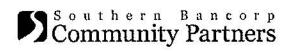
Counseling Intake Form Assets Builder - HBCC





Pe	rsonal-Information					4 25 27		
Firs	t name:	Middle:			Last: _			
Social Security Number:				(for office use only)				
Birt	h date: / //			1	ntake date:		/ <u> </u>	
	ress:							
City	·		State:				ZIP:	<u> </u>
Pho	ne: <u>(</u>	Work: (}	2		Cell: (
Fax	: (E-mail:						
Mai	ital Status							
	Single \square	Divorced		Mai	rieđ		Widow	
De	mographics			- 14 A				
Rac								
	American Indian or Alaska Na Asian Black or African American Hispanic or Latino	tive			White		other Pacific Islander	
Ger	nder: 🗌 Female 🗌 Male							
Cur	rent Housing Arrangement:							
	Homeowner with Mortgage Homeowner with Mortgage Pa	iid-off			Pays Rent Does Not F	Pay Rent		
Тур	e of Household:							
	Single Adult Married Without Children Married With Children				Female-he Male-head Other:	ed Single	Parent	
Do	you have dependents? 🔲	Yes 🔲 No	If yes, h	low i	many:			
Edi	ication: Some High School High School Diploma or Equiv Two-Year College Bachelor's Degree Graduate Degree	alent						

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<u>Appointmen</u>		A I					. # 12. #		(d) Always	·	
Most convenient	time	e for my (pa	rticipant) ap	pointment:	☐ a.r	m.		p.m.			
Days available		Monday □	Tuesday 🗌	Wednesday	Thursday (Friday				
Time	-			-							
Signatures									87		
Participant: _		376			Date:	_/	/				
Spouse			(C)		Date:		/	′	 :		
Staff Signature:		2007.00		2010	Date:	/	/				
Things to Bring v	vith	you									
Copies of:			r.								

- Current Utility bill (e.g. gas, electricity or water)
- Copy of tax returns
- SS Card and DL or Picture ID



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Corrective Action Worksheet

Client's Name:		
Address		
Phone Number: (Cell)	(Home)	
PRODUCE OF THE PROPERTY OF THE		
Obstacles to Homeownership/Couns	eling concerns:	
☐ Budgeting/Money Management ☐ Debt Repayment ☐ Lack/inadequate Savings ☐ Lack/inadequate credit history ☐ Inadequate income	IDA Goal □ □ No Homeownership Education/Counseling □ No Post Purchase Education	☐ Pre-purchase Counseling ☐ Mortgage Delinquency ☐ Rental Counseling
Strengths		
1		
2		
3		*
Recommendations/Strategies to over	come obstacles	
Obtain Part-time employment Decrease expenses Develop a spending plan Track expenses Credit/Money management training Establish saving Enroll in Credit Builder CD	☐ Home buyers education/counseling ☐ Post Purchase education ☐ Referred for legal advice ☐ Referred for pub. assistance	☐ Mortgage modification ☐ Repayment plan ☐ Deed in Lieu ☐ Forbearance ☐ Short Sales ☐ Foreclosure
Client's Signature		
Co-Client's Signature	Date	
Staff Signature	Date	



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Client Contract

SOUTHERN BANCORP COMMUNITY PARTNERS and its Homeownership & Credit Counselor agree to provide the following services:

- · Development of a budget
- Provide one-on-one pre-purchase/Credit and Debt counseling
- Provide home buyer education class
- · Provide one-on-one and group post purchase counseling
- Provide referral to needed resources
- Identification of assistance resources
- Other workshops
- Confidentiality, honesty, respect and professionalism in all services

I/We _	agree to the following terms of
service	es:
•	Always provide honest and complete information to Homeownership & Credit Counselor whether verbally or written
•	Provide all necessary documentation and follow-up information within the time frame requested
•	Be on time for all appointments
•	Be on time for all classes
•	Will contact Homeownership & Credit Counselor about any changes in situation
	inderstand that breaking any of the items listed on this contract may cause SOUTHERN BANCORF MUNITY PARTNERS to sever its service to me/us.
Client	Date
Client	Date
Staff S	Signature Date



Credit/Housing Counseling Disclosure



Southern Bancorp Community Partners (SBCP) is a nonprofit HUD-approved housing counseling agency. You have chosen to receive counseling services from our agency. These counseling services such as economic skills training and homebuyer education courses and/or one-on-one credit review and loan preparation counseling are at no charge to you. We may recommend different strategies to address your credit issues and may recommend certain loan products, mortgage options, or programs to you as a result of the counseling: however, you are free to choose your options, lenders, lending products, home, and down payment assistance program regardless of the recommendation made by your counselor. The counseling services are free of charge to the client.

