



682 Berkmar Circle Charlottesville, VA 22901  
Phone: 434.817.2436 Fax: 434.817.0664

Welcome to Piedmont Housing Alliance

You have received our Client Intake Form, please **CHECK** the services you are requesting:

**Home Purchase Counseling**

**Default/Foreclosure Counseling**

**Budget/Credit Counseling**

**Down Payment/Closing Cost Loan\***

A housing counselor will contact you to schedule an appointment after receipt and review of your intake.  
Please ensure you complete all questions and sign all disclosures included in this packet.

**Please provide COPIES of the following documents prior to your first appointment:**

|  |  |
|--|--|
|  | Current 30 days paystubs or other proof of all income for the household in which you reside  |
|  | If you are <b>self-employed</b> , a profit and loss statement for the current year   |
|  | 3 months most recent bank and investment <b>statements</b> (not on-line transaction history)   |
|  | Driver's License or other State Issued Photo ID  |
|  | Last 3 years IRS tax returns including all W-2s and 1099s (self-employed)-NOT State Tax Papers   |
|  | Proof of alternative income other than employment (if applicable)  |
|  | Divorce decree or separation agreement (if applicable)   |
|  | Child Support Order (if applicable)  |
|  | Bankruptcy papers with Discharge (if applicable)   |
|  | Documents to verify payment of any judgments or collections paid (if applicable)   |
|  | <b>If you are behind on your mortgage</b> , please submit a Hardship Letter clearly explaining why your payments are behind, if you want to keep the property, and what your proposed plan is for bringing the mortgage current. (See Attachment for Avoiding Foreclosure) |

How can you speed up the process of getting a decision or advice?

**SUBMIT COPIES OF ALL OF YOUR DOCUMENTS PRIOR TO YOUR APPOINTMENT!!**

Submit to [mcarter@piedmonthousing.org](mailto:mcarter@piedmonthousing.org) or fax to 434-817-0664

\* Down payment/closing cost loans are restricted to the city of Charlottesville, Albemarle, Fluvanna, Greene, Louisa and Nelson Counties

If you have any questions, please contact Piedmont Housing Alliance at **434-817-2436**.

***Please Note: When accessing our services if you need assistance due to a language barrier, mobility impairments, visual or hearing impairments or other disabilities please let us know so we can provide necessary accommodations.***

**Piedmont Housing Alliance Intake Form - Please Complete ALL Questions**

| <b>Primary Applicant Information</b>   |                          |                        |   |            |                      |
|--|--------------------------|------------------------|---|------------|----------------------|
| First Name: _____  | Middle<br>Initial: _____ |                        | Last Name: _____                                      |            |                      |
| Street Address: _____  |                          |                        |   |            |                      |
| City: _____  |                          | State: _____           |   | Zip: _____ |                      |
| Social Security # _____  |                          |                        | Home Phone: _____                                     |            |                      |
| Work Phone: _____  |                          |                        | Cell Phone: _____                                     |            |                      |
| Preferred Language: _____  |                          |                        | Birthdate (mm/dd/yy): _____                           |            |                      |
| Email: _____   |                          |                        |   |            |                      |
| Please <b>CHECK</b> the <i>best</i> way to contact you: <b>EMAIL</b> <b>CELL PHONE</b> <b>HOME PHONE</b> <b>WORK PHONE</b> <b>MAIL</b> |                          |                        |   |            |                      |
| Number of people receiving income in the household: _____  |                          |                        |   |            |                      |
| How did you hear about PHA? _____  |                          |                        |   |            |                      |
| Race: _____  |                          |                        | Total number of people living in the household: _____ |            |                      |
| Applicant Gender: _____  |                          |                        | Are you a Veteran?                                    |            | <b>YES</b> <b>NO</b> |
| Female Head of Household?  |                          | <b>YES</b> <b>NO</b>   | Born outside the United States?                       |            | <b>YES</b> <b>NO</b> |
| Housing Choice Voucher?  |                          | <b>YES</b> <b>NO</b>   | Ethnicity: Hispanic                                   |            | <b>YES</b> <b>NO</b> |
| Do you have a disability?  |                          | <b>YES</b> <b>NO</b>   | Education Level: _____                                |            |                      |
| Active Duty Military?  |                          | <b>YES</b> <b>NO</b>   | Marital Status: _____                                 |            |                      |
| Residence Type:  |                          | <b>Rent</b> <b>Own</b> |   |            |                      |
| If renting, have you ever paid rent late?  |                          | <b>YES</b> <b>NO</b>   | If yes, when? _____                                   |            |                      |
| <b>Co-Applicant (if applicable)</b>  |                          |                        |   |            |                      |
| First Name: _____  |                          |                        | Last Name: _____                                      |            |                      |
| Street Address _____   |                          |                        |   |            |                      |
| City: _____  |                          | State: _____           |   | Zip: _____ |                      |
| Home Phone: _____  |                          |                        | Work Phone: _____                                     |            |                      |
| Social Security #: _____   |                          |                        | Relation to Applicant: _____                          |            |                      |
| Preferred Language: _____  |                          |                        | Do you have a disability?                             |            | <b>YES</b> <b>NO</b> |
| Race: _____  |                          |                        | Co-Applicant Gender: _____                            |            |                      |
| Birthdate (mm/dd/yy): _____  |                          |                        | Are you a military veteran?                           |            | <b>YES</b> <b>NO</b> |
| Email: _____   |                          |                        | Born outside the United States?                       |            | <b>YES</b> <b>NO</b> |
| Current Residence Type:  |                          | <b>Rent</b> <b>Own</b> | Time at current residence: _____                      |            |                      |
| If renting, have you ever paid rent late?  |                          | <b>YES</b> <b>NO</b>   | If yes, when? _____                                   |            |                      |





