



AMERICAN CREDIT COUNSELING INSTITUTE

OFFICE 1-888-212-6741 (Mon-Fri 9am to 5pm, FAX (610) 933-5180 Program Manager-Mildred Soto-267-401-0414
Email: americancci@verizon.net Website: www.americancci.org Mailing address: 603 Swede Street Norristown PA 19401

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 do education and counseling for Pennsylvania residents. This form is for home owners, if you are not a home owner, you have the wrong form.

We do not charge our clients for counseling services regarding mortgage delinquencies and many of our other services. We do accept donations, which are tax deductibles because our organization is a 501 C.3 charitable organization under IRS regulations. We receive some funding from some Housing Development Agency (HUD) and PFHA and can accept grants and/or donations from private foundations, businesses, and private donors. For more information or to make a donation, please visit our website at www.americancci.org.

For an appointment for a home owner, we need the person that is on the mortgage. If there are 2 people, we prefer them both, but at least one of them in the office for the interview and to sign documents. If the person on the mortgage is deceased, we need the Executor of the Estate in the office with the legal document to prove it. If you have questions, call one of our numbers, someone will answer our office number during working hours. Leave a clear message, if you are calling after hours. Please forgive us if you leave a message and we cannot call you before your appointment; sometimes that is not possible. However, most if not all your questions will be answered during the interview by one of our housing counselors.

Our housing counselors travel to our different offices for our clients' appointments. Therefore, if you need to cancel or reschedule an appointment, please contact us as soon as possible so that the counselor does not make the trip to the office in vain.

Please complete this questionnaire and bring it along with clear copies of your documents (enumerated on page 2) to your appointment. The more complete this form is, the better. For your documents, we need that you bring copies. If you received an Act 91, you will apply for HEMAP. A complete HEMAP package with ALL the documents increases the likelihood of being approved. If you are receiving this form via regular mail, the appointment information will be completed below; otherwise, please complete it yourself and mark your calendar.

Cordially,
Robert W. Ewing
Executive Director

If the section below is incomplete and you have an appointment confirmed, complete it and mark your calendar.

Please do your best to keep your appointment; rescheduling for a convenient time may not be easy.

Table with 4 columns and 3 rows containing appointment details like date, office, and housing counselor names.

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 help to save their homes.

Below you will find a list of most of the documents that we will need. **Bring as many documents as you can, but do not miss or reschedule your appointment because you lack a few documents. Any missing document, you will have the opportunity to submit it later. Those that you should bring to your first appointment are marked with an X**

List of documents necessary for your appointment

- 1. LETTER OF CIRCUMSTANCES** – explain why you fall behind in your mortgage.
For the rest of the following documents, **we need clear copies** – we will keep them
Do NOT staple the copies.
- X 2. ACT 91 NOTICE if you have one** and/or any other notices of delinquency or foreclosure. **ALL PAGES** of the **Act 91** are necessary. Also all court foreclosure documents, if applicable.
- 3. Documents and/or receipts** to support your allegations of hardship (to support the allegations on the Letter of Circumstances above) if available.
- 4. PROPERTY DEED if available** (this can be obtained from your County Courthouse)
- X 5. PAY STUBS** - Three or four most recent consecutive pay stubs for all working household members. *We need to document at least one month of earnings.*
- X 6. VERIFICATION OF OTHER INCOME** - (Unemployment Comp., Workmen’s Comp., child support, alimony, Public Assistance, Social Security, rent, pensions, etc.).
- X 7. FEDERAL INCOME TAX RETURNS** for the past **2 years SIGNED** (copies can be obtained by calling the IRS at 1-(800) 829-1040 and ask for Form 4506T). **3 years if self-employed**
- 8. W-2 and/or 1099 forms** for last 2 years for all members of the family
- 9. MONTHLY STATEMENTS** for loans & credit cards/charge accounts (account numbers & balances are needed).
- 10. CHECKING & SAVINGS ACCT. STATEMENTS.** The most recent 2 months – ALL pages, even if they are blank. 4 most recent months for self-employment or rental income.
- 11. VERIFICATION of stocks, bonds, retirement accounts, IRA’s, 401-Ks, CDs, etc.**
- X 12. UTILITY BILLS** – copies of recent utility bills.
- X 13. SOCIAL SECURITY NUMBERS and PHOTO ID** for every person on the mortgage.
- 14. LISTING AGREEMENT** (if property is currently on the market)
- 15. MORTGAGE DOCUMENTS.** The document needs to state: the interest rate, balance owed, and account number. Information may be found in the **Original Mortgage** (unless changed) or the **End of Year escrow analysis** (that is the statement the bank sends you when the mortgage payment changes – usually once a year – it states *the interest rate*, the *balance owed* on the mortgage, new payment, etc.) We need one mortgage document for each **and** every mortgage (if more than one mortgage).
- 16. HOMEOWNERS INSURANCE POLICY** – the Declaration Page
- 17. PROOF OF REAL ESTATE TAXES** (if not escrowed by mortgagee).