All counselors have agreed to adhere to the Code of Ethics of the National Industry Standards for Homeownership Education and Counseling. Counselors will not provide real estate agent services to anyone to whom they are providing counseling services.

By signing below, you authorize SBCP to share your information with HUD or other trusted third parties for program oversight and related purposes.

As a participant in any SBCP program you are in no way obligated to any of the following:

- To rent or purchase any property owned, operated, or developed by SBCP, Southern Bancorp, and/or any other Southern Bancorp organizations or subsidiaries.
- To pursue loans, grants, or funding from SBCP, Southern Bancorp, and/or any other Southern Bancorp organization or subsidiaries.
- To pursue loans, grants, or funding from any SBCP partner organization.

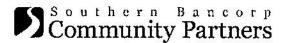
As a participant in any SBCP program you are entitled to receive all of the following services:

- Impartial and accurate information about affordable, prime mortgage products currently available in your area of residence.
- Quality homebuyer education and basic consumer finance education from trained and certified staff.
- Assistance with pre-qualifying for a mortgage and selecting a lender that meets your needs.
- Information on down payment and closing assistance funds available in your area of residence.

By signing below you are stating you have been given the opportunity to read and ask questions regarding this conflict of interest disclosure.

Signature	Date	
		-011
Signature	Date	





Credit Information Release Form

		Personal Info	rmation	2 2		
First Name:	Middle	::	_ Last:		11.00	
Social Security No:			Birth Date:			
Address:	7 m m m					
City:	State:	ZIP:	Co	ounty:		
Previous address if less the Address:		rrent address:	*			
City:		ZIP:	Cour	ity:		
Phone: ()	Work: <u>(</u>		Cell: ()	<u>.</u>	
E-mail Address:						
Number of children (unde	r 18) living in your	household:	Num	ber of adult	s:	
, , , , , , , , , , , , , , , , , , , ,	S	ervices Informa	tion			
Do you currently receive b						
Please specify service(s):					po remP	
If IDA, what is your saving	s goal? 🗆 Home Pur	chase 🗆 Home	Repair 🗆 Busine	ss 🗆 E	ducation	
Are you interested in other	banking or program	ı services? Speci	fy:			
					WANT FOR STATE OF	200
	65150	Authoriza	tion			
I/We hereby authorize the re information required at any ti such information to any entity	me for any purpose rel	ated to our credit	application/transa	ction. I/We f	urther authorize SBCP to I	and all release
I/We hereby certify that the e to the best of my/our knowled		ogether with any a	ttachments or exh	nibits) is valid	and true, accurate and co	rrect
Signature:			Date:/			
		ECOA Not	tice			

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income is derived from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this Creditor is the U. S. Small Business Administration, Washington, D.C. 20416.





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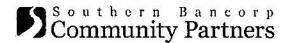
Money & Debt Management - Counseling Plan

Southern Bancorp Community Partners' Homeownership & Credit Counselor during Money and Debt Management counseling will provide you with services not limited to the ones listed below:

	Help you develop a household budget/spending plan							
	Provide you with information about tracking your spending							
	Case management							
	Provide you with information on managing your money and your debt							
	Provide guidance on dealing with creditors							
	Assist with letters to credit bureaus							
	Assist with letters to creditors							
	Assistance to secure community resources							
I	will do the following to improve and maintain my credit							
history.	es established and the second							
	Always provide complete information Homeownership & Credit Counselor whether verbally or written							
	Provide all necessary documentation to Homeownership & Credit Counselor in a timely							
	manner							
	Be on time for all for appointment							
	Apart from the one-on-one counseling, participate in the following group sessions:							
	Money Management Classes							
	Credit Management Classes							
	g below I am stating that I have been given the opportunity to read and ask questions regarding seling plan.							
Signature	Date							
Signature	Date							



