



682 Berkmar Circle Charlottesville, VA 22901

Phone: 434-817-2436 Fax: 434-817-0664

Welcome to Piedmont Housing Alliance

This packet is our Client Intake Form, please **CHECK** the services you are requesting:

- | | | |
|---------------------------|---------------------------------|--|
| Landlord Issue | Home Purchase Counseling | Default/Foreclosure Counseling |
| Fair Housing Issue | Budget/Credit Counseling | Down Payment/Closing Cost Loan* |

Other (please specify): _____

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)
Copy of Household Bills (utilities, cell phone, insurance, rental lease, loan payments etc...)
Driver's License or other State Issued Photo ID
Last 3 years IRS tax returns including all W-2s and 1099s - NOT State Tax Returns
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.

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

SUBMIT COPIES OF ALL OF YOUR DOCUMENTS PRIOR TO YOUR APPOINTMENT

Email to mcarter@piedmonthousing.org or fax to 434-817-0664 or drop them off at our office

*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.

Client # _____

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?	_____	

Client # _____

We find it helps to know what other organizations our clients are working with. This allows us to provide better service and avoid making repeat referrals. Please check which of the following organizations you have worked with or are currently working with.

AHIP

JABA

Charlottesville Works Initiative

Jefferson Area CHIP

Fluvanna/Louisa Housing Foundation

Legal Aid

Goodwill

MACAA

Habitat For Humanity Charlottesville

ReadyKids

Habitat For Humanity Fluvanna

Salvation Army

Habitat For Humanity Louisa

Social Services - Albemarle County

Habitat For Humanity Nelson

Social Services - City of Charlottesville

HUD

The Haven

Independent Resource Center

United Way

International Rescue Committee

Worksource

Other _____

Who may we thank for referring you to Piedmont Housing Alliance:

If you are working with a mortgage lender please provide their name and company:

If you are working with a real estate agent please provide their name and company:

Would you like to subscribe to our E-Newsletter for updates about Piedmont Housing Alliance? YES NO

Client # _____



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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 also authorizes Piedmont Housing Alliance to receive information or make inquiries on my housing service providers and/or any fair housing office. I understand that any discussion or release of information is solely for the purpose of coordinating the service I have requested. This authorization expires in 12 months after date of signature.

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

Client # _____

Piedmont Housing Alliance 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.

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

Client # _____

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/Rx _____
Pets _____
Parking/Tolls _____
Lottery/Bingo _____
Other _____
Total (D) _____

FIXED EXPENSES

Rent/Mortgage _____
Electric _____
Gas/Oil _____
Water/Sewer _____
Home Phone _____
Cell Phone _____
Internet/Cable _____
Trash pickup _____
Medical Insurance _____
Auto Insurance _____
Life Insurance _____
Renters Insurance _____
Child Supp/Alimony _____
Child Care _____
Homeowners Assoc. _____
Other _____
Total (B) _____

ALL MONTHLY EXPENSES

FIXED (B) _____
CREDITOR (C) _____
FLEXIBLE (D) _____
TOTAL EXPENSES (E) _____

CREDITOR PAYMENTS

Installment Loan _____
Automobile 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: _____