



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 self-employed , a profit and loss statement for the current year
	3 months most recent bank and investment statements (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)
	If you are behind on your mortgage , 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 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

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

INCOME (INCLUDE ALL HOUSEHOLD INCOME)

(Ex: Employment, Government Benefits, Self Employment, Pensions etc...)

Employer Name or Source Type (SSI/Disability etc.)	Start Date	Frequency of Pay	Monthly income AFTER taxes	Yearly Income BEFORE taxes	Job Title	Income Belongs To:
Example: Wendy's	5/1/2008	Bi-Weekly	\$1,820	\$24,000	Manager	Ed Smith

LIABILITIES/DEBTS

(Ex: Car Loans, Credit Cards, Judgments, Collections etc...)

Creditor & Debt Type	Remaining Balance	Monthly Payment	# Months Behind
Example: Wells Fargo/Auto Loan	\$9,200	\$289	0

Do your liquid assets* exceed \$10,000? **YES** **NO**

**Liquid assets are defined as cash on hand, money in a savings, checking, money market account or any investments that can be turned into cash without penalty (i.e.....stocks, bonds etc.)*

Age and relationship of each dependent: _____

What is your current rent amount? _____ Time at current residence: _____

Have you attended any homeownership classes? **YES** **NO** If yes, when? _____

Do you or have you owned Real Estate property in the last 3 years? **YES** **NO**

Do you know your credit score? **YES** **NO** If yes, what is it? _____

Are you under contract to purchase a home? **YES** **NO** If yes, Closing Date: _____

If yes, what is the property address? _____

If not, do you expect to put an offer on a home in the next 30 days? **YES** **NO**

If seeking Default/Foreclosure Counseling:

Property in Active Foreclosure? **YES** **NO** Foreclosure Sale Date: _____



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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. Piedmont Housing Alliance charges a fee of \$25 for each individual tri-merge credit report that is pulled. The credit report fee is non-refundable and if the check is returned via NSF an additional fee of \$25 will be assessed.

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



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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: _____