



## Credit Counseling Intake Form

### DEMOGRAPHICS

Please, **PRINT** Full Name:

<b>First</b>		<b>Middle</b>		<b>Last (include Jr. Sr. etc)</b>					
<b>Street</b>			<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>Email</b>				<b>Cell Phone</b>					
<b>Who Referred you to CCA?</b>		<b>Bank/Lender:</b>		<b>City of:</b>		<b>Realtor:</b>		<b>Website:</b>	
		<b>Walk In:</b>							
		<b>Habitat for Humanity:</b>		<b>Other Agency:</b>		<b>HUD:</b>		<b>Word of Mouth:</b>	
<b>What is your Race?</b>	American Indian/Alaskan Native		Asian		African American		<b>Number in Household</b>		
	American Indian/Alaskan Native/Black & Hispanic		Asian/Black/Hispanic		African American/Hispanic		<b>Do you live in a rural area?</b>		
	American Indian/Alaskan Native/ Black		Asian/White/Hispanic		African American / White		<b>Gender</b>		
	American Indian/Alaskan Native/ White		Asian/Black		Ethnicity: Hispanic		<b>Foreign Born</b>		
	American Indian/Alaskan Native/Hispanic		Asian/White		White		<b>Head of Household</b>		
<b>Are you English proficient?</b>		<b>Birthdate (mm/dd/yyyy)</b>		<b>Marital Status:</b>		<b>Active Military</b>		Yes	No
Yes          No				Single Married    Other		Yes		No	
<b>Disabled?</b>		<b>Disabled Dependent?</b>		<b>1<sup>st</sup> Time Homebuyer?</b>		<b>Veteran</b>		Yes	No
Yes          No		Yes          No		Yes          No		Yes		No	
<b>Household GROSS Annual Income:</b>				<b>Household GROSS Monthly Income (before deductions):</b>					
\$				\$					
<b>In which county to you live?</b>				<b>Currently, do you:</b>					
				RENT		OWN		OTHER	
<b>Education Level:</b>				<b>Children in the home:</b>		<b>Boys (ages):</b>			
Primary School		Jr. High	High School/GED				<b>Girls (ages):</b>		
Jr. College		College	Graduate School						

I authorize CCA to: Obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the Lender who made a loan to me and/or the title company which closes the loan.

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



## Credit Counseling Intake Form

### BUDGET

<b>HOUSING</b>		<b>EDUCATION</b>	
Rent / Mortgage		Tuition	
Heating (gas or oil)		Books, papers, supplies	
Electricity		Newspapers, magazines	
Water / Sewer		Lessons	
Telephone(s)		<b>GIFTS</b>	
Renter's / Homeowner Insurance (if separate)		Birthdays	
Trash Service		Major Holidays	
Home maintenance and furnishings			
Cleaning Supplies		<b>PERSONAL</b>	
Lawn Service		Barber or Beauty Salons	
Alarm System		Toiletries	
<b>TRANSPORTATION</b>		Children's Allowances	
Auto Fuel		Tobacco	
Auto Payment		Alcohol	
Auto Insurance			
Auto Repair / Maintenance		<b>ENTERTAINMENT</b>	
Registration Fees		Movies, sports, concerts, etc.	
Public Transportation or taxi		Video Rentals	
Parking and/or Tolls		Internet Service	
<b>FOOD</b>		Cable Television / Satellite	
Groceries		Restaurants	
School Lunch(es)		Gambling, Lottery, Bingo	
Work-related		Fitness club or Social club	
<b>INSURANCE(S)</b>		Vacations / Trips	
Life		Hobbies / Crafts	
Health		<b>MISCELLANIOUS</b>	
Disability		Checking account fees, money order fees	
<b>MEDICAL</b>		Pet Care	
Doctor		Postage	
Dentist		Photography processing	
Eyes		"Mad" Money	
Prescriptions		<b>DEBTS</b>	
<b>CHILD / ADULT CARE</b>		Student Loan(s)	
Day Care		Credit Card	
Child Support / Alimony		Credit Card	
Sports		Credit Card	
<b>CLOTHING</b>		Personal Loans	
Dry Cleaning		<b>OTHER</b>	
New Clothing			
<b>DONATIONS</b>			
Religious or Charity			
<b>TOTAL REGULAR MONTHLY EXPENSES&gt;&gt;&gt;&gt;</b>		<b>TOTAL DISCRETIONARY EXPENSES</b>	



