



AMERICAN CREDIT COUNSELING INSTITUTE
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Website: www.americancci.org
Mailing address: 603 Swede Street Norristown PA 19401

MM, Cr, NHB

Thank you for choosing American Credit Counseling Institute (ACCI). ACCI is a 501 (c) 3 non-profit agency contracted by the Pennsylvania Housing Finance Agency (PHFA) to offer education and counseling for Pennsylvania residents. Our housing counselors are certified to provide education, mentoring, coaching, and housing counseling services. You are reading this form because you need to ask us for education or coaching and mentoring one-on-one session or sessions to qualify for a New Home-Buyer's Certificate, you want to improve your credit, you were asked to come to us to qualify for a mortgage loan, or your financial situation, or you are part of one of our educational programs.

This form needs to be completed, but please read this first page entirely before you proceed. This form asks you for information that will help us assess your financial situation and other data that the Federal agency HUD and Pennsylvania Housing Finance Agency (PHFA) need. We will not share your information with any other agency, business, or individual. Please take your time to complete this form the best you can. Changes can be made during the interview, but we need you to supply all the information that you have available.

We will also need a number of documents – they are listed on page 2. Please make copies for us. For more information about our agency and services, and a list of our counselors' names, cell numbers, and email addresses, please visit our website at www.americancci.org.

We will also need the Authorization form (last 2 pages at the end of this form). Said form is to authorize us to review your credit report and the information and documents that you submit. The Authorization form also indicates that we do not share your information with any other person or entity, except for HUD or PFHA. You need to sign it. In the case of husband and wife living together, both should sign the form. Only type you name(s) and sign. Do **not** add or mark anything else in that form. If you have questions, email Mildred Soto-Ewing at Soto_Mildred@Hotmail.com

Cordially,
Robert W. Ewing
Executive Director

We have a number of different offices; please indicate the office where you would prefer to have your appointments at. Mark an X next to the office or offices where we can schedule your appointments for.

	Norristown	603 Swede St Norristown PA 19401	1 block from the Montgomery County Court. Second door from the corner of Swede and Marshall. Easy public transportation. Limited parking in back of bldg.
	Pottstown	100 Porter Rd. Suite 108 Pottstown PA 19464	1 st floor of a 2-story building walking distance from the Pottstown hospital. Free ample parking. Handicap accessible.
	Upper Darby	6800 Market St. Upper Darby PA 19082	1 st floor of a 5-story building almost across the street from the 69 th street train station. Metered parking 45 min = 25 cents (max 3 quarters)
	Warminster	586 W. Street Road Warminster PA 18974	First office inside Elite Real estate building between Dunkin Donuts and Burger King. Close to York St. Free parking front & back of bldg.

Please do not bring kids to your appointments. We need your full attention during the interview. We try to make appointments short, but we may need some of our clients more than once. That is especially true for those clients that come to us because they need to improve their credit or their finances.

List of documents that we will need to prepare your program.

For your first appointment, please bring at least those marked with an X

- ☐ **X 1. Proof of all your income and/or PAY STUBS (if employed)** – we need three or four most recent consecutive pay stubs for all working household members. *We need to document at least one month of income for each person. Income is also Social Security, pension, food stamps, etc.*
- ☐ **X 2. FEDERAL INCOME TAX RETURNS** for the most recent year (only the Federal tax return)
- ☐ **3. W-2 and/or 1099 forms** for last 2 years **for each party**
- ☐ **4. MONTHLY STATEMENTS** for credit cards/charge accounts, car loans, etc. (the name of the creditor, minimum monthly payments, interest rate, & balances are needed). Include all pages.
- ☐ **X 5. Bank & other Statements**-Most recent statement for all bank accounts (all pages) **and** copies of utilities' and other expenses (electric, water, cellular, internet, etc.) – for the most recent month. Copies of all bank account statements (also all pages). Do not forget the utility bills electric, gas, etc.)
- ☐ **X 6. PHOTO ID** (Copy of Driver's license or state picture ID) for each party (i.e.: husband & wife)
- ☐ **X 7. MONEY ORDER for \$25 per party** to cover the cost of your credit report* and part of cost for forms we print for you before and during the appointment unless you can submit a recent and official (not Credit Karma) tri-merge credit report (with the 3 credit scores). If you are buying a home, in many cases the mortgage agent may give you a copy of your credit report or email same to us, but if that is not the case, you need to cover the cost of it. Note: When we pull your credit, it is a "soft Pull, which will not affect your credit score.
- ☐ **8. A donation** of any amount to our 501.C.3 Charitable organization if you can afford it. See below.

