always here to assist you. If you have a question about the process, or the status of your file, please contact us at 309.788.6311 or by email us at info@growthcorp.org.

1. The homebuyer or participant submits all required information and completes all required application forms.
2. GROWTH's housing counselor assesses the initial eligibility, requests a credit report, and prepares a home ownership action plan for the participant.
3. After reviewing the action plan, the participant schedules an appointment with a housing counselor to review the plan.
4. Prospective homebuyer is referred to a lending institution for pre-approval.
5. Prospective homebuyer receives a pre-approval letter from the lender, subject to appraisal of property, title search, and prospective homebuyer making no adverse changes in the homebuyer's application.
6. Prospective homebuyer shops for a home. We strongly recommend the use of a qualified REALTOR®.
7. *Prior to making an offer* on the home, the homebuyer must attend a homebuyers' seminar. Call the GROWTH office at 309.788.6311 for the schedule of upcoming classes.
8. Prospective homebuyer finds home and signs sales contract and forwards a copy of the contract to the housing counselor and to the lending institution.
9. Lender orders appraisal and title search.
10. Prospective homebuyer receives final commitment from lender.
11. When applicable, prospective homebuyer closes on home and executes a recapture agreement and/or second mortgage for the amount of assistance provided. There are no payments associated with this recapture and the amounts are forgiven over a five year period.
12. GROWTH continues to be available for post purchase counseling.



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Moline Down Payment Program 12/2020

GROWTH has partnered with the City of Moline to help Moline residents towards the path of homeownership. If you are looking to purchase a home in certain census tracts in Moline, you may be eligible for up to 3% or 5% of the homes purchase price for down payment assistance and up to \$1,500 towards closing costs.

This program is made possible using Neighborhood Stabilization Program 2 (NSP2) Program Income.

To Qualify:

- Home must be located within these Moline census tracts: 217, 219, 222, 223 **(See Map)**
- Homebuyer must be an employee of a Moline business that has a physical establishment within Moline
- Homebuyer must work a minimum of 20 hours for a business located in Moline
- Homebuyer must contribute a minimum of \$1,000 to the transaction
- Earn at or below 120% of the Area Median Income (AMI).
Down payment assistance will vary based on your income:
 - Under 50% AMI – 5% down payment assistance and up to \$1,500 in closing costs
 - 51%-120% AMI – 3% down payment assistance and up to \$1,500 in closing costs
 - No rehabilitation work will be performed

Prior to Making an Offer on a Home:

- Complete application.
 - Provide copies of:
 - Last 2 years W-2s
 - Last 2 federal tax returns
 - Last 30 days of pay stubs
 - Most recent 2 months of bank statements
- Meet with HUD-certified Housing Counselor
- Register and participate GROWTH's homebuyer education online class **(See Class Schedule)**
- Once you have selected your home, you will sign a 5-year forgivable recapture agreement.

ROCK ISLAND COUNTY AREA MEDIAN INCOME LIMITS (AMI)

AMI	1 PERSON LIMIT	2 PERSON LIMIT	3 PERSON LIMIT	4 PERSON LIMIT	5 PERSON LIMIT	6 PERSON LIMIT	7 PERSON LIMIT	8 PERSON LIMIT
120%	\$71,760	\$81,960	\$92,160	\$102,360	\$110,640	\$118,800	\$126,960	\$135,120
80%	\$47,800	\$54,600	\$61,450	\$68,250	\$73,750	\$79,200	\$84,650	\$90,100
60%	\$35,880	\$40,980	\$46,080	\$51,180	\$55,320	\$59,400	\$63,480	\$67,560
50%	\$29,900	\$34,150	\$38,400	\$42,650	\$46,100	\$49,500	\$52,900	\$56,300
30%	\$17,940	\$20,490	\$23,040	\$25,590	\$27,660	\$29,700	\$31,740	\$33,780

Applications and additional information may be found at www.economicgrowthcorporation.com.

Income limits and programs are subject to change without notice.