682 Berkmar Circle Charlottesville, VA 22901  
Phone: 434.817.2436 Fax: 434.817.0664

**AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION**

I certify that all of the information I have provided is correct and true to the best of my knowledge. I understand that the information obtained is to be used in assessing my eligibility for programs at Piedmont Housing Alliance. I understand that false or misleading information will affect my ability to access Piedmont Housing Alliance's programs. I understand that the completion of this form in no way guarantees assistance with housing and pulling this credit report will result in an inquiry listed on my credit report.

I hereby authorize Piedmont Housing Alliance (TIN #52-1361731) to obtain a credit report in my name. This also authorizes Piedmont Housing Alliance, including staff members and any authorized representative or associated agency of Piedmont Housing Alliance, to receive information or make inquiries on my financial information including, but not limited to, my mortgage, income, employment, credit report, and all creditors. This authorization expires in 12 months after signed.

|                         |                         |
|-------------------------|-------------------------|
| Signature _____         | Signature _____         |
| Print Name _____        | Print Name _____        |
| Current Address _____   | Current Address _____   |
| _____                   | _____                   |
| _____                   | _____                   |
| Social Security # _____ | Social Security # _____ |
| Today's Date _____      | Today's Date _____      |
| Date of Birth _____     | Date of Birth _____     |

***If seeking Default/Foreclosure Counseling:***

|   |                              |
|---|------------------------------|
| 1st Mortgage Lender: _____  | 2nd Mortgage Lender: _____   |
| 1st Mortgage Account # _____  | 2nd Mortgage Account # _____ |
| Mortgage property address if different than address listed above: _____ |                              |
| _____   |                              |

---

**Piedmont Housing Alliance is a HUD Approved Housing Counseling Agency, Freddie Mac Certified & Equal Opportunity Housing Organization**



682 Berkmar Circle Charlottesville, VA 22901  
Phone: 434.817.2436 Fax: 434.817.0664

**HOUSING COUNSELING SERVICE DISCLOSURE**

1. Piedmont Housing Alliance is here to assist you with referrals and information about your borrowing options and identified housing counseling activities. While affordable homes, lending products and other forms of assistance might be available through Piedmont Housing Alliance, the applicant is under no obligation to utilize these additional services. **We do not give legal advice.** If we refer you to another agency or organization, you should independently determine whether that agency or organization can address your concerns. We are not responsible for the services provided to you by others.

2. I understand that Piedmont Housing Alliance receives funds from entities such as the U.S. Dept. of Housing and Urban Development (HUD), Virginia Housing Development Authority (VHDA), NeighborWorks America, and/or Treasury, local governments, foundations, etc., or their agents for purposes of program monitoring, compliance and evaluation. In addition, the agencies and organizations which provide funding to Piedmont Housing Alliance are often required to monitor our performance in accordance with their funding agreements. This monitoring may require that we release client files, in whole or part for their review. In order to release the client information to these agencies or organizations, we must have a signed Authorization Form from our clients.

3. I give permission for program administrators/funders and/or their agents to follow up with me between now and three years following the close-out of my counseling file for the purposes of program evaluation.

4. I understand and give permission for Piedmont Housing Alliance to: (a) Submit client-level information to Counselor Max (CM) database, Hope Loan Portal (HLP), (b) allow NeighborWorks and Treasury to open files to be reviewed for program monitoring and compliance purposes, and (c) allow NeighborWorks and Treasury to conduct follow up with the client related to program evaluation, if they choose to.

