

The Neighbor Project™

FORECLOSURE COUNSELING PACKET

2018

THE NEIGHBOR PROJECT
32 South Broadway
Aurora, Illinois 60505
(630) 906-9400

EVERLASTING WORD CHURCH
22 North Highland Avenue
Aurora, Illinois 60505
(630) 906-1392
(Satellite Office)

www.neighborproject.us

FORECLOSURE COUNSELING PACKET

Attached in this packet, are all the necessary forms for The Neighbor Project's (the Agency) COUNSELING SERVICES. Please be sure to complete ALL forms and answer ALL questions.

In addition to the packet, you will need UNSTAPLED SINGLE-SIDED COPIES of the additional documentation required that are listed below as well as a HARDSHIP LETTER. The packet and the documentation can be dropped off at the office address listed below **Monday – Friday from 9:00 am to 4:30 pm**. Those copies will become part of your case file to assist us in preparing an Action Plan with you.

- a) Paystubs for the last 2 months for ALL household members. This also includes proof of ANY income (a copy of the most recent award letter) for persons receiving any type of unemployment compensation, disability payments, retirement pension or social security payments, public aid or food stamps. A Profit and Loss statement for the last SIX (6) months will be needed if self-employed.
- b) The last 2 year's worth of Income Tax Returns, including the W-2 forms, for all members of the household. The W-2 Forms and the Income Tax Returns are TWO separate forms, and both must be submitted. This includes forms submitted for businesses and self-employment. If there are no tax forms submitted, a valid IRS form 4506-T (Request for Transcript of Tax Return) must be submitted. This form can be picked up at the front desk.
- c) The last 3 months bank statements for ALL household members. This would also include any credit union statements and business accounts. ALL PAGES
- d) Copies of statements for credit cards, gas cards, bank cards, car loans, furniture loans, installment loans, student loans, monthly utility bills, wage garnishments and all bankruptcy documents. **IF APPLICABLE** – bring recent mortgage statements and your divorce decree.
- e) You may provide the Agency with a printed copy of your free credit report from annualcreditreport.com OR you can receive a copy of your credit report from the Agency for a \$25.00 non-refundable fee.

NO APPOINTMENTS WILL BE MADE FOR COUNSELING WITHOUT A COMPLETE PACKET THAT INCLUDES THE ABOVE DOCUMENTS. PARTIAL PACKETS WILL NOT BE ACCEPTED!

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HOUSING COUNSELING SERVICES DISCLOSURE

Purpose of Pre-Purchase Housing Counseling. I/We understand that the purpose of the housing counseling service is to provide one-on-one counseling to help Clients address those problems that prevent affordable mortgage financing. I/we understand as a client I/we am/are required to first attend a workshop in person or online that explains the pre-purchasing process, importance of home inspections, and loan options. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

- ***Mortgage Financing Assistance.*** Upon completion of the housing counseling service, I/we understand that the counselor will help to identify those loan programs that best meet my/our needs and choose a lender that is right for me/us. Upon completion of the service, and with my/our permission, my/our Client information will be transferred to my/our selected lender. I/We understand that the counselor will monitor my/our loan progress to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive mortgage financing from the chosen lender.

Purpose of Mortgage Delinquency and Default Resolution Counseling.

I/We understand this housing counseling allows me to work with a housing counselor and determine what mortgage solutions may be available to me/us. I/We understand as a client I am required to first attend a workshop in person or online that explains all foreclosure options and the timelines for the State of Illinois. At my/our one-on-one meeting with a counselor, I/We will discuss my/our personal situation(s). The counselor will review my/our employment, income, debt, and any current issues to help create a budget and action plan. The counselor will work with me/us to create and submit a workout solution to the lender/servicer and provide follow up and negotiations as necessary. The counselor will review the terms of the resolution with me/us and after I/we have been informed I/we will determine the course of action for myself/ourselves.

Purpose of Home Improvement and Rehabilitation Counseling.