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NSP Program Income Downpayment Program Moline, IL



Live where you work. Work where you live.

Economic Growth Corporation, a local 501(c)3 non-profit, is offering an innovative downpayment program to help you towards the path of homeownership. If you are looking to purchase a home in certain neighborhoods in Moline, you may be eligible for up to 3% or 5% of the homes purchase price for downpayment assistance and up to \$1,500 towards closing costs. Funding for this program is derived from Neighborhood Stabilization Program (NSP2) Program Income.

To Qualify:

- ✓ Homebuyer must be an employee of a Moline business that has a physical establishment within Moline
- ✓ Homebuyer must work a minimum of 20 hours for a business located in Moline
- ✓ Homebuyer must contribute a minimum of \$1,000 to the transaction
- ✓ Make less than 120% of the Area Median Income (AMI) for the household (see chart). Downpayment assistance will vary based on your income:
 - Under 50% AMI – 5% downpayment assistance and up to \$1,500 in closing costs
 - 51%-120% AMI – 3% downpayment assistance and up to \$1,500 in closing costs
- ✓ Home must be located within these Moline neighborhoods (Census tracts: 217, 219, 222, 223).
See map on back.

Prior to Making an Offer:

- ✓ Complete homebuyer application. Provide copies of:
 - Last 2 years W-2s
 - Last 2 federal tax returns
 - Last 30 days of pay stubs
 - Most recent 2 months of bank statements
- ✓ Meet with HUD-certified Housing Counselor
- ✓ Participate in Homebuyer Education Class/ Webinar and receive a certificate of completion
- ✓ Homebuyer signs a 5-year forgivable recapture agreement

FY 2022 Maximum Income Limits*	Household of 1	Household of 2	Household of 3	Household of 4	Household of 5	Household of 6	Household of 7	Household of 8
50% Area Median Income	\$29,900	\$34,150	\$38,400	\$42,650	\$46,100	\$49,500	\$52,900	\$56,300
120% Area Median Income	\$71,760	\$81,960	\$92,160	\$102,360	\$110,640	\$118,800	\$126,960	\$135,120

For full program overview and to apply visit:

<https://www.economicgrowthcorporation.com/moline-downpayment-housing-program.html>