We need clear copies – do not bring originals of your documents unless you do not need them to be returned. However, if you want us to make copies for you, there will be a charge of \$1.00 per copy with a minimum cost for you of \$20.00 payable by a money order made out to *American Credit Counseling Institute* and brought with you the day of your appointment – we will give you a receipt. The \$20.00 is not a fee, we are passing part of our cost to you and more than the cost of the paper, ink, etc., it is the time involved.

Our offices’ addresses are:

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.

ACCI Client Intake Form

Complete and bring this form to your appointment

Your Name _____ Social Sec # _____ - _____ - _____

Date of Birth ____/____/____ Email _____
(month/Day/Year)

Phone # (____) _____ - _____ Cell # (____) _____ - _____

Address of the property with mortgage problems _____

Is the house in a rural area? Yes No Do you live there? Yes No

How long have you lived in Pennsylvania? _____ years. If you are a homeowner facing foreclosure or financial issues, explain the reason (s). Mark all that apply: job loss illness home repairs Other (explain briefly here, but use a blank sheet of paper to give us more details) _____

Your Marital Status: Single Married Widowed Separated Divorced

Gender: Male Female

Race: Black or African American White Asian Chose not to respond Other

Ethnicity Hispanic Not Hispanic

Citizenship: US Citizen Permanent Resident Non-Permanent Resident

Foreign Born: Yes No If foreign born, where were you born (your country of birth)? _____

Is English the main language spoken in your home? Yes No

If NO, which is the main language spoken at your home? _____

Household Type: Single Adult Married with dependents Married without dependents

Female-headed single parent household Male-headed single parent household

Two or more unrelated adults. Other _____

Mark any of the following that may apply to you (mark more than one, if applicable):

I am a veteran I am disabled Someone in my home is disabled

Your education: No High School Diploma High School Diploma GED Some College – Never Completed

Associates Degree Bachelor's Degree Master's Degree Doctoral Degree

Number of people living in your household: _____ Number of your dependents: _____

Combined gross Household Income: _____ Circle one: Monthly or Yearly

Savings or other available Funds (estimate if you do not have exact figures at this moment): \$ _____

Other assets' value (estimate): \$ _____ (Retirement account, 401K, CDs, Savings Bonds, properties, etc.)

Monthly Liabilities: Mortgage monthly payment amount: \$ _____

Continue to next page. ----- **Do not type or write anything else on this page – Go to the next page** ----- HO-Page 1

For office use: _____

Date/time in _____ Out _____ HCO # _____ HUD# _____ AMI% _____ Dt shrd with PFHA _____

Mortgage Loan Number _____ **Interest rate** _____

Current mortgage servicer name and address _____

Type of loan (conventional, FHA, VA. etc., if known) _____

Number of Months behind (if applicable) _____ Amount in arrears (estimate if necessary) \$ _____

EMPLOYMENT INFORMATION: Are you currently working? Yes No

Name and address of your employer: _____

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

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

If less than 5 years at your current job or if you are currently working at more than one place, please complete the Employment History & Income Verification below.

Employment History & Income Verification (for the last five years). Indicate date employment began and date ended: Type "Not ended" if you are still working at the particular place.

Employer's name and address	Beginning date	Ending (type not ended, if applicable)	Position (title)	Reason for leaving (if applicable)	Gross pay per month	Net pay per month

Co-Borrower (if applicable) or spouse's information (if married – even if he/she is not on the mortgage).

His/her Name:

Last	First	MI
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Home Tel: (____) _____ - _____ Work Tel: (____) _____ - _____

Cell: (____) _____ Email: _____

D.O.B: ____/____/____ **SS#** ____-____-____ **Gender:** Male Female

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

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

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

Citizenship: US Citizen Permanent Resident Non-Permanent Resident

Relationship to you: Spouse/Partner Child Sibling
 Parent Relative by Marriage Other _____

Does he/she live with you? Yes No
 Does he/she contribute to the mortgage or rent payment? Yes No

Is he/she disabled: Yes No Is he/she a Veteran: Yes No

His/her Education: Less than high school GED High School Diploma Associates Degree
 Some College – Never Completed Bachelor’s Degree Master’s Degree Doctoral Degree

Does he/she have **separate** dependents? Yes No If so how many? ___ Ages _____

Is he/she currently working? Yes No

Answer questions below (on this page – page 6) if he/she contributes to the mortgage or rent payment.

Name & address of employer: _____

Type of work (title or position) _____

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

Other sources of income for you and/or the co-borrower:

List all other income, such as rental income, pensions, Social Security, interest payments, cash assistance, food stamps income, child support, alimony, boarders, etc.

