Intercultural Family Services, Inc

Housing Counseling Intake Form

PLEASE PRINT

SECTION I: INTAKE

DATE: _____

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY:_____ STATE:_____ ZIPCODE: _____

WORK PHONE: _____ HOME PHONE: _____

OTHER PHONE: _____ EMAIL: _____

BIRTHDAY (MM/DD/YYYY): _____ MARITAL STATUS: _____

NUMBER IN HOUSEHOLD: _____ SOCIAL SECURITY NUMBER: _____ GENDER: Male _____ Female _____

SECTION II: DEMOGRAPHICS (PLEASE CIRCLE)

RACE/ETHINICITY:	LANGUAGE:	ANNUAL INCOME:	AGE:
1 – BLACK/AFRICAN AMERICAN 2 – AFRICAN 3 – CAMBODIAN 4 – CHINESE 5 – VIETNAMESE 6 – OTHER ASIAN 7 – HISPANIC/LATINO 8 – WHITE 9 – AMERICAN INDIAN 10 – OTHER RACE ALONE 11 – MULTI-ETHNIC	1 – ENGLISH 2 – SPANISH 3 – CAMBODIAN 4 – CHINESE-MANDARIN/CANTONESE 5 – ARABIC 6 – VIETNAMESE 7 – FRENCH 8 – OTHER ASIAN LANGUAGE 9 – OTHER LANGUAGE	1 – 0 - 5,000 2 – 5,000 - 9,999 3 – 10,000 - 24,999 4 – 25,000 - 44,999 5 – 45,000 - 64,999 6 – 65,000 - 84,999 7– 85,000+	4 – 15-19 5 – 20-24 6 – 25-34 7 – 35-44 8 – 45-64 9 – 65+

FOR OFFICIAL USE ONLY

PURPOSE:	CASE TERM:	REFERRAL SOURCE:
☐ HOME PURCHASE ☐ EDUCATION ☐ HOMEOWNER SERVICES ☐ HOME IMPROVEMENT (PHIL LOAN) ☐ REAL ESTATE TAXES ☐ PETITION TO POSTPONE SHERIFF SALE ☐ MORTGAGE DEFAULT/EARLY DELINQUENCY ☐ PETITION TO POSTPONE SHERIFF SALE ☐ RENTAL COUNSELING ☐ SEEKING SHELTER/HOMELESS SERVICES	☐ LONG TERM ☐ MID TERM ☐ SHORT TERM **CURRENT RESIDENCE:** ☐ OWN ☐ RENT ☐ OTHER	☐ AGENCY ☐ DIVERSION ☐ LENDER ☐ SAVE YOUR HOME PHILLY HOTLINE ☐ REALTOR ☐ WALK-IN ☐ WORD OF MOUTH ☐ OTHER _____
LEGAL REFERRAL:	**COMPLETED HEMAP:**	**OUTCOME:**
☐ YES ☐ NO	☐ YES ☐ NO	_____

Intercultural Family Services, Inc.

Household Composition Form

1. List all Members of Household (PLEASE PRINT)

Household Member Name	Relationship to Client	Age	Monthly Income Amount	Source of Income
	Self			

4225 Chestnut Street
Philadelphia, PA 19104
www.ifsinc.org

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct **Intercultural Family Services, Inc.** herein after to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by Intercultural. I understand and agree that Intercultural intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home, to engage in post-purchase counseling activities and for the purpose of assisting me in resolving any mortgage default matter. I further give authorization Intercultural to pull my credit report in relations to any Mortgage Default counseling at inception of counseling and within two years thereafter for the purpose of evaluating my credit standing and default status. My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Intercultural Family Services, Inc. in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

X authorize

___ do not authorize

Intercultural Family Services, Inc. to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services. I understand that I may revoke my consent to these disclosures by notifying Intercultural Family Services, Inc. in writing.