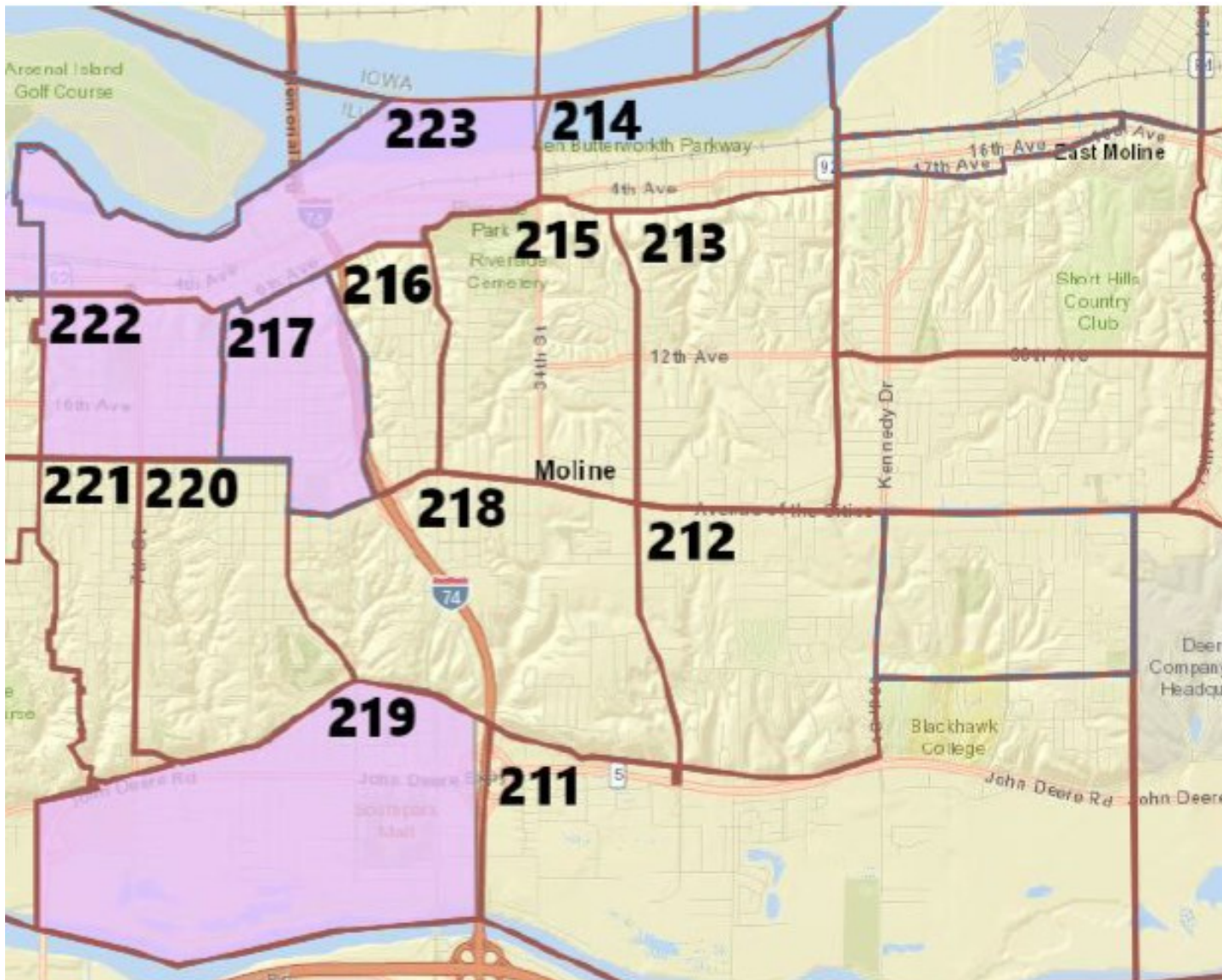


Economic Growth Corporation
100 19th Street, STE 109
Rock Island, IL 61201
(309) 788-6311
Se habla Espanol
www.EconomicGrowthCorporation.com



Eligible Census Tracts

Home must be located within the Moline neighborhoods highlighted below (census tracts: **217, 219, 222, 223**). If you have questions on if the home you are considering is within these tracts, or if your income qualifies based on your household size, call 309-788-6311. Please allow for 24 hour advance notice of a showing if you are looking for a confirmation. GROWTH can assist you during office hours of Monday- Friday from 8:30-5:00 p.m. or email info@growthcorp.org. Equal Housing Opportunity. Se habla Espanol.



Home must be located within the highlighted census tracts of 217, 219, 222, 223 to qualify for the NSP Program Income Downpayment Program. If you have questions on if the home you are considering is within these tracts, please call 309-788-6311. Please allow for 24 hour advance notice of a showing if you are looking for a confirmation.

Se habla Espanol.

Fair Housing/ Equal Opportunity Statements:

We are pledged to the letter and spirit of U.S. Policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Declaración de Equidad de Vivienda

Estamos comprometidos con la letra y el espíritu de la política de EE.UU. para el logro de la igualdad de oportunidades de vivienda en toda la nación. Alentamos y apoyamos un programa de publicidad y comercialización afirmativa en el que no existen barreras para obtener vivienda debido a raza, color, religión, sexo, discapacidad, estado familiar u origen nacional.