I/We understand this housing counseling allows me to work with a housing counselor and determine what mortgage assists, refinancing, and/or rehab products may be available to me. I/We understand as a client I/we am required to first attend a workshop that explains all post-purchase issues. At my/our one-on-one meeting with a counselor to discuss my/our personal situation(s), the counselor will review my/our employment, income, debt, housing needs and any current issues to help create a budget and action plan. I/We will be made aware of other resources available to help with home repairs and other possible financial assistance programs for homeowners. If necessary, I/we may be referred to other agencies for services. Budgeting for the costs of home maintenance, home insurance, city ordinances, and foreclosure prevention are discussed and the counselor will provide information on grants and or loan products as necessary. The counselor also provides information on avoiding scams that may cause the me/us to lose my/our home.

Purpose of Financial Management/Budget Counseling.

I/We understand that as a client I/we will be required to attend a workshop that provides an overview on various topics: Personal Spending Plan, Savings - Creating and Maintaining, Personal Goal Setting, Borrowing Basics, Understanding and Establishing, Credit, Checking, Savings, Debit and Credit Cards, Homeownership vs. Renting, Investing, Insurance, and Asset Management. At my/our one-on-one meeting financial topics and resources will be provided to help me/us prepare to become economically self-sufficient. I/we will discuss long/short-term financial stability, how I/we can reach my/our financial goals and build long-term wealth for myself/ourselves and my/our

family. I/We will help develop an action plan, listing required steps, assign who is responsible for completing each step, and completion due dates. The action plan is signed by me/us and the counselor and I am given a copy for my records.

Eligible Criteria. I/We understand that the counseling agency provides housing counseling assistance to Clients whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I will be referred to a long-term housing counseling service.

Client's Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing THREE (3) consecutive appointments OR non-communication with the counselor within a NINETY (90) day period.

MY PERSONAL INFORMATION AND COUNSELING SERVICES:

By signing this form, I agree to share my personal, financial, and other private information. Signing this form also allows lenders and the Agency to discuss my accounts, credit, and finances, and to share my nonpublic personal information, described in the Privacy Policy provided with this authorization.

I understand that funders provide grants to make the counseling services possible, and that the Agency shares my information with these funders. These funders review the Agency files, including my file, and may contact me to evaluate the counseling services that I receive.

I authorize my Counselor and the Agency to negotiate for me. The counseling services are offered free of charge, and neither the Counselor nor the Agency guarantees any result or outcome. I may be referred to other housing agencies for their services. I am not obligated to accept services or products from the Agency, its partners, or any organization I am referred to.

I understand that my Counselor cannot offer me legal or other professional advice or representation. If I need legal or other professional services I can ask my Counselor for information about referral services.

COUNSELING SERVICES CHECKLIST

Client must initial all items that are applicable

- I have been verbally advised of the fee schedule, if any, prior to services being provided. _____
- I understand that the counselor will discuss my budget with me and I will receive a copy of my Budget. _____
- I understand that the counselor will discuss my Action Plan with me and I will receive a copy of my Action Plan. _____
- I understand the counselor will explain the next steps needed to reach my financial goal to my satisfaction. _____

- | | | | |
|------------------------------------|-------|--|-------|
| Homebuyer Counseling | _____ | Homebuyer Education | _____ |
| Homeowner Counseling | _____ | Homeowner Education | _____ |
| Delinquency and Default Counseling | _____ | Delinquency and Default Education | _____ |
| Reverse Mortgage Counseling | _____ | Fair Housing Education | _____ |
| Tenant Counseling | _____ | Homelessness and Displacement Counseling | _____ |



I want to buy a home in the next six (6) months _____ OR I want to buy a home, but not in the next six (6) months _____

Other programs, services, or products: _____

For Pre-Purchase Clients only:

I have received the HUD forms: “Ten Important Questions to Ask Your Home Inspector” & “For Your Protection: Get a Home Inspection” _____

PRIVACY POLICY

The Agency respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with our legal and ethical obligations to you taken into consideration. We will not sell your personal information and we only share it to provide you with counseling services.