_____	_____
Client's Name (Print)	Co-Client's Name (Print)
_____	_____
Client's Signature	Co-Client's Signature
_____	_____
Social Security Number	Co-Client Social Security Number
_____	_____
Date	Date

Diversity in Action®

INTERCULTURAL FAMILY SERVICES, INC.

BILL OF RIGHTS & RESPONSIBILITIES
For
Persons Served

I. RIGHTS OF PERSONS SERVED

Intercultural Family Services, Inc. (IFSI) is committed to promoting and protecting the dignity and rights of all persons served. As a person receiving services from IFSI:

Dignity and Respect

You have the right to receive services provided with courtesy, consideration, respect and dignity regardless of race, creed, color, gender, religion, national origin, age, disability, pregnancy, marital status, sexual orientation, affectional preference, ancestry, limited English proficiency, political belief or activity, or status as a veteran, and to be served by personnel who are properly trained and competent to provide the services.

If there is a problem in your use of an IFSI service as a result of a disability, a language difference, or a communication difficulty, IFSI will attempt to overcome the problem or refer you somewhere that may be able to serve you better.

Self-Determination

You have the right to receive information about the services you will take part in, to know how planning is done, and to learn about other services that are available to you. You will receive information about what you can expect of the service, including location and hours, and what the criteria are for discharge or termination of the service. This information should help give you the ability to make informed choices about the service(s) you receive and participate in the planning of services and any changes in the services to be provided.

You have the right to refuse services and receive information about the consequences of such refusal.

You have the right to refuse to participate in any experimental treatments or research.

You have the right to be informed as soon as possible of the anticipated termination of service(s) and helped to access the appropriate resource(s) to meet service needs after discharge.

Confidentiality

You have the right to receive assurance that information you share will be kept strictly confidential as provided by law or regulation. No information will be voluntarily released to any other agency or person without your written consent. The only exceptions to this would be if we felt your life or that of another was in danger, if we suspected child abuse or neglect, we received a subpoena from a court, or under circumstances covered in the Notice Regarding Privacy of Personal Health Information. For services provided under contracts with city, state, or federal agencies or other funders, those organizations have access to information and records related to those services. Your

worker will be glad to discuss in detail with you our policy on confidentiality of information and records.

Financial Information

You have the right to be informed, before service begins, of any fees that you will be required to pay and of the extent to which payment may be expected from Medicare, Medicaid, or any other publicly/ federally funded or aided program known to IFSI.

II. GRIEVANCE POLICY / PROCEDURE

You have a right to express any complaints or concerns about the care or service(s) you receive, including the implementation of your Service or Treatment Plan, without fear of reprisal or discrimination. Complaints should be directed to your case manager, therapist, or worker and the program supervisor. They will investigate your complaint or concern and report the outcome of the investigation to you within timeframes defined by agency procedure. You may appeal to the Program Director or Deputy Executive Director and file a grievance if you are not satisfied with the manner in which your complaint or concern is resolved, or file a grievance with the funding agency in some programs.

III. RESPONSIBILITIES OF PERSONS SERVED

You have a responsibility to provide IFSI with accurate information while you are receiving services.

You have a responsibility to promptly report to the agency when you:

- Will be unavailable for a scheduled visit,
- Experience a change in your service needs,
- Move to another residence or change your telephone number.

We will ask your opinion about the quality of the services you receive and about anything you think should be changed or added.

Some IFSI programs have additional rights, responsibilities, and grievance procedures specific to the contracts, regulations, or standards governing those services. Your assigned worker will review them with you.

I have read and understand the Bill of Rights and Responsibilities for Persons Served or they have been explained to me. I have been offered the opportunity to ask questions.

_____ _____
Person Served Date

_____ _____
Child(ren) Served 14 & over Date

_____ _____
Witness Date

IFSI HOUSING COUNSELING SERVICE AGREEMENT

Notice of Services Provisions and Confidentiality of Information

Intercultural Family Services, Inc. (IFSI) Housing Counseling Service provides assistance, mediation and education to the housing consumer (Client) to accomplish their goals in obtaining, retaining or resolving housing issues to allow for successful home occupancy of a rental or purchase housing unit for the client and family members.