**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex,
Handicap, Familial Status, or National Origin**

- In the sale or rental of housing or residential lots
- In the provision of real estate brokerage services
- In advertising the sale or rental of housing
- In the appraisal of housing
- In the financing of housing
- Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)
1-800-927-9275 (TTY)
www.hud.gov/fairhousing

**U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing and
Equal Opportunity
Washington, D.C. 20410**



**EQUAL HOUSING
OPPORTUNITY**
**IGUALDAD DE OPORTUNIDADES
EN LA VIVIENDA**

**Nuestras prácticas de negocios cumplen la ley federal
de equidad en la vivienda**

(Enmienda a la ley de Equidad en la vivienda de 1988)

**Es ilegal discriminar contra ninguna persona a
causa de su raza, color, religión, sexo,
discapacidad, situación familiar u origen nacional**

- En la venta o el alquiler de viviendas o lotes residenciales
- En la publicidad relacionada con la venta o el alquiler de viviendas
- En la financiación de la vivienda
- En la provisión de servicios de corredores de bienes raíces
- En la tasación de viviendas
- Las tácticas de intimidación (Blockbusting) también son ilegales

**Cualquier persona que crea que ha sido
discriminada puede presentar una reclamación
de discriminación en la vivienda:**

1-800-669-9777 (Línea gratuita)

1-800-927-9275 (TTY)

www.hud.gov/fairhousing

**U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing and
Equal Opportunity
Washington, D.C. 20410**

Documentation Required with Homebuyer Application

The following documents are needed to complete your homebuyer application. Please read carefully.

Application

Please fill out application form completely, all pages, including signatures.
Please do not send originals.

Income History

____ Copies of last 2 years W-2s (Applies to all wage earners over the age of 18 that will occupy the home, even if they are not listed on the application.)

____ Copies of last 2 years of **federal** tax returns. **State tax returns NOT required.** (Applies to all wage earners over the age of 18 that will occupy the home, even if they are not listed on the application.)

____ Copies of last full 30 days- (5 weeks) of pay stubs for all employment. (Applies to all wage earners over the age of 18 that will be living in the home, even if they are not listed on the application.)

____ If self-employed, a year-to-date Profit and Loss statement will be required.

____ Verification of all other income, to be used in qualifying for a mortgage loan (i.e. child support/alimony*, Social Security/disability payments**, etc.)

Financial History

____ Copies of the most recent **2 months** of bank statements for all checking and savings accounts.

Please make sure bank name is stamped on statements.

If you do not currently have a checking or savings account, one must be opened in order to verify your assets.

____ If applicable, copies of most recent quarterly statement for all investment accounts (IRA, 401k, etc.)

____ If you have filed for bankruptcy in the last 10 years, copies of your discharge paperwork, including all creditor itemization schedules (i.e. A, B, C, etc.)

____ If you were divorced within the last 10 years, a copy of your complete divorce decree.

*If child support/alimony has been ordered, a copy of the order, along with a 2 year history of child support/alimony payments will be required, **even if payments have not been consistent.**

**If you are receiving Social Security or disability payments, copies of your most recent benefit letter or a printout from the issuer showing current benefits is acceptable documentation of income.

Return your *completed* application to Economic Growth Corporation 100 19th Street, Suite 109, Rock Island, IL 61201. Our office is open Mon-Fri 8:30am-5:00pm. Please call 309-788-6311.



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Borrower				BORROWER INFORMATION				Co-Borrower			
Borrower's Name (include Jr. or Sr. if applicable)				Co-Borrower's Name (include Jr. or Sr. if applicable)							
Social Security Number	Home Phone	Date of Birth (mm/dd/yyyy)	Yrs. School	Social Security Number	Home Phone	Date of Birth (mm/dd/yyyy)	Yrs. School				
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Co-Borrower) no. ages		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Borrower) no. ages					
E-Mail Address:				E-Mail Address:							
Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent __No. Yrs. (street, city, state, ZIP)				Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent __No. Yrs. (street, city, state, ZIP)							
Mailing Address, if different from Present Address				Mailing Address, if different from Present Address							
Landlord's full name and address.				Landlord's full name and address.							