What is the cost of our services to you? We do not want to impose a fee for our services, but we welcome and appreciate a donation of any amount to help pay for part of the cost for the services that we provide to you, if you can afford it. Some people go online and pledge a donation at our website (go to our website and click on the "DONATE" button). Other people bring a money order. We do not deny services if you do not include a donation. Feel free to ask questions about this topic if you need to. Donations are not refundable, but they qualify for tax deductions because we are a 501 C.3 Charity Organization.

For any money that you want to make or to cover the cost of your credit report, please make a **money order** payable to **American Credit Counseling Institute** and *include it with the rest of the documents and this form completed*. Remember that you can also use the "DONATE" button from our website and use your credit card for your donation and/or to cover the cost of your credit report. If you use the Donate button from our website, please print the email that you will receive at the end of the transaction and bring it. Our website is www.Americanccci.org

* If you are currently receiving food stamps (for yourself or yourself and others) **and** submit proof of it **and** your income is considered very low based on HUD standards, American Credit Counseling Institute Inc (ACCI) will cover the cost of your credit report. You need to submit proof of the food stamps that you are receiving with this form and proof of your household income.

ACCI Client Intake Form

Complete and mail this form with the rest of the documents

1. Your Name:

Last	First	MI

2. Your residential address:

House #	Street Name	City
State	Zip code	County

3. Do you live at above address? ☐ Yes ☐ No. If yes, for how long have you lived there? _____ year(s) _____ months.

If less than 2 years in current address, type your previous address: _____

4. Number of years you have lived in Pennsylvania _____ years. Is the area where you live a rural are? ☐ Yes ☐ No.

5. Mark a box to complete a sentence that best apply to you: I am ☐ a renter ☐ room-mate
☐ living with others; do not pay rent. ☐ Living with others; do not pay rent, but contribute with some money every month: amount of your contribution _____.
☐ Other: Explain: ____

6. Your mailing address *if different* from residential address above: _____

7. Home telephone: (_____) _____ - _____ Work telephone: (_____) _____ - _____

8. Cell: (_____) _____ - _____ Email: _____

9. Gender: ☐ Male ☐ Female Birth date: ____/____/____ SS# _____ - _____ - _____

10. Ethnicity: Are you Hispanic or Latino descendant ? ☐ Yes ☐ No

11. Race: ☐ White ☐ Black or African American ☐ Asian ☐ Black/African American & White

☐ American Indian/Alaskan Native ☐ American Indian/Alaskan Native & Black ☐ Asian & White

☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & White ☐ Other

12. Marital Status: ☐ Unmarried ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

13. Household Type: ☐ Married with dependents ☐ Married w/o dependents ☐ Two or more unrelated adults ☐ Female headed single parent household ☐ Male headed single parent household ☐ Single adult

14. Citizenship: ☐ US Citizen ☐ Permanent Resident ☐ Non-Permanent Resident

15. Foreign Born: ☐ Yes ☐ No Where were you born? _____

16. Is English the primary language of your household? ☐ Yes ☐ No If not, what is the language spoken in your home? _____

17. Number of Dependents: _____ Household Size (# of People): _____

18. Ages of your dependents _____

19. Are you disabled? ☐ Yes ☐ No Are you a Veteran? ☐ Yes ☐ No

20. Education: ☐ less than High School ☐ High School Diploma ☐ GED ☐ Some College – Never Completed
☐ Associates Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree

II. EMPLOYMENT INFORMATION: Are you currently working? ☐ Yes ☐ No

1. Name and address of your employer: _____

2. **Type of work you do** (title or position): _____

3. Date you began working there: _____ Monthly gross income \$ _____

How often are you paid? ☐ Weekly ☐ Bi-weekly ☐ Twice a month ☐ Once a month

Net amount paid (per check). If amount varies, gives us an average: \$ _____

If less than 2 years at your current job, or if you are currently working at more than one place, please complete the Employment History & Income Verification below for the other jobs.

4. Employment History & Income Verification (for the last two years). Indicate date employment began and date ended: Type “*Not ended*” if you are still working at the particular place. Do not repeat information given for current employment above.

Employer's name & address	Beginning Date	Ending Date	Your Position or Title	Reason for leaving	Gross pay Per month	Net pay Per month

5. We need to know your work schedule to schedule your appointment or appointments. Please answer the following questions: (1) at what time do you normally leave work? _____ specify hour and AM or PM.