## Credit Counseling Intake Form

### Employment Information

Name of Employer / Type of Business				
Start Date	MONTH	DAY	YEAR	
Job Title				
Pay per Hour	\$			
Pay Periods	WEEKLY	BI-WEEKLY	BI-MONTHLY	MONTHLY
Gross Monthly Income	\$	\$	\$	\$
Net Monthly Income				
Other Sources of Income				
Social Security	\$			
Pension	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Other	\$	\$	\$	\$

Spouse's Employer/ Type of Business				
Start Date	MONTH	DAY	YEAR	
Job Title				
Pay per Hour	\$			
Pay Periods	WEEKLY	BI-WEEKLY	BI-MONTHLY	MONTHLY
Gross Monthly Income	\$	\$	\$	\$
Net Monthly Income				
Other Sources of Income				
Social Security	\$			
Pension	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Other	\$	\$	\$	\$



## Credit Counseling Intake Form

### CONSENT TO RELEASE INFORMATION

I hereby give consent to Community Concepts Agency, Inc. (CCA), or any Credit Reporting Agency which CCA may designate, to obtain any and all information concerning my employment, checking and/or savings accounts, credit obligations, and all other credit matters in connection to CCA providing housing counseling services.

I authorize the release of information listed above by the credit bureaus, employer(s), financial institutions, collection agencies, government agencies, and all other grantors of credit as listed on my application for housing counseling services, down payment assistance, and/or mortgage underwriting service for third party entities to which I have applied for financial assistance.

I understand CCA provides first-time homebuyer education, after which, I may receive a written action plan, budget, and other information consisting of recommendations for my financial management and rebuilding my credit, possibly including referrals to other agencies as appropriate.

Further, I understand I am not obligated to receive any other services offered by CCA or its exclusive partners.

I have the opportunity to opt-out of disclosures of nonpublic personal information to third parties (such as my creditors), that is, direct them not to make those disclosures.

If I choose to opt-out CCA counselors will be unable to answer questions from my creditors. If, at any time, I wish to change my decision, with regards to opt-out, I may call CCA at 205.422.2681 and do so. As long as I have not opted out, CCA counselors may disclose some or all of the information collected (information received from me orally, name, address, social security number, assets, income, bank statements, payment history, Credit Report, etc.) to my creditors or third parties where CCA counselors have determined it would be helpful to me, would aid them in counseling me, or is a requirement of grant awards which make CCA services possible. CCA may also disclose any nonpublic personal information about me or former clients to anyone as permitted by law (e.g., if we are compelled by legal process).

This may be reproduced or photocopied and the copy shall be as effective as the original letter executed on the undersigned date.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

.....  
I hereby certify this to be a true and correct copy of the original.

\_\_\_\_\_  
Community Concepts Agency, Inc. (Signature)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



## Credit Counseling Intake Form

### STATEMENT OF HOUSING COUNSELING SERVICES

I understand the purpose of the housing counseling activities and Homebuyer Education and Financial and Consumer Literacy classes offered through CCA's Community Training Program, is to empower me to obtain the skills necessary to save for, purchase, and maintain a home.

I understand although CCA will not make a recommendation regarding lenders, realtors, attorneys, or other professionals in the home buying process, the organization will equip me with tools to help me select the best one for me, at my request, CCA will provide me with a list of professionals in the local area.

I understand the services provided under CCA's Housing Counseling Program are subject to **FEES** to all interested persons. The organization does not engage in the practice of discrimination in the selection and participation of clients or services with respect to race, religion, color, gender, national origin, familial status, handicap, or disability. I may also incur a fee for any indirect services provided through another company/agency based on cost to CCA. No gifts for services are to be given to CCA employees, and acceptance of gifts from clients, by any agency employee, is strictly forbidden. Failure to comply with this policy on the part of any client or employee could result in termination of services or employment.

I hold CCA, its employees, executives, agents, and volunteers harmless from any claim, suit, action, or demand of my creditors, myself, or any other person resulting from advice or counseling I may receive as a participant in the Housing Counseling Program.

I understand I may be provided suggestions from a CCA Counselor in the form of an Action Plan. I have the option of accepting or rejecting the advice provided to me, and I may handle my affairs/financial concerns in a manner I deem more appropriate for me.

