



Homeownership Division

3202 Demarara Plaza, Suite 200
St. Thomas, VI 00802-6447
Tel: (340) 777-4432 • Fax: (340) 775-7913

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

Email: homeownership@vihfa.gov

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

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 Married Divorced Widowed

Education: High School/ GED College Vocational

Active Duty: Yes No

Veteran: Yes No

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.