Your “nonpublic personal information” (including total debt information, income, living expenses, and personal information concerning your financial circumstances) will be shared with creditors, funders, and others only after you sign the Counseling Services Authorization. We may also collect, use, and share anonymous aggregated case file information to evaluate our services, to gather valuable research information, and to design future programs.

TYPES OF INFORMATION THAT WE GATHER ABOUT YOU:

- Spoken or written information on applications and other documents, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

YOU MAY OPT-OUT IF YOU DO NOT WANT US TO SHARE YOUR INFORMATION:

- You may "opt-out" to prevent the disclosure of your nonpublic personal information to third parties (such as your creditors).
- If you opt-out we cannot share your nonpublic information and we cannot answer questions from your creditors. We need to share your information to provide you with most services.
- You may opt-out at any time by calling the Agency.

HOW WE USE YOUR INFORMATION:

- If you do not opt-out we may share information that we collect about you with your creditors or others if we think it would be helpful to you, would help us counsel you, or when required by funders that make our services possible.
- We may share information about you to anyone as permitted or as required by law (e.g., if a Court requires us to provide it with documents).
- Within our organization, we restrict access to your information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your information as required by federal and state law.

CLIENT CONFLICT OF INTEREST DISCLOSURE

Agency Conduct: No Agency 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.

Agency Relationships, Alternative Services, Programs, and Products & Client Freedom of Choice: From time to time, the Agency makes Clients aware of products and/or services that we believe offer good value. These products and/or services might be available directly from the Agency, from lenders, developers, or other agencies with which the Agency has a working relationship. You are under no obligation to use the products and/or services identified by the Agency, whether from us or from industry partners. Please understand that you are free to choose any lender, lending/financing product or property, from any entity, regardless of the recommendations made by the Agency representative, and still participate in our counseling program. It is your right and responsibility to decide whether to engage in any course of counseling with The Agency, and to determine whether the counseling is suitable for you. 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 for any reason.

List of current partners and supporters of the Agency: Associated Bank, Bank of America, BBMC Mortgage, BMO Harris Bank, City of Aurora, Dunham Foundation, Emmanuel House, Everlasting Word Church, First Midwest Bank, IHDA, First National Bank, Two Rivers Head Start Agency-Kane County, Kane County 16th Judicial Court, Diamond Residential Mortgage Corp, Guaranteed Rate, Leader One Financial Corporation, NeighborWorks America®, Quad County Urban Leagues, United Way, Kane County Riverboat Fund.

Errors and Omissions and Disclaimer of Liability: I/we agree the Agency, 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 The Agency's counseling; and I hereby release and waive all claims of action against the Agency 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, the Agency, 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 the Agency grantors such as HUD, NeighborWorks America, United Way, etc.

Client Authorization:

By signing below, I authorize my employers, lenders, creditors, servicers, and others to share personal and financial information with my Counselor and the Agency. I authorize my Counselor and the Agency to collect information about my accounts and to share this information with others, including funders, as needed to provide counseling services, to seek assistance from programs, or for related products and services. I authorize funders to contact me to evaluate programs that I participate in.

I/We 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 understand its contents.

I/We, _____ and _____, certify that I/we have read and understand the above statement. Any questions I/we may have had were previously discussed with my/our counselor and answered to my/our satisfaction. I/We have been provided with a copy of this disclosure statement.

Client Signature

____/____/_____
Date

Co-Client Signature

____/____/_____
Date

Counselor Signature

____/____/_____
Date

THIS SPACE INTENTIONALLY LEFT BLANK

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: ____/____/____

TO: _____

Attention: Loss Mitigation Department

RE: Account Number: _____

Borrower(s): _____

Property Address: _____

Dear Madam/Sir:

I/We are working with **THE NEIGHBOR PROJECT** – a HUD approved non-profit, on a plan to resolve my/our mortgage delinquency. I/We hereby authorize you to release any and all information concerning my/our account to them, at their request.