I understand my Counselor is NOT an attorney and cannot provide legal advice. If I desire legal advice, I may be referred to the Alabama Bar Association. My Counselor may answer general questions about bankruptcy, but he/she cannot give legal advice. While an attorney can make a recommendation to file bankruptcy, I understand it is a personal choice based on individual circumstances. I will inform CCA of any decision I make concerning bankruptcy, as it may affect the nature and outcome of my counseling.

I understand, at some time in the future, my information may be used for confidential research. No names will be used, only demographic information may be compiled. In addition, a neutral third party may contact me to request an evaluation of the services provided by CCA.

By signing below, I verify my understanding of the CCA's Housing Counseling Services, and will abide by their guidelines.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date



## Credit Counseling Intake Form

### PRIVACY POLICY AND PRACTICES

Community Concepts Agency, Inc. values your trust and is committed to the responsible management, use, and protection of your personal information. This notice describes our policy regarding the collection and disclosure of personal information to a third party. Personal information, as used in this notice, means information which identifies an individual personally and is not otherwise publicly available information. It includes, but is not limited to, personal financial information such as credit history, income, employment history, financial assets, bank account information, financial debts, and your social security number. It may also include other information you have provided us on any application or form you must complete in order to receive services.

1. We may compile data and aggregate (combine) information you give us for use in evaluating and reporting on CCA activities. Such information will not be disclosed to persons not affiliated with CCA or in a form, which would identify you personally, unless otherwise required by law.
2. We collect nonpublic personal information about you from the following sources:
  - Information provided or received from you on our applications or required forms;
  - Information about your transactions with us, our creditors, or others;
  - Information we receive from a credit-reporting agency.
3. We do NOT disclose any nonpublic personal information about our clients or former clients to unaffiliated persons except as permitted by law or upon our client's signed consent authorizing such release. The following kinds of nonpublic personal information may be disclosed with your signed consent:
  - Information received from you on applications and forms, such as your name, address, social security number, assets and income;
  - Information about your transactions with your creditors, others, or us such as your account balance, payment history, parties to transactions, and credit card usage, etc.
  - Information we receive from a credit-reporting agency, such as your credit history.
4. In order to assist you, CCA may disclose some or all information, which we collect to creditors and related financial institutions in order to help resolve any financial delinquency, or other housing issues.
5. We restrict access to nonpublic personal information to those employees who need to know the information to provide service to you. We maintain physical, electronic and procedural safeguards which comply with federal regulations to guard your nonpublic personal information.
6. In order to process your request or provide down payment or other financial assistance, we may disclose some or all the information we collect to any parent companies.

#### **RELEASE**

I have read this privacy notice and understand nonpublic information may be released without my written consent. I also understand for CCA to effectively assist me with my financial delinquencies or other issues and/or needs, it may disclose some or all of my nonpublic information to unaffiliated persons.

I hereby authorize CCA to release all nonpublic information about me to my creditors and any third parties as may be necessary or useful to resolve the matter(s) discussed during my counseling session and to process or otherwise assist with my application for down payment or other financial assistance and to evaluate services provided by CCA. I further release and authorize all of my creditors and others to provide nonpublic personal information about me to CCA. I authorize CCA to obtain a credit report on me.

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Client Signature

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Date



## Credit Counseling Intake Form

### DUAL AGENCY DISCLOSURE

The following disclosure and acknowledgement apply to those transactions in which the seller of residential properties, and/or community lender and the home ownership readiness counselor consulting with you are employed by the same entity.

### YOUR RIGHTS UNDER DUAL AGENCY

CCA operates as an affordable housing developer and community lender. In this capacity, CCA's primary responsibility is to itself. As a counseling organization, CCA counsels you in preparing for home ownership. In this capacity, CCA's primary responsibility is to you. You are NOT obligated to purchase residential real property owned by CCA as a condition of receiving counseling services from CCA or borrowing monies.

You may be provided with suggestions from your Counselor in the form of an Action Plan. You are not obligated to follow this plan or receive any other services offered by CCA and any of its industry partners; and have the option of accepting or rejecting the advice provided to you and you may handle your affairs/financial concerns in a manner you may deem more appropriate for you.

By making this disclosure, CCA wishes to obtain your informed consent to operate in a dual agency capacity. By consenting to dual agency, you are giving up your right to undivided loyalty. You should carefully consider the possible consequences of a dual agency relationship before agreeing to such representation.