(2) Do you have a day or any afternoon off during the week (Mon to Friday)? ☐ Yes ☐ No

What day(s): _____

(3) Can you take a few hours off from work on a given day during the week to come to our office? ☐ Yes ☐ No

6. What would be the best days and hours for you to meet with a housing counselor at our Norristown office?

Example: Wednesdays after 2 PM. Please give us a few choices. _____

7. After we review your information, we would like to talk to you. We may have questions for you, and we also like to begin the program with a telephone conversation. Preferably after you come home from work; when we can talk to you on the telephone for about an hour or a little more. Which would be the best days and times to call you on the telephone? _____

8. If you want to buy a home, tell us when? ☐ Within the next 3 months ☐ within 4 to 6 months ☐ within 7 to 12 months
☐ within 13 to 24 months ☐ I am NOT interested in buying a home at all

9. If you do not currently own a home, tell us why? Mark all that may apply.

☐ Credit issues ☐ Debt issues ☐ Lack of knowledge about the process of buying a home ☐ Lack of savings

☐ other: (please explain): _____

10. How did you learn about American Credit Counseling Institute? Mark all that apply.

☐ Internet Search ☐ A friend told me ☐ One of your previous clients ☐ HUD ☐ PHFA ☐ my mortgage agent

☐ My Realtor ☐ Sign at your office ☐ Other (please explain) _____

III. Spouse's information (if married and living together).

If parties are not married or not living together, we need separate forms for each one.

1. His/her Name:

Last	First	MI
------	-------	----

2. Home Tel: (_____) _____ - _____ Work Tel: (_____) _____ - _____

3. Cell: (_____) _____ - _____ Email: _____

4. Birth date: ____/____/____ SS# ____-____-____ Gender: ☐ Male ☐ Female

5. # Years he/she has been residing in PA _____ 6. Does he/she live with you? ☐ Yes ☐ No

7. Does he/she contribute to the mortgage or rent payment? ☐ Yes ☐ No

8. Ethnicity: Is he or she Hispanic or Latino descendant? ☐ Yes ☐ No

9. Race: ☐ White ☐ Black or African American ☐ Asian ☐ Black/African American & White

☐ American Indian/Alaskan Native ☐ American Indian/Alaskan Native & Black ☐ Asian & White

☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & White ☐ Other

10. Foreign Born: ☐ Yes ☐ No Where was he/she born? _____

11. Citizenship: ☐ US Citizen ☐ Permanent Resident ☐ Non-Permanent Resident

12. Is he/she disabled: ☐ Yes ☐ No Is he/she a Veteran: ☐ Yes ☐ No

13. Education: ☐ No High School Diploma ☐ High School Diploma or GED ☐ Some College – Never Completed
☐ Associates Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree

14. Does he/she have separate dependents? ☐ Yes ☐ No If so how many? ____ Ages _____

15. Is he/she currently working? ☐ Yes ☐ No

Does he/she contribute to the household rent or mortgage payment (or will he/she be part of the mortgage if you are about to buy a home)? ☐ Yes ☐ No

Answer questions 16 to 21 below only if he/she contributes to the mortgage or rent payment (or will be part of the mortgage if you are buying a home).

16. Name & address of his/her employer: _____

17. **Type of work** (title or position) _____

18. Date he/she began working there: _____ Monthly gross income \$ _____

19. How often he/she is paid? ☐ Weekly ☐ Bi-weekly ☐ Twice a month ☐ Once a month

20. Net amount paid (per check) If amount varies, gives us an average: \$ _____

If less than 2 years at his/her current job or if he/she is currently working at more than one place, please complete the Employment History & Income Verification below.

21. Spouse's Employment History & Income Verification (for the last two years). Indicate date employment began and date ended: Type "Not ended" if still working at the particular place. Do not repeat information given for current employment given earlier.

Employer's name & Address	Beginning Date	Ending Date	Your Position (title)	Reason for leaving	Gross pay Per month	Net pay Per month

III. Other Sources of Income and assets: **It is important to complete the information below:**

1. Other sources of income for you or your spouse:

List all other sources of "Income" such as Social Security benefit payments, interest payments, dividends, pensions, compensation, cash assistance, children, boarder, child support, alimony, etc.