If residing at present address for less than two years, complete the following:

Former Address <input type="checkbox"/> Own <input type="checkbox"/> Rent __No. Yrs. (street, city, state, ZIP)				Former Address <input type="checkbox"/> Own <input type="checkbox"/> Rent __No. Yrs. (street, city, state, ZIP)							
---	--	--	--	---	--	--	--	--	--	--	--

Borrower		EMPLOYMENT INFORMATION		Co-Borrower	
Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job	Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job	Yrs. employed in this line of work	Yrs. employed in this line of work
	Yrs. employed in this line of work		Yrs. employed in this line of work		
Position/Title/Type of Business	Dates (from – to)	Position/Title/Type of Business	Dates (from – to)	Monthly Income	Monthly Income
	Monthly Income		Monthly Income		
	Business Phone		Business Phone		

If employed in current position for less than two years or if currently employed in more than one position, complete the following: (attach separate sheet if necessary)

Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job	Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job	Yrs. employed in this line of work	Yrs. employed in this line of work
	Yrs. employed in this line of work		Yrs. employed in this line of work		
	Dates (from – to)		Dates (from – to)		
	Monthly Income		Monthly Income		
Position/Title/Type of Business	Business Phone	Position/Title/Type of Business	Business Phone		

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MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income*	\$	\$	\$	Rent	\$	\$
Overtime				First Mortgage (P&I)		
Bonuses				Other Financing (2 nd mortgage)		
Commissions				Hazard Insurance		
Dividends/ Interest				Real Estate Taxes		
Net Rental Income				Mortgage Insurance		
Other *				Homeowner Assn. Dues		
				Other:		
Total	\$	\$	\$	Total	\$	\$

* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Describe Other Income

Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.

B/C

Monthly Amount

ASSETS AND LIABILITIES

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed about that spouse or other person also.

Completed Jointly Not Jointly

ASSETS		Cash or Market Value	Liabilities and Pledged Assets. List the creditor's name, address, and account number for all outstanding debts. Use continuation sheet, if necessary.		
Description			LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance
Cash deposit toward purchase held by:	\$				
<i>List checking and savings accounts below</i>			Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union					
Acct. no.	\$		Acct. no.		
Name and address of Bank, S&L, or Credit Union			Name and address of Company	\$ Payment/Months	\$
Acct. no.	\$		Acct. no.		
Name and address of Bank, S&L, or Credit Union			Name and address of Company	\$ Payment/Months	\$
Acct. no.	\$		Acct. no.		
Stocks & Bonds (Company name/number & description)	\$		Name and address of Company	\$ Payment/Months	\$
			Acct. no.		
Life insurance net cash value	\$		Name and address of Company	\$ Payment/Months	\$
Face amount: \$			Acct. no.		
Subtotal Liquid Assets	\$				
Real estate owned (enter market value from schedule of real estate owned)	\$		Alimony/Child Support/Separate Maintenance Payments Owed to:	\$	\$
Vested interest in retirement fund	\$				
Net worth of business(es) owned (attach financial statement)	\$		Job-Related Expense (child care, union dues, etc.)	\$	
Automobiles owned (make and year)	\$				
Other Assets (itemize)	\$				
			Total Monthly Payments	\$	
Total Assets a.	\$		Net Worth (a minus b)	\$	Total Liabilities b.
					\$

Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet.)

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc.	Net Rental Income
		\$	\$	\$	\$	\$	\$

List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):

Alternate Name	Creditor Name	Account Number
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DECLARATIONS

If you answer "Yes" to any questions a through i, please use continuation sheet for explanation.	Borrower		Co-Borrower			Yes	No	Yes	No
	Yes	No	Yes	No					
a. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Is any part of the down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you directly or indirectly been obligated on any loan of which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. Are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "Yes," give details as described in the preceding question.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l. Do you intend to occupy the property as your primary residence? If "Yes," complete question m below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					m. Have you had an ownership interest in a property in the last three years? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGMENT AND AGREEMENT

Each of the undersigned specifically represents to Rock Island Economic Growth Corporation (GROWTH) and to GROWTH's partners, agencies, funders, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the assistance requested pursuant to this application (the "Assistance") will be secured by a recapture and/or second mortgage on the property purchased; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining assistance; (5) the property will be owner occupied; (6) GROWTH, its servicers, successors or assigns may retain the original and/or an electronic record of this application, whether or not the Assistance is approved; (7) GROWTH, its partners, agencies, funders, successors and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented should change prior to closing of the Assistance; (8) ownership of the Assistance and/or administration of the Assistance account may be transferred with such notice as may be required by law; (9) neither GROWTH nor its partners, agencies, funders, successors or assigns has made any representation or warranty, express or implied, to me regarding the property or the condition or value of the property; and (10) my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature. Borrower acknowledges that an application does not guarantee funding.

