

Counseling Intake Form

Assets Builder - HBCC



Personal Information

First name: _____ Middle: _____ Last: _____

Social Security Number: _____ - _____ - _____ (for office use only)

Birth date: ____/____/____ Intake date: ____/____/____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Fax: (____) _____ - _____ E-mail: _____

Marital Status

- Single Divorced Married Widow

Demographics

Race:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic or Latino | |

Gender: Female Male

Current Housing Arrangement:

- | | |
|---|--|
| <input type="checkbox"/> Homeowner with Mortgage | <input type="checkbox"/> Pays Rent |
| <input type="checkbox"/> Homeowner with Mortgage Paid-off | <input type="checkbox"/> Does Not Pay Rent |

Type of Household:

- | | |
|---|--|
| <input type="checkbox"/> Single Adult | <input type="checkbox"/> Female-headed Single Parent |
| <input type="checkbox"/> Married Without Children | <input type="checkbox"/> Male-headed Single Parent |
| <input type="checkbox"/> Married With Children | <input type="checkbox"/> Other: _____ |

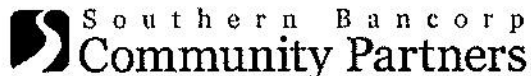
Do you have dependents? Yes No If yes, how many: _____

Education:

- Some High School
- High School Diploma or Equivalent
- Two-Year College
- Bachelor's Degree
- Graduate Degree

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Appointment

Most convenient time for my (participant) appointment: a.m. p.m.

Days available Monday Tuesday Wednesday Thursday Friday

Time _____

Signatures

Participant: _____ Date: ___/___/___

Spouse _____ Date: ___/___/___

Staff Signature: _____ Date: ___/___/___

Things to Bring with you

Copies of:

- 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) _____

Agency Case #: _____

Obstacles to Homeownership/Counseling concerns:

<input type="checkbox"/> Budgeting/Money Management	IDA Goal <input type="checkbox"/>	<input type="checkbox"/> Pre-purchase Counseling
<input type="checkbox"/> Debt Repayment	<input type="checkbox"/> No Homeownership Education/Counseling	<input type="checkbox"/> Mortgage Delinquency
<input type="checkbox"/> Lack/inadequate Savings	<input type="checkbox"/> No Post Purchase Education	<input type="checkbox"/> Rental Counseling
<input type="checkbox"/> Lack/inadequate credit history		
<input type="checkbox"/> Inadequate income		

Strengths

- _____
- _____
- _____

Recommendations/Strategies to overcome obstacles

<input type="checkbox"/> Obtain Part-time employment	<input type="checkbox"/> Home buyers education/counseling	<input type="checkbox"/> Mortgage modification
<input type="checkbox"/> Decrease expenses	<input type="checkbox"/> Post Purchase education	<input type="checkbox"/> Repayment plan
<input type="checkbox"/> Develop a spending plan	<input type="checkbox"/> Referred for legal advice	<input type="checkbox"/> Deed in Lieu
<input type="checkbox"/> Track expenses	<input type="checkbox"/> Referred for pub. assistance	<input type="checkbox"/> Forbearance
<input type="checkbox"/> Credit/Money management training		<input type="checkbox"/> Short Sales
<input type="checkbox"/> Establish saving		<input type="checkbox"/> Foreclosure
<input type="checkbox"/> Enroll in Credit Builder CD		

Client's Signature _____ Date _____

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 services:

- 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
- _____

I/We understand that breaking any of the items listed on this contract may cause SOUTHERN BANCORP COMMUNITY PARTNERS to sever its service to me/us.

Client

Date

Client

Date

Staff Signature

Date



Credit Information Release Form

Personal Information

First Name: _____ Middle: _____ Last: _____

Social Security No: _____ - _____ - _____ Birth Date: _____ / _____ / _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Previous address if less than two years at current address:

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Phone: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

E-mail Address: _____

Number of children (under 18) living in your household: _____ Number of adults: _____

Services Information

Do you currently receive banking or program services? Yes No

Please specify service(s): _____

If IDA, what is your savings goal? Home Purchase Home Repair Business Education

Are you interested in other banking or program services? Specify: _____

Authorization

I/We hereby authorize the release to Southern Bancorp nonprofit affiliate Southern Bancorp Community Partners (SBCP) any and all information required at any time for any purpose related to our credit application/transaction. I/We further authorize SBCP to release such information to any entity deemed necessary for any purpose related to our credit application/transaction.

I/We hereby certify that the enclosed information (together with any attachments or exhibits) is valid and true, accurate and correct to the best of my/our knowledge.

Signature: _____ Date: _____ / _____ / _____

ECOA Notice

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.

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.

- 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

By signing below I am stating that I have been given the opportunity to read and ask questions regarding this counseling plan.

Signature

Date

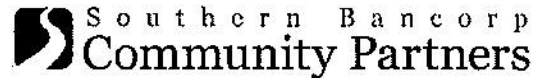
Signature

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:

- 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 to purchase housing
- Use and cost of credit and budgeting for homeownership
- Shopping for a loan to purchase housing
- Effect of property taxes and mortgage interest on income taxes--cash flow
- Homeowner's insurance covering property and liability
- Down payments
- Selecting a home
- Assistance to secure community resources
- Home buyer education

I/We _____ will do the following to so that I can make the decision to purchase housing.

- Always provide complete information to Homeownership & Credit Counselor whether verbally or written
- Provide all necessary documentations to Homeownership & Credit Counselor in a timely manner
- Be on time for all for appointments
- Follow up other appointment pertaining to resolving my housing situation, such as appointment with community resource.
- Attend homebuyer education

By signing below I am stating that I have been given the opportunity to read and ask questions regarding this counseling plan.

Signature

Date

Signature

Date



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Financial Information

Current employment status: Self-employed Unemployed Full time Part time Other

Gross Income (before taxes): \$ _____ Hourly Weekly Biweekly Monthly

Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ - _____ **Start date:** _____ **End Date:** _____

Other employment status: Self-employed Unemployed Full time Part time Other

Gross Income (before taxes): \$ _____ Hourly Weekly Biweekly Monthly

Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ - _____ **Start date:** _____ **End Date:** _____

Income:

Type of Income	Head of Household Monthly \$ Amount	Spouse Monthly \$ Amount
Formal Salary (take home)		
Self-employment Salary		
Alimony		
Child Support		
Rental Income		
Public Assistance		
Disability Income		
SSI Income		
Other		
Total		

Savings/Investments:

Type	Self	Spouse
Checking Account		
Savings Account		
CD		
Retirement Account		



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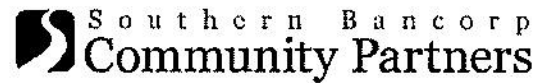
Expenses:

Type	Monthly		
	Actual	Budgeted	Difference
Mortgage/Rent			
Property taxes			
Real Estate taxes			
Homeowners/Renters Insurance			
Home Maintenance			
Electricity			
Gas (home)			
Water			
Telephone/cell phone			
Cable TV/Satellite/Internet Access			
Automobile Payment			
Automobile insurance			
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			
Prescription medication			
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			
Entertainment/movies			
Newspaper/Magazine subscriptions			
Savings/Checking			
Other unspecify expenses			
Other unspecify expenses			
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