<u>Name/Source</u>	<u>Monthly Amount</u>	<u>DESCRIPTION</u>
	\$	
	\$	

2. If there are other people that are or will be contributing to your household expenses, please complete the information below:

Name of contributor	Relationship to you	His/her address, if different than yours	Source of income: work, pension, welfare, etc.	Amount of his/her monthly contribution to your household

3. Liquid assets (assets that you can cash out in a matter of days) such as savings in the bank, checking balance, certificate of deposits, 401K (if you are allowed to take all or part of it), cash in your hands, etc.

Where is the money? Name of the institution, like TDB bank, or Employer in the case of 401 k, if that is the case.	Type of asset (checking account balance, etc.)	Current balance
		\$
		\$
		\$

IV. Household Monthly Expenses

Indicate the normal **monthly amount** of cost for each applicable expense. **This page is very important.**

Note: Annual, semiannual, or quarterly expenses need to be divided accordingly to obtain average monthly figures.

If you receive food stamps, please still indicate how much you spend in groceries per month and in the income section, add the food stamps amount as income.

HOUSING EXPENSES		MONTHLY LIVING EXPENSES			
RENT	\$	Kids' school lunches	\$	Medical supplies	\$
Renter's insurance	\$	Kids' school tuition and/or after school care	\$	Co-pays	\$
Electric	\$	Kids' school activities/sports	\$	Entertainment	\$
Gas for cooking	\$	Pet Care & food	\$	Clubs memberships	\$
Heating fuel	\$	Coffee Breaks & lunches	\$	Newspaper/magazines	\$
Water	\$	Tobacco/alcohol	\$	Gifts	\$
Sewer	\$	Church/donations	\$	Payroll deductions	
Trash	\$	Haircuts/Barber/Nails/Spa/Massages	\$	Medical Insurance (payroll deducted)	\$
Groceries	\$	Cell Phone 1	\$	Dental Insurance (payroll deducted)	\$
Toiletries	\$	Cell Phone 2	\$	Life Insurance (payroll deducted)	\$
Eat out & food orders	\$	Home Phone line	\$	Payroll deduction union dues	\$
Adult's Clothing	\$	TV Cable/satellite	\$	Pension Contributions	\$
Children's clothing	\$	Internet Fees	\$	Payroll deducted IRA and/or 401K Contribution	\$
Laundromat & Dry Cleaning	\$	Home care/maintenance	\$	Payroll deducted loans not mentioned before	\$
Day Care	\$	Auto Insurance	\$	Other monthly payments	
Note: Use monthly figures for the expenses. For those expenses that are not every month, get the yearly total and divide it by 12 to get the monthly figure.		Car repairs, oil change, inspection, etc.	\$	Medical debts being paid in installments	\$
		Gasoline, car wash, other car expenses	\$	Life insurance – NOT Payroll deducted	\$
		Transportation/parking/tolls	\$	Other(explain):	\$

Use the space below or use a blank sheet of paper to add any additional expenses or comments.	Medical insurance (not payroll deducted)	\$	Other:	\$
	Prescriptions /pharmacy	\$	Other:	\$
	Non-Prescribed medication/supplements	\$	Other:	
	Other health-related medication or products	\$		

Add any additional expenses or explanations in the notes & comments on a blank sheet of paper.

The next section must be completed by everyone, even if you submitted an Income and Expenses form before. Take your time and complete it in full. We need all details with the most current information.

V. Other debts: Fill in the name of those creditors where you have balances and/or payments.

Include all your long-term debts, such as student loans, medical bills, credit cards, and other bills that you have monthly payment plans arrangements. If you have bills for which you are not making payments, include them, but leave the **Required Minimum monthly payment** column blank. Include all your debts. The list below is to help you identify some possible debts.

Credit Cards	IRS debts or payment plans	Personal Loans
Department Stores	Legal Fees	Delinquent Medical Bills
Auto Loans	Delinquent Real Estate Taxes	School Loans
Credit Unions	Bankruptcy Trustee Payments	Unsecured Loans
Delinquent State or Local Tax Payments		Payments on Fines

Account Name- Indicate the name of the lender (bank or financial institution)	PURPOSE: car loan, student loan, medical bill, delinquent tax, credit card, IRS, etc.	Required Minimum Monthly Payment	Balance owed	Limit	Current Interest Rate
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		Total Payments: \$	Total Balances: \$		