Acknowledgement. Each of the undersigned hereby acknowledges that GROWTH, its partners, agencies, funders, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or data relating to the Assistance, for any legitimate business purpose through any source, including a source named in this application or a **consumer reporting agency**.

Borrower's Signature _____ Date _____ Co-Borrower's Signature _____ Date _____

Counselor's Signature _____ Date _____ Amount Paid _____ Date Paid _____ Cash Receipt #/Check # _____

Grant funds may be available from various sources with differing terms. The acceptance of this application by Rock Island Economic Growth Corporation (RIEGC) **does not in any way** guarantee that funding is or will be available at the time a property is purchased.



Rock Island Economic Growth Corporation and its subsidiaries are Equal Opportunity Providers. We are pledged to the letter and spirit of U.S. Policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

AUTHORITY FOR RELEASE OF INFORMATION

Certification: I/We certify that the information provided in this pre-application is true and correct as of the date set forth opposite my/our signatures(s) on this pre-application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained my disqualify me from all programs for a period not to exceed five (5) years.

I/We also understand that we must update our financial information with Rock Island Economic Growth Corporation dba Economic Growth Corporation (GROWTH) immediately if there is any change in employment, income, assets and/or residence.

To Whom It May Concern:

I hereby authorize Rock Island Economic Growth Corporation dba Economic Growth Corporation(GROWTH) to verify my employment, earnings records, bank accounts, stock holdings, outstanding debts and any other asset balances that are needed to process my application.

I further authorize Rock Island Economic Growth Corporation dba Economic Growth Corporation (GROWTH) to order a consumer report and verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.

The information that Rock Island Economic Growth Corporation dba Economic Growth Corporation (GROWTH) obtains is only to be used in the processing of my application or for the rehabilitation of my home, whichever applies.

A signature is required for all individuals listed on the deed for the home.

Applicant Signature

Date

Co- Applicant Signature

Date



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Conflict of Interest Disclosure Statement

It is your right and responsibility to decide whether to engage in any course of counseling with Rock Island Economic Growth Corporation dba Economic Growth Corporation (GROWTH) and to determine whether the counseling is suitable for you. Please understand that you are free to choose any lender, lending/financing product, or home, from any entity regardless of the recommendations made by the GROWTH representative, and still participate in our counseling program.

The individualized action plan and direction of our counseling sessions will be based on the case management plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling sessions. Additionally, you are under no obligation to obtain a mortgage or purchase a home and have the option to terminate the counseling program at any time and for any reason.

I have reviewed the above and accept and agree to the above stated conflict of interest and disclosure policy. Every client is required to sign this statement, indicating they have read and understood its contents.

I _____ (please print name(s)) certify that I have read and understood the above statement. Any questions I may have had were previously discussed with my counselor and answered to my satisfaction. I have been provided with a copy of this disclosure statement.

Client Signature

Date

Client Signature

Date

Counselor Signature

Date



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Demographic Profile

The following information is required by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it.

