PIEDMONT HOUSING ALLIANCE

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** or call **434-817-2436**.

"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*
  - ☐ SPARC Program*
  - ☐ VIDA Program
- ☐ **I want to learn more about buying my first home.** Pre-Purchase Counseling
- ☐ **I want to learn how to become a renter or move to a different rental home.** Rental Counseling
- ☐ **I am experiencing homelessness.** Rental Counseling/Housing Navigation
- ☐ **I am a homeowner and I am behind on my mortgage payments.** Mortgage Delinquency/ Foreclosure Counseling
- ☐ **I am a homeowner and want to learn more about maintaining my home.** Post-Purchase Counseling
- ☐ **I need to create a budget so I can work towards my financial goals** Budget Counseling
- ☐ **I want to work on improving my credit score.** Credit Counseling
- ☐ **I have an issue with my landlord.** Eviction Prevention/ Rental Repairs
- ☐ **I think I might have experienced housing discrimination.** Fair Housing Complaint

Client Intake Form Instructions:

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

***Down Payment/Closing Cost loans & SPARC program service City of Charlottesville, Albemarle, Fluvanna, Greene, Louisa and Nelson Counties only.**

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

Client #:

Primary Applicant Information

First Name:	Middle Initial:	Last Name:
Street Address:		
City:	State:	Zip code:
Social Security #:	Home Phone:	Cell Phone:
Email:		

Please check the ***best*** way to contact you:	Email		Cell Phone		Home Phone		Mail	

Number of people living in the household	Adults:	Children:
Number of people receiving income in the household:	Birthdate (mm/dd/yy):	Gender:
Preferred Language:	Education Level:	Marital Status:

Race:		Hispanic/Latinx?	
Female Head of Household?		Active Duty Military?	
Housing Choice Voucher?		Are you a Veteran?	
Do you have a disability?		Born outside of the United States?	
Residence Type:		Time at residence:	
If renting, have you ever paid rent late?			If yes, when?

Co-Applicant (if applicable)

First Name:	Middle Initial:	Last Name:
Street Address:		
City:	State:	Zip code:
Social Security #:	Home Phone:	Cell Phone:
Email:		
Preferred Language:	Education Level:	Relation to Applicant:
Birthdate (mm/dd/yy):	Gender:	Marital Status:

Race:		Hispanic/Latinx?	
Do you have a disability?		Active Duty Military?	
Born outside of the United States?		Are you a Veteran?	
Residence Type:		Time at residence:	
If renting, have you ever paid rent late?			If yes, when?

OTHER HOUSEHOLD MEMBERS: please list the name, age and relation to applicant for all other household members

Client #:

INCOME: please include all household income from all sources (employment, government benefits, self employment, pensions, etc.)

Employer Name or Source of Income (SSI/Disability, etc.)	Start Date	Frequency of pay	Yearly income BEFORE taxes	Job Title	Household Member
			$		
			$		
			$		
			$		

LIABILITIES/DEBTS: please include information on car loans, student loans, credit cards, judgements, collections, etc.

Creditor	Type of debt	Remaining Balance	Monthly Payment	# of months behind	$ behind
		$	$		$
		$	$		$
		$	$		$
		$	$		$

FIXED EXPENSES: please include information on all fixed expenses for the applicant and co-applicant

Rent/Mortgage	$	Internet Service	$	Renter/Home Insurance	$
Electric	$	Television Service	$	Child Support/Alimony	$
Gas/Oil	$	Trash Pickup	$	Child Care	$
Water/Sewer	$	Medical Insurance	$	HOA/Condo Fees	$
Cell/Home Phone	$	Auto Insurance	$	Other:	$
Streaming Service	$	Life Insurance	$	Other:	$

FLEXIBLE EXPENSES: please include information on all flexible expenses for the applicant and co-applicant

Savings	$	Tuition/Books	$	Alcohol/Cigarettes	$
Groceries	$	Auto Gas/Electric	$	Laundry/Dry Cleaning	$
Eating Out	$	Auto Maintenance	$	Entertainment/Hobbies	$
Cleaning Supplies	$	Ride Sharing/Taxi	$	Barber/Salon Services	$
Lawn Care	$	Parking/Tolls	$	Membership (Gym, etc.)	$
Clothing	$	App Purchases	$	Maintenance/Repairs	$
Pets	$	Church/Charity	$	Other:	$
Doctor/Dentist	$	Lottery/Bingo	$	Other:	$

Client #:

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:	

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.

ACCEPTED AND AGREED:

By: _____ Date: _____

By: _____ Date: _____

DECLINED/NOT AGREED: (*Signing below will inhibit our ability to work with you)*

By: _____ Date: _____

By: _____ Date: _____

REVIEWED & ACKNOWLEDGED BY PHA STAFF By: _____ Date: _____

Client #:

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", please contact the Director of Housing Counseling and Economic Opportunity.

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.

Please keep this sheet for your records.

Questions? Contact the Director of Housing Counseling and Economic Opportunity

Phone: 434-817-2436

Email: housingcounseling@piedmonthousing.org

FACTS	WHAT DOES PIEDMONT HOUSING ALLIANCE DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • Social Security number and income • Account balances and payment history • Credit history and credit score
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Piedmont Housing Alliance chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Piedmont Housing Alliance share?	Can you limit this sharing?
For our everyday business purposes— Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— To offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We do not share
For our affiliates' everyday business purposes— Information about your transactions and experiences	No	We do not share
For our affiliates' everyday business purposes— Information about your creditworthiness	No	We do not share
For our affiliates to market to you	No	We do not share
For nonaffiliates to market to you	No	We do not share

To limit our sharing	• Call 434-817-0664 • Email housingcounseling@piedmonthousing.org Please note: If you are a new customer, we can begin sharing your information [30] days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.
Questions?	Call 434-817-0664 or email housingcounselling@piedmonthousing.org