You may retain the services of a real estate agent/broker, lender, or other counselor who will represent only your interest in the transaction.

Since CCA is not a legal expert or an attorney, you may wish to consult an attorney before signing this form.

### CONSENT TO DUAL AGENCY

By signing below, I acknowledge I have received and read this disclosure notice. I also acknowledge I understand, as a property owner and community leader, CCA may be acting in its own best interest relative to the sale of residential real property owned and/or loans made. Finally, by signing below, I consent to the dual agency.

\_\_\_\_\_  
Client (Print Name)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



## Credit Counseling Intake Form

### COMPLAINT/GRIEVANCE PROCEDURE

All clients are entitled to be treated with respect and dignity, to ask questions, and to be actively involved in the assessment and modification of their financial situation. If at any time a client is dissatisfied with the services provided by CCA, s/he may issue a complaint or grievance as outlined below:

1. Attempt to resolve the issue with the Counselor or applicable employee by stating you are dissatisfied.
2. If the above action is not possible or the complaint is not resolved, the client may write to the CEO, Joe Clark, 2401 1<sup>st</sup> Avenue South, Ste 102, Birmingham, AL 35233.
3. The CEO will provide a written response within fifteen (15) days of receipt of the complaint.
4. If the client feels the matter has not been resolved by the CEO, s/he, within fifteen (15) days of receiving the written response from the CEO may write directly to CCA Board President, at 2401 1<sup>st</sup> Avenue South, Ste 102, Birmingham, AL 35233 The Board President, at the next regularly scheduled meeting of the Board of Directors, will appoint a Committee to address the grievance and bring a recommendation back to the full Board for consideration. The Committee, if it so desires, may meet with all parties concerned in order to gain more information. The Board of Directors has thirty (30) days in which to issue a written response to the grievance. The decision of the Board of Directors is the final stage of the grievance procedure.

CCA will provide, at this stage in the grievance procedure, the local office of the US Department of Housing & Urban Development with a copy of the complaint and all responses.

5. The client may seek legal redress in the applicable Court of Law after the full grievance process has been exhausted.

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Client (Print Name)

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Client Signature

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Date





## Credit Counseling Intake Form

### CERTIFICATION OF ELIGIBILITY/ HOMELESS

The applicant, \_\_\_\_\_ is hereby certified to be eligible for  
Community Concepts Agency, Inc. \_\_\_\_\_ programs based on (please check one only):  
(Agency Name)

#### Definition of Homeless

1. (a) In General

The terms “homeless” or “homeless individual or homeless person” includes-

- (1) an individual who lacks a fixed, regular, and adequate nighttime residence, and
- (2) an individual who has a primary nighttime residence that is :
  - (A) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
  - (B) an institution which provides a temporary residence for individuals intended to be institutionalized; or
  - (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodations for human beings.

2. (b) Income Eligibility(1)In General A homeless individual shall be eligible for assistance, only if the individual complies with the income eligibility requirements otherwise applicable to such program.

\*If eligibility by income applies, complete Family Income Eligibility Certification form.

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

\_\_\_\_\_  
Signature of Caseworker

\_\_\_\_\_  
Date of Certification

**Completed copy of this form must be placed in each participant’s file.**



## Credit Counseling Intake Form

### FAMILY INCOME GUIDELINES PROGRAM YEAR 2014 - 2015 (PY 40) U.S. Department of Housing and Urban Development

	Low Income 80% of Median Income	Very Low Income 50% of Median Income	Extremely Low Income 30% of Median Income	
Family Size	Greater than 50 % of the Median Income, but not Over 80% of the Median Income	Greater than 30 % of the Median Income, but not Over 50% of the Median Income	Less than or Equal to 30 % of the Median Income	Applicant Household Income
1	34,200	21,350	12,850	
2	39,050	24,400	15,730	
3	43,950	27,450	19,790	
4	48,800	30,500	23,850	
5	52,750	32,950	27,910	
6	56,650	35,400	31,970	
7	60,550	37,850	36,030	
8	64,450	40,300	40,090	

I certify this is a full and complete accounting of my household's current income.

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

\_\_\_\_\_  
Signature of Caseworker

\_\_\_\_\_  
Date of Certification

**Completed copy of this form must be placed in each participant's file.**

**FY 2015 Median Family Income (MFI): \$61,000**