Add any additional expenses or explanations below or on a blank sheet of paper

VI. Other personal information:

1. Do you currently own a house? ☐ Yes ☐ No. If you do not, skip 2 and 3 below and go to # 4.
2. If you do, are you current in the mortgage payment? ☐ Yes ☐ No. If you are not, how much are you behind (amount in arrears) _____
3. If you do not own a home, have you ever owned a house? ☐ Yes ☐ No.
 - a. If yes, when was the last time you owned a house (date)? _____
 - b. Did you sell it? ☐ Yes ☐ No. When? _____
 - c. Did you lose it to foreclosure? ☐ Yes ☐ No. When? _____
4. How would you rate your credit score? ☐ Excellent ☐ Good ☐ Neither good nor bad ☐ Poor ☐ Do not know.
 - a. Indicate your credit score (if known) _____ Date obtained (or estimated date) _____
 - b. Source: Credit Karma ____ Mortgage agent ____ Other (explain) _____

VII. If you are looking to buy a home, give us some information about the property that you want

1. Sales price (how much you are considering to pay for the house you have in mind) _____
 - a. Amount available for your down payment and closing costs _____
 - b. Name of the Financial Institution where you have that money _____
2. Characteristics of the home you are looking for:
☐ Single home ☐ Duplex/Twin ☐ Townhome/Row home ☐ Condo
☐ Any type of property may work
 - a. Desired number of bedrooms _____ Number of bathrooms _____
3. What county or counties are you interested on buying at? _____
4. Other people that will occupy the property (in addition to you and your spouse, if legally married)

Name	Relationship to you	Age	His/her monthly income (if any)	Amount he/she will contribute toward house expenses
5. If you are currently renting, when will your current lease expire? _____
 - a. Could you extend your lease month to month, if necessary? ☐ Yes ☐ No ☐ not sure
6. If you want to buy a property, are you currently working with a mortgage agent? ☐ Yes ☐ No
 - a. If yes, please indicate the name of the mortgage officer: _____
 - b. Mortgage person cell: _____
 - c. His/her email address: _____

d. mortgage company name and office address and telephone number: _____.

7. If you want to buy a home, are you currently working with a real estate agent? ☐ Yes ☐ No

a. if yes, indicate the company name and address: _____

b. Name of the real estate agent (sales person): _____

c. His/her cell: _____ d. His/her email address: _____

8. If you already have a house in mind or a property that you already put an offer for, please indicate the following (please complete all the fields you have answers for from now on):

a. Complete address of the property: _____

b. Asking or listing price: \$ _____ c. Purchase price (your offer): \$ _____

d. The amount of the mortgage loan (if known) \$ _____

9. Estimated mortgage monthly payment (if known) _____ Interest Rate (if known) _____

a. What type of mortgage are you looking for or you have? ☐ Fixed ☐ Adjustable ☐ Unknown

b. Will (are) the property taxes and insurance be included in the monthly payment (escrowed)?

☐ Yes ☐ No ☐ unknown

c. Monthly amount for property taxes (if not to be escrowed) _____

d. Hazard insurance monthly amount (if not to be escrowed) _____

e. Mortgage insurance premium (private mortgage insurance monthly amount), if applicable _____

f. Amount for Condo fees or home owner's association fees (HOA), if applicable _____

10. If you are buying a home, do you have an estimated date to close on the purchase of your home?

☐ Yes ☐ No If yes, indicate the estimated date for the closing _____

11. If you already applied for a mortgage loan, is this a mortgage loan through Pennsylvania Home Finance Agency (PHFA)? ☐ Yes ☐ No ☐ Unknown

If, yes, please indicate the type of loan (If known) _____

a. Is the mortgage loan that you are applying for FHA? ☐ Yes ☐ No ☐ Unknown

12. Please mark below what subjects would you like us to discuss and/or offer you education and/or counseling on.

Mark all that apply to you.

☐ Financial Education

☐ Home buyer's certificate

☐ Budget management

☐ Credit Education

☐ Money management

☐ Rental Education

☐ Home-buying process education

☐ Other (please explain _____)

By signing this form, you testify that the information is correct and consent for us to review it, the documents you are submitting, and your credit report(s). The spouse only needs to sign if he/she is going to need our services or, in the case of home buyers if the spouse will be on the mortgage.

Your signature _____ Date _____

Spouse's signature _____ Date _____

Please also sign the form on the next page. The last page, you can leave the initials for your office session.

Authorization, Disclosure, Privacy Statement (3-in-1)

PRIVACY POLICY

This Counseling Agency respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with our legal and ethical obligations to you taken into consideration. We will not sell your personal information and we only share it to provide you with counseling services.

