



**Client Intake Form**

We are glad you have chosen Piedmont Housing for your current needs. Complete this Client Intake Form to help us prepare to serve your needs. If you have questions about completing this form, email [housingcounseling@piedmonthousing.org](mailto:housingcounseling@piedmonthousing.org) or call **434-825-1812**.

**"I have come to Piedmont Housing Alliance because...."**

\_\_\_\_\_ "

*These are the general categories of services we provide - please select the ones that best describe what you need:*

I need help paying for my first home.  
(Down Payment/Closing Cost Loan Program\*)

I want to learn more about buying my first home.  
(Pre Purchase Counseling)

I have an issue with my landlord. (eviction prevention/repairs)

I want to learn how to become a renter or move to a different rental home. (Rental Counseling)

I need to create a budget so I can work toward my financial goals.  
(Budget Counseling)

I think I might have experienced housing discrimination.  
(Fair Housing Complaint)

I am a homeowner and want to learn more about maintaining my home.  
(Post-Purchase Counseling)

I am a homeowner and I am behind on my mortgage payments.  
(Mortgage Delinquency/Foreclosure Counseling)

I am experiencing homelessness.  
I want to work on improving my credit score.  
(Credit Counseling)

**CLIENT INTAKE FORM INSTRUCTIONS:**

- 1. Complete this 7 page intake form in its entirety.
- 2. Submit the intake form by email to [housingcounseling@piedmonthousing.org](mailto:housingcounseling@piedmonthousing.org), fax it to 434-817-0664 or return it in person to 682 Berkmar Circle Charlottesville, VA 22901.

**\*Down payment/CC loans serve City of Charlottesville, Albemarle, Fluvanna, Greene, Louisa and Nelson Counties Only**

***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 <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?	_____	
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?	<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?	_____	

Client # \_\_\_\_\_

**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:

**LIABILITIES/DEBTS**

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

Creditor & Debt Type	Remaining Balance	Monthly Payment	# Months Behind

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 classes with PHA? **YES NO** If yes, when? \_\_\_\_\_

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: \_\_\_\_\_

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 # \_\_\_\_\_



PIEDMONT HOUSING ALLIANCE

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. 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: \_\_\_\_\_