In order to achieve specific housing or resolve related problems, the client recognizes the need for counseling and agrees to give full cooperation in a professional working relationship with the Housing Counselor.

The client understands that any and all information that is required and obtained is to specifically provide housing related services to achieve a desire goal for housing needs. The client authorizes the Housing Counselor to obtain other information from third parties as required and give authorization for the Housing Counselor to share appropriate collected information with third parties for achieving a housing goal.

The Housing Counselor pledges to preserve strict confidentiality concerning the applicant's information and will neither give nor seek information except where others have a right to it. The Housing Counselor will make no decisions and take no action without the knowledge and consent of the client. At all times the Housing Counselor will act to protect and promote the best interest of the client towards achieving their housing goal.

_____ _____

Housing Counselor Date

_____ Copy given to client: Yes ___ No ___

Client Signature

Intercultural Family Services, Inc.
Foreclosure Prevention Counseling Form

I, _____, Housing Counselor, certify that I provided and explained the following information as part of pre-purchase counseling. We can assist you with the filing of a HEMAP or Loss Mitigation application, and/or arriving at a work-out plan with the lender. **Sign below to certify receipt of this document.**

Delinquency Notices -Besides letter/notices that you have not paid your mortgage, you will receive:

$ **Act 6 Notice/Notice of Intention to Foreclosure**
Notice is sent when you are 60 days behind in your mortgage payments. Call your mortgage company first to try to make a reinstatement, repayment plan or forbearance agreement.

$ **Act 91 Notice**
Notice is sent when you are three (3) months delinquent, advising you to apply for a HEMAP loan.

Mortgage Assistance Programs and Options

$ **Reinstatement**
You pay the total amount you owe, in one lump sum payment, by a specific date to bring your mortgage current.

$ **Repayment Plan**
You may pay back part of your past-due amount with your regular monthly payments over an extended period of time.

$ **Forbearance Plan**
You may make reduced mortgage payments or stop making payments for a specific period of time.

$ **Loan Modification**
This option permanently changes your mortgage loan. It will lower your monthly payment amount or interest rate so your payments or terms of your loan are more affordable.

$ **Short Sale**
This allows you to sell the home and pay off a portion of your principal balance when you owe more money on your mortgage loan than the home is worth. You may move out of the home and avoid going through foreclosure.

$ **Deed in Lieu Foreclosure**
This option transfers the ownership of the property back to lender. It allows you to move out of the home without going through foreclosure. In some cases, relocation assistance may be available.

$ **Partial Claim**
Borrowers with FHA-insured loans pay an annual mortgage insurance premium equal to about 1 percent of the original loan amount. HUD can advance a maximum of 12 month's worth of monthly payments to the lender. The loan must be at least 4 months but no more than 12 months delinquent. A partial claim can only be used once during the lifetime of the loan.

Homeowners Emergency Mortgage Assistance Program (HEMAP) Conventional Loans Only

$ Administered by the Pennsylvania Housing Finance Agency. Homeowner may apply for a loan up to $60,000 but not to exceed 24 months of delinquency. Homeowner must have received an Act 91 Notice. Default must have occurred through no fault of the homeowner plus client must be a good prospect for repayment.

Chapter 13 Bankruptcy

$ Allows you to repay past due payments through a 3 to 5 year plan. You must resume making your regular mortgage payments by the first of the month **and** make a monthly payment to the court. Fees associated are: Attorney, Court Filing and Trustee's fees and are due before bankruptcy is settled.

$ You must be current on your income taxes. You must prove that you filed your federal and state income taxes for the past four tax years.

Refinancing

$ Getting a NEW loan to extend the term of your mortgage or lower your interest rate. Mortgage cannot be delinquent when applying for loan. Client will have a new closing date.

Consider Selling Your Home

$ If you have equity in your property, selling your home prevents sheriff sale.