Your "nonpublic personal information" (including total debt information, income, living expenses, and personal information concerning your financial circumstances) will be shared with creditors, funders, and others only after you sign the Counseling Services Authorization. We may also collect, use, and share anonymous aggregated case file information to evaluate our services, to gather valuable research information, and to design future programs.

Types of Information That We Gather About You:

- Spoken or written information on applications and other documents, 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 transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You May Opt-Out If You Do Not Want Us to Share Your Information:

- You may "opt-out" to prevent the disclosure of your nonpublic personal information to third parties (such as your creditors).
- If you opt-out we cannot share your nonpublic information and we cannot answer questions from your creditors. We need to share your information to provide you with most services.
- You may opt-out at any time by calling the Counseling Agency at the phone number listed on the Counseling Services Authorization provided with this Privacy Policy.

How We Use Your Information:

- If you do not opt-out we may share information that we collect about you with your creditors or others if we think it would be helpful to you, would help us counsel you, or when required by funders that make our services possible.
- We may share information about you to anyone as permitted or as required by law (e.g., if a Court requires us to provide it with documents).
- Within our organization, we restrict access to your information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your information as required by federal and state law.

Client Authorization

By signing below I authorize my employers, lenders, creditors, servicers, and others to share personal and financial information with my Counselor and the Counseling Agency. I authorize my Counselor and the Counseling Agency to collect information about my accounts and to share this information with others, including funders, as needed to provide counseling services, to seek assistance from programs, or for related products and services. I authorize funders to contact me to evaluate programs that I participate in.

CLIENT NAME(s):

CLIENT SIGNATURE(s):

DATE:

1. _____

2. _____



PHFA

211 N. Front St.

• PO Box 8029

• Harrisburg, Pennsylvania 17105

717.780.3800

• Fax 717.780.1897

• TTY 717.780.1869

• www.phfa.org

PENNSYLVANIA HOUSING FINANCE AGENCY

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Authorization, Disclosure, Privacy Statement (3-in-1)

COUNSELING SERVICES AUTHORIZATION

My personal information and counseling services

By signing this form I agree to share my personal financial and other private information. Signing this form also allows lenders and the Counseling Agency to discuss my accounts, credit, and finances, and to share my nonpublic personal information, described in the Privacy Policy provided with this authorization.

I understand that funders provide grants to make the counseling services possible, and that the Counseling Agency shares my information with these funders. These funders review Counseling Agency files, including my file, and may contact me to evaluate the counseling services that I receive.

I authorize my Counselor and the Counseling Agency to negotiate for me. The counseling services are offered free of charge, and neither the Counselor, nor the Counseling Agency, guarantees any result or outcome. I may be referred to other housing agencies for their services. I am not obligated to accept services or products from the Counseling Agency, its partners, or any organization I am referred to.

I understand that my Counselor cannot offer me legal or other professional advice or representation. If I need legal or other professional services I can ask my Counselor for information about referral services.

Counseling Services Checklist

Client must initial all items that are applicable

- ☐ I have been verbally advised of the fee schedule, if any, prior to services being provided
- ☐ I understand that the counselor will discuss my budget with me and I will receive a copy of my Budget
- ☐ I understand that the counselor will discuss my Action Plan with me and I will receive a copy of my Action Plan
- ☐ I understand the counselor will explain the next steps needed to reach my financial goal to my satisfaction
- | | |
|---|---|
| <input type="checkbox"/> Homebuyer Counseling | <input type="checkbox"/> Homebuyer Education |
| <input type="checkbox"/> Homeowner Counseling | <input type="checkbox"/> Homeowner Education |
| <input type="checkbox"/> Delinquency and Default Counseling | <input type="checkbox"/> Delinquency and Default Education |
| <input type="checkbox"/> Reverse Mortgage Counseling | <input type="checkbox"/> Fair Housing Education |
| <input type="checkbox"/> Tenant Counseling | <input type="checkbox"/> Homelessness and Displacement Counseling |
- ☐ I want to buy a home in the next six (6) months
- ☐ I want to buy a home, but not in the next six (6) months
- ☐ Other programs, services, or products: _____

For Pre-Purchase Clients only:

I have received the HUD forms:

☐ "Ten Important Questions to Ask Your Home Inspector" & "For Your Protection: Get a Home Inspection"

Counseling Agency Information

Counselor Name: _____	Phone: _____
Counseling Agency: <u>American Credit Counseling Institute (ACCI)</u>	Email: _____
HCO Client Number: _____	Fax: <u>610-933-5180</u>