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Pre-purchase Education/Counseling Plan

As a HUD approved counseling agency, Southern Bancorp Community Partners' Homeownership & Credit Counselor during Pre-purchase Education and Counseling, will assist you (the client) with services including but not limited to:

0000000000000	Relationships with mortgagees Purchase procedures, including closing costs Alternatives for financing the purchase Real estate terms Review of interest rates at the time the client wants Use and cost of credit and budgeting for homeowne Shopping for a loan to purchase housing Effect of property taxes and mortgage interest on in Homeowner's insurance covering property and liab Down payments Selecting a home Assistance to secure community resources Home buyer education	ership ncome taxescash flow
I/We	sion to purchase housing.	will do the following to so that I can make
tne decis	sion to purchase nousing.	
	Always provide complete information to Homeowners	hip & Credit Counselor whether verbally or
	written Provide all necessary documentation to Homeownersh	ip & Credit Counselor in a timely manner
	Be on time for all for appointments	
	Follow up other appointment pertaining to resolving m community resource.	y nousing situation, such as appointment with
	Attend homebuyer education	
	ing below I am stating that I have been given the opporing plan.	rtunity to read and ask questions regarding this
Signatur	re	Date
Signatur	re	Date







Financial Information 655	Contraction in the State of St		
Current employment status: Self-employed	d 🗆 Unemployed 🗆 F	ull time	Other
Gross Income (before taxes): \$	l Hourly □Weekly □	Biweekly Monthly	
Employer:	4: 113mmmm22		<u></u>
Address:			_
City: Sta	te:	ZIP:	
Phone: () - Start date:	En	d Date:	28
Other employment status: Self-employed	Unemployed☐ Full time	Part time Other	
Gross Income (before taxes): \$	☐ Hourly ☐ Weekly	☐ Biweekly ☐ Monthly	
Employer:			<u> </u>
Address:			
City: State	e:	_ ZIP:	_
Phone: () - Start date:	En	d Date:	±39
Income:			
Type of Income	Head of Household Monthly \$ Amount	i Spouse Monthly \$ Amoun	
Formal Salary (take home)			
Self-employment Salary	96 12 SERVEDD 000 1 SERVEDD	45 - In act monotonic trocker and a warder to	
Allmony			
Child Support	-		
Rental Income			
Public Assistance			
Disability Income	37700797		
SSI Income			
Other	20 100000000000000000000000000000000000		
Total			
Savings/Investments:			
Type	Self	Spouse	
Checking Acount		<u> </u>	
Savings Acount			
CD CD			
Retirement Account			
Remember Account		NA 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	



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Expenses:

		Monthly	
Туре	Actual	Budgeted	Difference
Mortgage/Rent			
Property taxes		(1.00 to 10.00 to 10.	0
Real Estate taxes			
Homeowners/Renters Insurance			
Home Maintenance			***
Electricity	, , , , , , , , , , , , , , , , , , , ,		
Gas (home)	10 and 10		
Water			
Telephone/cell phone			
Cable TV/Satelite/Internet Access			
Automobile Payment			
Automobile insurance			e:
Automobile operating – gas, oil etc.			
License Tabs			
Food- Eating out			
Groceries including Laundry/Cleaning, soap etc.			
Tobacco /Liquor			~
School lunch, supplies, fees			
Pet food and veterinary			122
Prescription medication	1000 1000		
Hair care/Hair cuts			
Personal Grooming (Nail care) etc.			
Church contributions, charity, tithes			
Clothing (all the family) including shoes, etc.			
Diapers, baby formula			
Childcare			
Vacation/Travel	, reserve		la sa
Entertainment/movies			
Newspaper/Magazine subscriptions			0100 XII
Savings/Checking			
Other unspecify expenses			
Other unspecify expenses	32000		
Total			



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Education Track

□Client has yet to attend Home Buyers Education
□Client did not attend any class
□Client started but not completed home buyers education
□Client has yet to attend post purchase education
□Client started but not completed post purchase education
□Client has yet to complete other workshop base on need
Credit/Debt Management
☐Money Management (Budgeting)
□Other Workshop