_____ _____

Client Signature **Date**

Main Office
4225 Chestnut Street
Philadelphia, PA 19104
T: (215) 386-1298 24 hours
F: (215) 386-9348
Email: ifsi@ifsinc.org

Intercultural Behavioral Health Center
4254-56 Chestnut Street
Philadelphia, PA 19104
T: (215) 386-8490 24 hours
F: (215) 386-9494

South Philadelphia Office
2317 S. 23rd Street
Philadelphia, PA 19145
T: (215) 468-4673
F: (215) 468-4663

Evelyn Marcha-Hidalgo, MS
CEO/Executive Director

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Lawrence F. Bell, MBA
Chair

Maria Pajil Battle
Vice Chair

Robert P. Hughes
Treasurer/Asst. Secretary

Miriam H. Evans
Secretary/Asst. Treasurer

Important Disclosure To Consumers

Intercultural Family Services, Inc. (Intercultural) provides housing related education and counseling services to interested consumers at no charge. In addition to our housing counseling and consumer workshops, Intercultural Family Services, Inc also provides various Behavioral Health Services, Family Therapy Services, Youth and Family Education Programs and Family Strengthening programs. In the course of providing assistance, it may be determined that you are eligible for some of these services or programs. However, you are not obligated to receive, purchase or utilize any other services offered. Participation in any of these programs is completely voluntary.

Furthermore, you are free to choose any of these programs regardless of any presentations, suggestions and/or recommendations made by any Intercultural agency members or personnel. By signing this disclosure, you (our client) understand that you are under no obligation to participate in any array of our services listed.

If you choose to partake of any additional services and allow Intercultural Family Services, Inc. to provide the selected services, it is understood that you (our client) have given the matter thorough consideration.

I acknowledge that I have read and understand the disclosure statement. It was reviewed with me and I received a signed copy.

_____
Client Name

_____ _____
Client Signature **Date**

_____
Intercultural Staff Member Name

_____ _____
Intercultural Staff Member Signature **Date**

Rev. 11/12/12

COUNSELING SERVICES AUTHORIZATION

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

I authorize my Counselor and the Counseling Agency to negotiate for me. The counseling services are offered free of charge, and neither the Counselor, nor the Counseling 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 Counseling 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

____ Homeowner Counseling

____ Delinquency and Default Counseling

____ Reverse Mortgage Counseling

____ Tenant Counseling

____ Homebuyer Education

____ Homeowner Education

____ Delinquency and Default Education

____ Fair Housing Education

____ Homelessness and Displacement Counseling

____ I want to buy a home in the next six (6) months

____ 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"

Counseling Agency Information

Counselor Name: _____ Phone: _____

Counseling Agency: _____ Email: _____

HCO Client Number: _____ Fax: _____

PRIVACY POLICY

This Counseling 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 Counseling Agency at the phone number listed on the Counseling Services Authorization provided with this Privacy Policy.

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 Authorization

By signing below I authorize my employers, lenders, creditors, servicers, and others to share personal and financial information with my Counselor and the Counseling Agency. I authorize my Counselor and the Counseling 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.

CLIENT NAME(S):	CLIENT SIGNATURE(S):	DATE:
1. _____	_____	_____
2. _____	_____	_____

Monthly Budget

For: _____ **Date:** _____

INCOME

Take Home Pay	$ _____
Allowance	$ _____
Gifts	$ _____
Part-time Jobs and Chores	$ _____
Other Sources	$ _____
TOTAL	$ _____

EXPENSES

HOUSEHOLD

Rent/Mortgage	$ _____
Utilities (electric, gas, trash, water)	$ _____
Cable/Satellite TV and Internet	$ _____
Telephone and Long Distance	$ _____
Cell Phone	$ _____
Other Household Expenses	$ _____
TOTAL	$ _____

FOOD

Groceries	$ _____
Lunches and Snacks	$ _____
Eating Out	$ _____
TOTAL	$ _____

TRANSPORTATION

Car Payment	$ _____
Insurance	$ _____
Gasoline	$ _____
Maintenance and Repairs	$ _____
Public Transportation	$ _____
Other (parking, tolls)	$ _____
TOTAL	$ _____