I/We further authorize you to discuss my/our case with _____ or any other authorized agent of **THE NEIGHBOR PROJECT**. They are working to help me/us address my/our financial problems and to propose a loss mitigation plan which is within your guidelines. At present, I/we request that you fill out the request for loan information which accompanies this letter. Please return it by fax to **THE NEIGHBOR PROJECT** at (630) 906-9406, no later than the _____ day of _____, 20____.

You may release additional information to **THE NEIGHBOR PROJECT** for this account in the future, without further authorization from me/us.

Thank you for taking the time to handle this request.

Sincerely,

Client Signature

____/____/____
Date

Co-Client Signature

____/____/____
Date

Address: _____

Phone: (____) _____



ACTION PLAN

Name: _____

File #: _____

Goal: _____

Obstacle

Documentation Debt Repayment Money Management
 Prepurchase Related: _____ Credit Issue(s)
 Savings Mortgage Foreclosure
 Other: _____

Counselor's recommended strategy: _____

Financial Snapshot

Recent Credit Score(s)	_____
Current Savings	\$ _____
Total Gross Monthly Income	\$ _____
Monthly Mortgage/Rent (please circle)	\$ _____
Net Monthly Income	\$ _____
Total Monthly Living Expense	\$ _____
Monthly Debt Obligations	\$ _____
Discretionary Income Left Over	\$ _____

Income Source Summary

Full Time Employ
 Part Time Employ
 Self Employment
 Child Support
 Spouse/Partner Employ
 Other

Assets

Gift Letter
 Tax Refund

Housing Options/Preference

Action/Tasks

1. _____
2. _____
3. _____

Mortgage/Rent Current 30-60 days 60-90 days 120 + days
Next Appointment _____

Client Signature _____

Date _____

Co-Client Signature _____

Date _____

Counselor Signature _____

Date _____



PERSONAL SPENDING PLAN

A. MONTHLY INCOME (NET)

*Full-time Employment #1: \$ _____
 **Full-time Employment #2: \$ _____
 *Part-time Employment #1: \$ _____
 **Part-time Employment #2: \$ _____
 Unemployment Benefits: \$ _____
 Social Security Benefits: \$ _____
 Disability Benefits: \$ _____
 Retirement Benefits: \$ _____
 T.A.N.F.: \$ _____
 General Assistance: \$ _____
 Alimony / Child Support: \$ _____
 Gifts / Contributions: \$ _____
 Other: \$ _____
TOTAL MONTHLY INCOME: \$ _____

B. HOUSING EXPENSES

Rent/Mortgage: \$ _____ / _____
 2nd Mortgage/HOA \$ _____ / _____

UTILITIES

Light: \$ _____
 Gas: \$ _____
 Water: \$ _____
 Garbage: \$ _____
 Phone/Internet/Cable: \$ _____
 Cell Phone: \$ _____
 Groceries: \$ _____

TRANSPORTATION

Tolls, Buses, Trains: \$ _____
 Gasoline: \$ _____
 Car Repairs/Maint. \$ _____

INSURANCE

Auto Insurance: \$ _____
 Medical/Dental: \$ _____
 Life: \$ _____
 Home: \$ _____
 Child/Dependent Care: \$ _____
 Alimony/Child Support: \$ _____
 Medical Expenses (non-insured): \$ _____
 Clothing/Dry Cleaning \$ _____
 Home Repairs/Maintenance: \$ _____
 Personal/Grooming: \$ _____
 Entertainment: \$ _____
 Health Club: \$ _____
 Church: \$ _____
 Other: \$ _____
 Other: \$ _____
 Other: \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

C. LONG TERM DEBTS

CREDITOR	MONTHLY PAYMENTS	BALANCE DUE
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

D. SUMMARY OF FINANCIAL CONDITION

Total Monthly Income: \$ _____
 Total Monthly Expenses: \$ _____
 Total Long-Term Debt: \$ _____
 Surplus (Deficit) Total: \$ _____

E. SAVINGS

Savings Balance: \$ _____
 Amount Saved This Month: \$ _____
 Total Amount Saved: \$ _____

