



**Homeownership Division**

3202 Demarara Plaza, Suite 200  
St. Thomas, VI 00802-6447  
Tel: (340) 777-4432 • Fax: (340) 775-7913  
Email: [homeownership@vihfa.gov](mailto:homeownership@vihfa.gov)

100 Lagoon Complex, Suite 4  
St. Croix, VI 00840-3912  
Tel: (340) 772-4432 • Fax: (340) 772-4002

**HOMEBUYERS EDUCATION REGISTRATION FORM**

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SOC. SEC. NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ISLAND: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ISLAND: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (WK) \_\_\_\_\_ (HM) \_\_\_\_\_ (OTHER) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ VIHFA PRIORITY # \_\_\_\_\_ CLASSES ONLY: \_\_\_\_\_

Please check the box that indicate your current housing status:

- CONDO
- CONDO OWNER
- RENTER
- SINGLE FAMILY HOME
- SINGLE FAMILY HOME OWNER
- OTHER
- TOWNHOME
- TOWNHOME OWNER

Please indicate your class selection:

- ST. THOMAS-WEDNESDAYS 6:00PM-8:00PM
- ST. CROIX-THURSDAYS 6:00PM-8:00PM

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The following information is requested by the Federal Government in order to monitor Virgin Islands Housing Finance Authority's (VIHFA) compliance with Federal laws prohibiting discrimination against applicants on the basis of race, national origin, sex, and family status. You are not required to furnish this information, but you are encouraged to do so. This information will help us to measure the success of our program delivery to minorities as well as non-minorities. However, should you choose not to furnish it, VIHFA is required to note the race, origin and sex of the applicant on the basis of visual observation.

Male     Female    **Ethnicity:** (select only one)     Hispanic or Latino     Not Hispanic or Latino

**Race/National Origin:** (select one or more)     White     Black or African American     Asian/Pacific Islander  
 American Indian or Alaska Native     Other

**Marital Status:**     Single    **Education:**     High School/ GED    **Active Duty:**     Yes    **Veteran:**     Yes  
 Married     College     No     No  
 Divorced     Vocational  
 Widowed

**Household Size:** \_\_\_\_\_ **Household Annual Income:** \_\_\_\_\_ **Monthly Income:** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
Applicant    Date

SIGNATURE: \_\_\_\_\_  
Co-Applicant    Date

SIGNATURE: \_\_\_\_\_  
Facilitator    Date



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**DISCLOSURE STATEMENT**

I understand the Virgin Islands Housing Finance Authority provides Pre- Purchase, Post Purchase, Foreclosure Prevention and Financial Management Counseling/ Education. I will receive a written action plan consisting of recommendations for handling my finances if I am receiving one-on-one counseling.

I understand the Virgin Islands Housing Finance Authority will close my case file after six months of no contact. Attempts to communicate with me will be made via e-mail, telephone, and/or U. S. postal mail. I also understand that I have the option to request a copy of my file.

I understand the Virgin Islands Housing Finance Authority provides information and education on numerous loan products. I further understand that the housing counseling I receive from the Virgin Islands Housing Finance Authority does not obligate me to choose any of these particular loan products.

I understand I am not obligated to utilize any of the services offered me and may be referred to other services offered by the agency or to an outside agency to assist with concerns that may have been identified.

I understand that the Virgin Islands Housing Finance Authority will not make referrals to specific agencies, but will provide me a list of agencies and I will make my own decision.

I understand that within the Virgin Islands Housing Finance Authority, access to nonpublic personal information is restricted to those employees who need to know that information to provide services. The VIHFA maintains physical, electronic and procedural safeguards that comply with federal regulations to guard nonpublic personal information.

I further authorize the Virgin Islands Housing Finance Authority to share the contents of my file with third parties as it pertains to file review with HUD for compliance purposes.

Counselors may answer questions and provide information, but will not give legal advice. If I want legal advice, recommendation will be that I seek legal assistance from the appropriate entities.

*Hold Harmless Agreement*

I give the Virgin Islands Housing Finance Authority permission to use my name in any current and future publications or reporting. Furthermore, in view of the fact that the Virgin Islands Housing Finance Authority is a state housing finance authority, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against the Virgin Islands Housing Finance Authority and its employees.

**CLIENT ACKNOWLEDGEMENT OF COUNSELING SERVICES**

I/We \_\_\_\_\_ was/ were given, understand, and acknowledge the VIHFA Disclosure Statement and have received a copy.

\_\_\_\_\_  
Applicant (s) printed name(s)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co- Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

The Virgin Islands Housing Finance Authority and its employees are not attorneys. The information provided in this document is to be used as a resource and is based solely on the experiences of the agency’s counselors and training. This is to be completed only for the purpose of providing Counseling Services.