HEALTHCARE

Doctor	$ _____
Dentist	$ _____
Prescriptions	$ _____
Medical Insurance	$ _____
Other Healthcare Expenses	$ _____
TOTAL	$ _____

LOOKING GOOD

Clothes and Shoes	$ _____
Toiletries	$ _____
Laundry and Cleaners	$ _____
Hair Care	$ _____
Other Looking Good Expenses	$ _____
TOTAL	$ _____

JUST FOR FUN

Movies/Games/Concerts	$ _____
Dates/Trips	$ _____
Music Purchases	$ _____
Books/Magazines/Newspaper	$ _____
Hobbies	$ _____
Other	$ _____
TOTAL	$ _____

MISCELLANEOUS

Credit Card	$ _____
Savings and Investments	$ _____
Education (tuition, books, fees)	$ _____
Gifts and Charity	$ _____
Pets	$ _____
TOTAL	$ _____

GRAND TOTAL

TOTAL ALL INCOME	$ _____
Subtract	–
TOTAL ALL EXPENSES	$ _____
BOTTOM LINE	$ _____

- Divide annual income and expenses by 12 to get a monthly figure.
- Some expenses (like utilities) will change throughout the year, so use a monthly average.

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PHFA
PENNSYLVANIA HOUSING FINANCE AGENCY

CLOSE OUT FORM

DATE FILE OPENED _____ DATE FILE CLOSED: _____

____NFMC ____PHFA ____HUD ____HEMAP ____OHCD ____EHLP ____OTHER CASE/ID NUMBER: _____

APPOINTMENT DATE_____APPOINTMENT DATE_____APPOINTMENT DATE _____

___ Level 1 ___ Level 2 ___*Level 4a ___*Level 4b

CLIENT (S) NAME: _____ SS # _____ DOB_____

CLIENT (S) NAME: _____ SS # _____ DOB_____

ADDRESS: _____

CITY: _____PA ZIP CODE: _____

PHONE NUMBERS_____

E-MAIL ADDRESS _____

**previously seen by another housing counselor? _____ If yes, reason for returning? _____

LENDER / SERVICER AND ACCOUNT # _____

LOAN TYPE CONV FHA VA OTHER

PRIMARY RESIDENCE Y N OWNER OCCUPIED Y N HOW LONG IN HOME _____

NOTICES RECEIVED _____ ACT 91 _____ COMPLAINT _____JUDGMENT _____ SALE NOTICE

CONFERENCE DATE_____ ATTORNEY INFO_____

REASON FOR DEFAULT _____

GOALS/INTENTIONS _____

REMAIN IN HOME

____ APPLIED HEMAP ___APPLIED EHLP _____ CAN RESUME _____ NEEDS TEMP HELP W/PMTS _____ NEEDS MODIFIED

___ WORKING WITH LENDER (MODIFICATION / FORBEARANCE / HELP W/ARREARAGES) _____ REFERRED LEGAL

NEEDS TO: _____ INCREASE INCOME _____ REDUCE EXPENSES _____ SAVE TOWARD ARREARAGES

NON-CURABLE

_____ APPLIED HEMAP (TO BUY TIME) ____ PENDING SALE / TO TALK TO REALTOR ____ REFERRED LEGAL ___ DEED IN LIEU

FINAL RESOLUTION_____

COUNSELOR'S NAME: _____DATE:_____

Rev. Feb. 2012

Intercultural Family Services, Inc.
Diversity in Action ®

Certification of Zero Income

Name of Client(s): _____

Address _____

City _____ **State** _____ **Zip** _____

Name of Household Member: _____

I certify that I do not receive income or have not received income from any of the following sources for the period _____ through _____:

- **Wages/salaries from employment including commissions, tips, bonuses, fees, etc;**
- **Income from the operation of a business;**
- **Rental income from real or personal property;**
- **Unemployment or disability payments;**
- **Public assistance payments;**
- **Periodic allowances such alimony, child support, or gifts received from persons not living in my household;**
- **Social security payments, annuities, pensions, insurance policies, retirement funds or death benefits;**
- **Veteran's benefits;**
- **Supplemental social security income; and**
- **Any other income sources not noted previously.**

Please check boxes that apply:

☐ There is no imminent change expected in my financial status or employment status during the next 12 months.