 Client Signature
 _____/_____/_____
 Date

 Co-Client Signature
 _____/_____/_____
 Date

* - Client
 ** - Co-Client



FORECLOSURE (Options, Prevention and Solutions)

CLIENT

Please Print Clearly

Referred to by:

- Print Advertisement Bank HUD/CCRC TV Realtor
 Staff/Board Member Walk-In Friend Radio Newspaper Article

If referred by another source not listed above, which one? _____

Name: _____
First Middle Last

Street Address: _____

City State Zip Code

Home: (____) _____ Work: (____) _____

Mobile: (____) _____ Email: _____

_____-_____-_____
Social Security Number ____/____/_____
Date of Birth

Race:

- White Black or African American American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White
 Asian and White Black/African American and White American Indian/Alaskan Native & Black
 Other

ETHNICITY (please select “yes” or “no” for Hispanic Origin) This is in addition to the “Race” category

Hispanic: Yes No

FOREIGN BORN Yes No

MARITAL STATUS Single Married Divorced Separated Widowed

GENDER Male Female

DISABLED Yes No **VETERAN** Yes No



Are you the owner? Yes No

When did you buy the home? _____

Who is your current mortgage with? _____

Was this your original lender? Yes No If no, who was the original lender? _____

Have you refinanced? Yes No How many times? _____ When was the last time? _____

For how much? \$_____ What was the reason for refinancing? _____

Did you receive cash out? Yes No If so, how much? \$_____

How many payments have you missed? _____

When did you last send a payment the lender accepted? _____ For what month? _____

How much did you send in? \$_____ What is your scheduled payment? \$_____

Does that include taxes and insurance? Yes No If no, are taxes current/what is due? _____

If taxes are not paid, have you been given a redemption date (final date by which you have to pay) and if so, what is the date? ____/____/_____

What is your primary mortgage balance? \$_____

Do you know how much it would take to reinstate your loan, and if so, how much? _____

Do you have any savings toward reinstatement, and if so, how much? _____

Have you received court papers? Yes No When did you receive them? _____

Have you been to court? Yes No When did you go to court? _____

Is there a sale scheduled, and if so, when? _____

Have you declared bankruptcy? Yes No If so, when? _____

Are you current with bankruptcy payments? Yes No

Have you completed your bankruptcy plan? Yes No

What is the current value of your property? \$_____

What type of loan is the first mortgage? FHA Conventional Other _____

Term of loan? _____ years. Interest rate: _____% Fixed Variable Not sure

What type of loan is the second/or other mortgage? FHA Conventional Other _____

Term of loan? _____ years. Interest rate: _____% Fixed Variable Not sure

Do you own any other property? Yes No If so, what is the address/type of property? _____

HOUSEHOLD ECONOMIC INFORMATION

Female headed single parent household Male headed single parent household
 Single Adult Two or more unrelated adult's Married with children
 Married without children Other

Family/Household Size: _____
How many dependents (other than those listed by any co-borrower)? _____

What sexes and ages are they? _____, _____, _____, _____, _____, _____, _____,
_____, _____

Are there non-dependents who live in the home? Yes No If yes, list below:

Relationship Age Relationship Age

Annual Family or Household Income: \$ _____

Education:

Below High School Diploma High School Diploma or Equivalent
 Two-Year College Bachelor's Degree
 Master's Degree Above Master's Degree

THIS SPACE INTENTIONALLY LEFT BLANK



CO-CLIENT

Please Print Clearly

Name: _____
First Middle Last

Street Address: _____

City State Zip Code

Home: (____) _____ Work: (____) _____

Mobile: (____) _____ Email: _____
 _____ / _____ / _____
Social Security Number Date of Birth

Race (please circle):

1. White
2. Black or African American
3. American Indian/Alaskan Native
4. Asian
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native and White
7. Asian and White
8. Black/African American and White
9. American Indian/Alaskan Native and Black
10. Other

Ethnicity (please select “yes” or “no” for Hispanic Origin) This is in addition to the “Race” category