However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

Program Name: Moline Down Payment Program & Workshop

Date: _____

Attendee/Applicant 1: _____ Gender: M or F or Other {circle one}

Date of Birth _____

Attendee/ Applicant 2: _____ Gender: M or F or Other {circle one}

Date of Birth _____

Address: _____

Do you live in a Rural Area: Yes ___ No ___

I do not wish to furnish the information below: _____

1. Head of Household Status (Attendee/ Applicant 1):

- ___ Single Adult
- ___ Married with dependents
- ___ Married without dependents
- ___ Single Parent with Children
- ___ Two Non-related Parents with Children
- ___ Other _____

2. Race (Attendee/Applicant 1)

- ___ White
- ___ Black or African American
- ___ American Indian or Alaska Native
- ___ Asian
- ___ American Indian or Alaska Native **and** White
- ___ Asian **and** White
- ___ Black or African American **and** White
- ___ American Indian or Alaska Native **and** Black or African American
- ___ Other _____

Race (Attendee/Applicant 2)

- ___ White
- ___ Black or African American
- ___ American Indian or Alaska Native
- ___ Asian
- ___ American Indian or Alaska Native **and** White
- ___ Asian **and** White
- ___ Black or African American **and** White
- ___ American Indian or Alaska Native **and** Black or African American
- ___ Other _____

3. Ethnic Category - Hispanic or Latino

Attendee/Applicant 1: Yes ___ No ___

Attendee/Applicant 2: Yes ___ No ___

4. Do you have Limited English Proficiency? Yes ___ No ___

5. Number of Household Members: _____

6. Sex of Head of Household: _____ (M or F)

7. Displaced Homemaker: Yes ___ No ___ (A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.)

8. Physically Disabled Head of Household: Yes ___ No ___

9. Military Status: **(Attendee/Applicant 1)** Active Duty Veteran NA
(Attendee/Applicant 2) Active Duty Veteran NA

10. Estimated Gross Household Income \$ _____ Annual Monthly Bi-Monthly Bi-Weekly Weekly Hourly {circle one}
(All sources of income including income from household members over the age of 18 years)

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Homebuyer Application Household Verification

Please list the name and age of ***all*** individuals that intend to occupy the home being purchased.
Please include yourself on the first line, and use one line per person.

NAME	AGE



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Budget Worksheet

This document is required, and is recommended as the first step before considering home ownership. It is provided to help you budget household expenses. Subtract your total monthly expenses from total net monthly income (take home pay). This is the amount you have left to save. Now, take a closer look at your expenses. Are there ways to reduce the amount spent each month? If so, what are they, and are you willing to try and reduce your monthly unnecessary living expenses? Make a list of the things you are willing to cut out (or at least cut down on) in order to purchase a new home. Then, take action.

Income

Gross monthly income (what you earned)

Gross Income for Borrower \$ _____

Gross Income for Co-borrower + \$ _____

Total gross monthly income = \$ _____

**Total net monthly income (take-home pay)
for Borrower and Co-Borrower** \$

I can reduce my spending for: **by:**

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Home Buyer Signature Date

Home Buyer Signature Date

Rock Island Economic Growth Corporation and its subsidiaries are Equal Opportunity Providers.

Monthly Expenses

Proposed housing expenses _____

Mortgage payment, including taxes and insurance \$ _____
(use current rent level as a starting point)

Utilities (electric, gas, water) \$ _____

Telephone/ Cellphone \$ _____

Child Support/ Alimony payment \$ _____

Groceries/ School lunches \$ _____

School Tuition/ Sports/ Clubs/ Band \$ _____

Clothing \$ _____

Daycare/Babysitting \$ _____

Bank loans/Car loans \$ _____

Car insurance \$ _____

Gas/Car repairs \$ _____

Other transportation \$ _____

Health care/Medical bills \$ _____

Credit cards/Store charge cards \$ _____

Restaurants/Entertainment \$ _____

Personal property taxes \$ _____

Insurance (other than car) \$ _____

Cable TV \$ _____

Church/charity \$ _____

Misc. (anything else you pay monthly) \$ _____

Total monthly expenses \$

NET INCOME AVAILABLE TO SAVE \$

(Total net income (take home pay) from above minus Total monthly expenses)

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____ | _____ / _____ / _____ | _____ / _____ / _____ | _____ / _____ / _____

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

		Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date	
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224


Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716AUSC Austin, TX 73301 855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

 You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Privacy Policy

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.