☐ I am currently looking for employment. I have been unemployed since (date) _____.

☐ I am currently a student. Expected graduation date is _____.

Under penalty of perjury, I certify that the information presented above is true and accurate. I understand that providing false representations herein may constitute an act of fraud. I acknowledge the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through Intercultural Family Services, Inc. housing counseling program. If requested, I will fully cooperate with any request to provide documents to verify the information provided herein.

_____ _____

Household Member Signature **Date**

_____

Print Name

Revised 07/19/2016

Checklist for HUD Audit
(CHCI/TAX/PHIL LOAN/Current - Left Side of File)

____ **Intake Packet**

____ **Case Close Out Form**

____ **Household Composition**

____ **Credit Report Authorization**

____ **Foreclosure Prevention Counseling Form**

____ **Bill of Rights and Responsibilities for Persons Served**

____ **Confidentiality of Information Form**

____ **Disclosure Forms**

____ **Counseling Services Authorization (3 in 1)**

____ **ID/SSN Card**

____ **Credit Report**

____ **Appointment**

____ **Funding Report (signed)**

____ **Budget**

____ **Affordability Analysis**

____ **Action Plan (signed)**

____ **Case Notes and/or Follow-up**

____ **Case Detail**

____ **Case Status**

____**Counselor Max Work plan (signed)**

____ **Counselor Max Log**

REQUIRED HOUSING DOCUMENTATION FOR
FIRST TIME HOMEBUYER and PHIL LOAN COUNSELING

1. **PHOTO ID (Valid license or Non-drivers license, Work ID, Passport) For all working household members**

2. **SOCIAL SECURITY CARDS For all working household members**

3. **PAY STUBS – One month of current pays stubs for all working household members.**

4. **VERIFICATION OF OTHER INCOME – Unemployment compensation, workers' compensation, child support, alimony, Public Assistance, Social Security, Rent, pensions, etc.)**

5. **FEDERAL INCOME TAX RETURNS for the past 3 years - transcripts can be obtained by calling the IRS at 1-800-829-1040 asking for form 4506-t OR 4506-T EZ**

6. **MONTHLY STATEMENTS for all loans, credit cards, cell phone bills, auto loans/lease**

7. **CURRENT CHECKING & SAVINGS ACCT STATEMENTS (all pages with names on it)**

8. **VERIFICATION OF RETIREMENT ACCTS, IRA'S, 401-K, 403-B etc.**

9. **CURRENT UTILITY BILLS (Gas, Electric and Water)**

10. **$24.00 (INDIVIDUALS AND $30.20 FOR JOINT) CASH OR MONEY ORDER FOR TRI- MERGE (EXPERIAN, EQUIFAX AND TRANSUNION) CREDIT REPORT WITH SCORES AND DEBT. IF YOU BRING YOUR OWN, IT MUST BE A TRI-MERGE CREDIT REPORT WITH ALL SCORES AND DEBT FROM EACH AGENCY PULLED WITHIN THE LAST 30 DAYS.**

PLEASE NOTE: ALL NECESSARY DOUMENTATION IS NEEDED FOR A COMPLETE HOUSING SESSION. IF YOU DO NOT HAVE ALL OF THE NECSSARY DOCUMENTS FOR YOUR INITIAL APPOINTMENT, YOU WILL HAVE AN ABBREVIATED CONSULTATION. YOU WILL THEN BE REQUIRED TO MAKE A SUBSEQUENT APPOINTMENT FOR A LATER DATE TO BRING IN ALL REQUIRED DOCUMENTATION.