Hispanic: Yes No

Foreign Born (please select one) : Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): **Male** **Female**

Disabled? Yes No

Are You A Veteran? Yes No

Education (please circle one):

- | | |
|------------------------------|--------------------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent |
| 3. Two-Year College | 4. Bachelor’s Degree |
| 5. Master’s Degree | 6. Above Master’s Degree |

Relationship to Customer (please circle):
 Spouse Son Daughter Brother
 Sister Boyfriend Girlfriend Mother
 Father Other: _____



CLIENT EMPLOYMENT Last 2 Years

Please Print Clearly

Primary Employer:

Employer Name _____

Position or Job Title _____ Date Hired ____/____/____

Street _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

Previous Employer: _____

Title _____ Length of Employment _____

Street Address _____ City _____ State _____ Zip _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Employer Name _____

Position or Job Title _____ Date Hired _____

Street _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly



Primary Employer:

Employer Name _____

Position or Job Title _____ Date Hired ____/____/____

Street _____

City _____ State _____ Zip _____

Phone: (____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

Previous Employer: _____

Title _____ Length of Employment _____

Street Address _____ City _____ State _____ Zip _____

Phone: (____) _____-_____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Employer Name _____

Position or Job Title _____ Date Hired ____/____/____

Street _____

City _____ State _____ Zip _____

Phone: (____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly



CLIENT

CO-CLIENT

Can you document your child support/alimony income? Yes No Yes No

If yes, how long will it continue? _____

If your child or a family member receives SSI, Yes No Yes No

how many more years will the payments continue? _____

If you receive disability income, is it for a permanent disability? Yes No Yes No

Regarding other employment, have you worked in this field for two years or more? Yes No Yes No

CLIENT

CO-CLIENT

Are you currently in Chapter 13 bankruptcy? Yes No Yes No

If yes, when did it begin? _____

If yes, when will it be paid out? _____

If yes, how much is the payment? _____

Have you had a Chapter 7 bankruptcy? Yes No Yes No

If yes, when was it discharged? _____

LIQUID FUNDS/SAVINGS/INVESTMENTS Please list the approximate value of the following:

	<u>CLIENT</u>	<u>CO-CLIENT</u>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No

If yes, how much? \$ _____



AUTHORIZATION

I/We understand that this is not an application for mortgage assistance. I/We affirm that all the answers given in this form are true and correct and are for the purpose of determining affordability. You have my/our permission to consult with any person, firm or corporation to verify the accuracy of my statements. I understand that all such information will be held in the strictest confidence.

I/We authorize The Agency to order a Consumer Credit Report to verify credit information and/or to review the credit report I/we provided. The information obtained is only to be used to assist in determining affordability.

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 and will end all counseling services and/or relationship with our agency.

Client _____/_____/_____
Date

Co-Client _____/_____/_____
Date

FOR INTERNAL USE ONLY

Received By: _____ Date: ____/____/____

Reviewed By: _____ Date: ____/____/____

Counselor's Notes:

MEDIA RELEASE STATEMENT

THE NEIGHBOR PROJECT periodically uses electronic and traditional media (e.g., photographs, video, audio, testimonials) for publicity, educational, or advertising purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the Agency and its agents to use such reproductions of my person in any and all forms of media for educational, publicity, or advertising purposes in perpetuity without further consideration from me. I understand that this release is a limited release of any confidentiality rights I may have with the Agency and the Privacy Act.

I/We _____ and _____, hereby waive any right to inspect or approve the finished photographs, printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I/we waive any right to royalties or other compensation arising from or related to the use of the photograph.

I/We understand that I/we will need to notify the Agency if any changes to my/our situation occur that will impact this media release permission.

I/We have read the above Media Release Statement and am/are aware of its contents.

Client _____ Date ____/____/____

Signature _____

Co-Client _____ Date ____/____/____

Signature _____

Signature of Parent **OR** Guardian (if under 18 years of age) - I am the legal guardian of the minor named above and hereby agree that we will be bound by this release.

Signed _____ Date ____/____/____