Rock Island Economic Growth Corporation dba Economic Growth Corporation (GROWTH) 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does Rock Island Economic Growth Corporation collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to Rock Island Economic Growth Corporation employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct Rock Island Economic Growth Corporation (GROWTH) to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). **However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit Rock Island Economic Growth Corporation's ability to provide services such as foreclosure prevention counseling.** If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that Rock Island Economic Growth Corporation make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that Rock Island Economic Growth Corporation will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting Rock Island Economic Growth Corporation.

Name 1 (Printed)

Signature

Date

Name 2 (Printed)

Signature

Date

RELEASE: I hereby authorize Rock Island Economic Growth Corporation to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Name 1 (Printed)

Signature

Date

Name 2 (Printed)

Signature

Date





100 19th Street, STE 109
 Rock Island, IL 61201
 www.EconomicGrowthCorporation.com
 (309) 788-6311 Fax (309) 788-6323

Program Disclosure 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.

About Program Purpose and Us: Rock Island Economic Growth Corporation (GROWTH) is a nonprofit, HUD approved, comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, and non-delinquency post-purchase. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

GROWTH also develops and manages rental properties. GROWTH has developed several multifamily residential communities for low- to moderate-income families including six in Rock Island, one in Sterling, one in Galena and one in Springfield. HOME BASE Property Management serves as the managing agent for all its properties.

As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.

Client and Counselor Roles and Responsibilities:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> • Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. • Preparing a Client Action Plan that lists the steps that you and your counsel will take in order to achieve your housing goal. • Preparing a household budget that will help you manage your debt, expense, and savings. • Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. • Neither your counselor nor GROWTH employees, agents nor directors may provide legal advice. 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying GROWTH or your counselor when changing housing goal. • Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. • Retaining an attorney if seeking legal advice and for representation in matters such as foreclosure or bankruptcy protection.

Termination of Services: Failure to work cooperatively with your housing counselor and/or GROWTH will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

 Initials



Agency Conduct: No Rock Island Economic Growth Corporation (GROWTH) employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

James Jones, GROWTH's Housing Manager, holds an active real estate license in Illinois. However, as a matter of our organization's policy, he is prohibited to act as a realtor or any related capacity for any person(s) that have participated in GROWTH's housing counseling services or homebuyer education classes.

Agency Relationships: GROWTH has financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, and Illinois Housing Development Authority, and banks including Quad City Bank & Trust, American Bank & Trust, US Bank, loanDepot and Vibrant Credit Union. As a housing counseling program participant, you are not obligated to use the products and services of GROWTH or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: GROWTH has multiple homebuyer programs. However, you are not obligated to participate in these or other GROWTH programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Authority (FHA) or Project NOW, Inc. CCA for first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products similar to those offered by Rock Island Economic Growth Corporation (GROWTH) --- and its exclusive partners and affiliates. If you request specific referrals, GROWTH staff must provide you three alternatives.

Privacy Policy: I/we acknowledge that I/we received a copy of Rock Island Economic Growth Corporation's (GROWTH) Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree Rock Island Economic Growth Corporation (GROWTH), its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in Rock Island Economic Growth Corporation (GROWTH) counseling; and I hereby release and waive all claims of action against Rock Island Economic Growth Corporation (GROWTH) and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Rock Island Economic Growth Corporation (GROWTH), or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with grantors such as HUD, Illinois Housing Development Authority, and Attorney General.

Other disclosures: I/We have received a copy of the following disclosures/handouts (please initial each):

- "Protect Your Family from Lead in Your Home" from the EPA, US Consumer Product Safety Commission and US Dept of HUD.

Program Disclosure Form (continued)

_____ Initials
_____ Initials

- Fair Housing Disclosures in “HOPE Fair Housing Center” which provides information on fair housing and your rights
- Home Inspection documents titled “10 Important Questions to Ask a Home Inspector” and “For Your Protection, Get a Home Inspection”

I/we acknowledge that I/we received, reviewed, and agree to Rock Island Economic Growth Corporation, (GROWTH) Disclosures.

Name 1 Signature

Date

Name 2 Signature

Date

Counselor Signature

Date