**ACCEPTED AND AGREED:**

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLINED/NOT AGREED:** *(Signing below will inhibit our ability to speak to your creditors on your behalf)*

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

***Piedmont Housing Alliance Staff***

**Piedmont Housing Alliance Privacy Policy**

Piedmont Housing Alliance is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expense, and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Authorization form. All funding sources routinely require compliance monitoring and access to client files. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

**Types of information that we gather about you:**

- Information we receive from you orally, on applications or other forms, 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 transaction and credit card usage
- Information we receive from a credit reporting agency, such as your credit history

**You may opt-out of certain disclosures:**

- You have the opportunity to “opt out” of disclosures (direct us not to make those disclosures) of your non-public personal information to third parties such as your creditors.
- If you choose to “opt out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 434-817-2436 and do so.

**Release of your information to third parties:**

- So long as you have not opted out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).

Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**ACCEPTED AND AGREED:**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLINED/NOT AGREED:** *(Signing below will inhibit our ability to speak to your creditors on your behalf)*

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

***Piedmont Housing Alliance Staff***

**HOUSEHOLD SPENDING PLAN FOR:**

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

Indicate # of people in household:      Adults: \_\_\_\_\_      Children \_\_\_\_\_

**NET MONTHLY INCOME**

NET monthly income \_\_\_\_\_  
 NET monthly income \_\_\_\_\_  
 Other Income \_\_\_\_\_  
**Total Income (A)** \_\_\_\_\_

**FLEXIBLE EXPENSES**

Savings \_\_\_\_\_  
 Groceries \_\_\_\_\_  
 Lunch (work/school) \_\_\_\_\_  
 Eating Out \_\_\_\_\_  
 Entertainment/Hobbies \_\_\_\_\_  
 Laundry/Dry-cleaning \_\_\_\_\_  
 Cleaning Supplies \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Gasoline/Bus/Taxi \_\_\_\_\_  
 Newspaper/Magazines \_\_\_\_\_  
 Alcohol/Cigarettes \_\_\_\_\_  
 Church/Charity \_\_\_\_\_  
 Tuition/Books \_\_\_\_\_  
 Barber/Beauty Shop \_\_\_\_\_  
 Auto Maintenance \_\_\_\_\_  
 House Maintenance \_\_\_\_\_  
 Doctor/Dentist \_\_\_\_\_  
 Pets \_\_\_\_\_  
 Parking/Tolls \_\_\_\_\_  
 Lottery/Bingo \_\_\_\_\_  
 Other \_\_\_\_\_  
**Total (D)** \_\_\_\_\_

**FIXED EXPENSES**

Rent/Mortgage \_\_\_\_\_  
 Electric \_\_\_\_\_  
 Gas/Oil \_\_\_\_\_  
 Water/Sewer \_\_\_\_\_  
 Telephone (basic) \_\_\_\_\_  
     long distance \_\_\_\_\_  
     cellular/pager \_\_\_\_\_  
 Trash pickup \_\_\_\_\_  
 Cable \_\_\_\_\_  
 Medical Insurance \_\_\_\_\_  
 Auto Insurance \_\_\_\_\_  
 Life Insurance \_\_\_\_\_  
 Renters Insurance \_\_\_\_\_  
 Child Supp/Alimony \_\_\_\_\_  
 Child Care \_\_\_\_\_  
 Other \_\_\_\_\_  
**Total (B)** \_\_\_\_\_

**ALL MONTHLY EXPENSES**

FIXED (B) \_\_\_\_\_  
 CREDITOR (C) \_\_\_\_\_  
 FLEXIBLE (D) \_\_\_\_\_  
**TOTAL EXPENSES (E)** \_\_\_\_\_

**CREDITOR PAYMENTS**

Installment Loan \_\_\_\_\_  
 Installment Loan \_\_\_\_\_  
 Credit Card Payment \_\_\_\_\_  
 Credit Card Payment \_\_\_\_\_  
 Credit Card Payment \_\_\_\_\_  
**Total Payments (C)** \_\_\_\_\_

**Subtract Expenses from Income (A – E):**

TOTAL INCOME (A) \_\_\_\_\_  
 TOTAL EXPENSES (E)- \_\_\_\_\_  
**DIFFERENCE + or -** \_\_\_\_\_

**Note:** If you have accounted for all of your expenses, including savings, your difference should be **\$0.00**. If you come up with a positive number, you may want to consider allocating the extra money toward your debt and/or savings. If you come up with a negative number, you are spending more than you make. Review the spending plan **thoroughly** to examine where you can trim your expenses.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION:** I hereby certify that I have reviewed the above spending plan with the applicant(s) and concur that it is reasonable.

Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_