Name of source	Monthly amount	Description and/or comments

If there are other people 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

Additional Information about the Property in foreclosure (or delinquent mortgage or about to):

Type of property: Single home (detached) Duplex or twin Row house Condominium

Townhouse Date of Purchase: ____/____/____ Original Purchase Price: \$_____.

Conditions of the property: Excellent Good Fair Poor

Estimate of Current Value of your home: \$_____

Do you have a Second Mortgage or Line of Credit? Yes No.

If yes, complete the following: Name of servicer or mortgage company _____

Loan number _____ Amount of monthly payment _____

Are you behind on the second mortgage or line of credit? Yes No

How many months behind? _____

How much money are you behind on the second mortgage or line of credit (include any late fees, etc.)? _____

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.

Type of asset (checking account, savings, 401K, etc.)	Financial Institution holding the money, like Wells Fargo, etc.	Current balance
		\$
		\$
		\$
		\$

The **next page** is for the detailed monthly expenses in your household. We need monthly figures for all your house expenses. *Do not include property taxes and hazard insurance if they are included in your mortgage monthly payment.* **This is very important information; please take your time to fill out the form and be as accurate as possible.**

We need monthly figures for all your expenses. For expenses that you do not pay every month, please get monthly figures. For instance, if you pay \$600 for your car insurance every 6 months, the monthly amount is \$100. You then need to type \$100.

Household Monthly Expenses

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

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

HOUSING EXPENSES		MONTHLY LIVING EXPENSES			
Mortgage (1 st)	\$	Groceries and toiletries	\$	Co-pays	\$
Mortgage (2 nd)	\$	Lunches/eating out	\$	Day Care & kids' tuition	\$
Real Estate/Property Taxes*	\$	Pet Care(vet & food)	\$	Meal orders (deliveries, pizza, Chinese, etc.	\$
Hazard Insurance*	\$	Haircuts/barber/nails	\$	Entertainment-other (movies, night clubs, etc.)	\$
Mortgage Insurance*	\$	Tobacco/alcohol	\$	Newspaper/magazines/lottery tickets/gambling, etc.	\$
Condo/HOA fees	\$	Church tithing	\$	Clubs memberships and Gifts	\$
Electric	\$	Donations	\$	Payroll deductions	
Gas for cooking	\$	Laundromat & Dry Cleaning	\$	Medical Insurance (payroll deducted)	\$
Heating fuel	\$	Cell Phone (s)	\$	Dental Ins. (payroll deducted)	\$
Water	\$	Home Phone line	\$	Life Insurance (payroll deducted)	\$
Sewer	\$	TV Cable/satellite	\$	Payroll deduction union dues	\$
Trash	\$	Internet Fees	\$	Pension Contributions	\$
Child Support **	\$	Home care/maintenance	\$	Payroll deducted IRA and/or 401K Contribution	\$
Children clothing	\$	Auto Insurance	\$	Payroll deducted loans	\$
Clothing for adults	\$	Gasoline/oil	\$	Other expenses monthly expenses & other monthly payments - explain (<u>not</u> long term debts. For long term debts, use next page.	
Other expenses or notes/comments: ** Child Support above refers to the amount you pay in child support, if any.		Car repair/inspections	\$		\$
		Bus/train/parking/tolls	\$		\$
		Private medical Insurance (not payroll deducted)	\$		\$
		Prescriptions /pharmacy	\$		\$
		Medical supplies	\$		\$

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

(See next page for information regarding **payments to credit cards, installment loans** etc.)

Long term debts: Fill in the name of those creditors where you have balances. Examples listed are a sample of those accounts to be considered. Include all your long term debts, such as student loans, medical bills, credit cards, etc. If you have debts for which you are **not** making payments at this moment, list the creditor and the balance owed, but type ZERO for the **Required Minimum Payment**.

- | | | |
|--|------------------------------|--------------------------|
| Credit Cards | IRS Debts for past years | 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 | | Fines owed |

Account Name- Indicate the name of the lender (bank or financial institution) Ex: VISA-PNC Bk	PURPOSE: car loan, student loan, medical bill, delinquent tax, credit card, etc.	Required Minimum Monthly Payment	Balance (amount owed)	Arrears owed (number of months you have not paid x the minimum monthly amount). Amount behind, if known.
		Total monthly Payments:	Total Balances: \$	

Add any additional expenses or explanations in a blank sheet of paper

Other information: Please answer all the questions below

1. Did you receive services from a Home Counseling Agency before? Yes No.

Note: Having received services from another agency before does not mean that you cannot receive additional services from our agency, but we need the information to determine what additional services you may qualify for.

(a) Did you visit that agency’s office in person? Yes No.

Name of the Home Counseling Agency: _____

Address and telephone number of the agency, if known: _____