



AMERICAN CREDIT COUNSELING INSTITUTE

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Website: www.americancci.org

Mailing address: 603 Swede Street Norristown PA 19401

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 have asked 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 in order to qualify to buy a home in the future, or you are part of (or want to belong to) our Financial Fitness educational program.

This form needs to be completed and mailed to us, 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 package and mail it to us within the next 3 days, unless you were instructed otherwise. Your appointment will be scheduled after we receive your package. Appointments are scheduled at the Norristown office at the address at the bottom of this page.

We need this form completed 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. 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. It is for you 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. 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

Our office’ address is:

Norristown	603 Swede Street Norristown PA 19401	Our office building is about a block from the Montgomery County Court. Parking in back of the building. Entrance through front door on Swede street (second building from the corner of Swede and Marshall). Easy public transportation as well.
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Due to the nature and length of the interview, we prefer that you do NOT bring kids. Most interviews last a few hours. We need your full attention during the interview.

The forms and documents are to be mailed (regular mail), but you can bring the package to the office and slide it through the mail slot at the front door if there is no one at the office at the moment. **Do NOT Fax or email** any of the forms or documents.

Rev 2/18/16

List of documents necessary for your appointment –We need clear copies that we can keep in your file. We need all documents below, unless your email states otherwise.

- 1. 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 for each person.*
- 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 loans & credit cards/charge accounts (the name of the creditor, minimum monthly payments, interest rate, & balances are needed).
- 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.
- 6. PHOTO ID (Copy of Driver's license or state picture ID) for each party (husband & wife)**
- 7. A MONEY ORDER** to cover the cost of your credit report and/or your donation to our non-profit agency. **Please include it with your package.** For details, see information below ***.

What is the cost of our services to you? There is NO charge for our educational sessions, for financial education, credit and budget, home-buying education, or foreclosure and mortgage delinquency counseling if the client meets PHFA'sⁱ and HUD'sⁱⁱ requirements. However, HUD and PHFA recognize that the funds they provide our approved non-profit agency are not enough to cover our expenses and recommend that we seek and secure other funding, including contributions or donations from clients that can afford it - Reference: Code of Federal Regulations 24 CFR 214.311 and 313. We are certified by IRS as a non-profit 501 C.3 organization; therefore, your donation to our organization is tax-deductible.

Please include your donation when you submit your forms to us. Because people that make a contribution always attend their appointments while those who do not, sometimes fail to show up, we expect your donation **before** we schedule your appointment. A donation seems to encourage people to attend their scheduled appointments.

*** We would appreciate that you contribute with at least \$35.00 *per person* * in a form or a check or **money order** made out to **American Credit Counseling Institute** and mailed with the rest of the documents and *this form completed to cover cost of credit report and your donation.* You are welcome to add an additional amount to help our charity organization. Include your donation with the rest of the forms and documents. The amount can be \$60 for a legally married couple when the credit reports are to be requested jointly.

* If you are receiving food stamps and submit proof of it, the agency will cover the cost of your credit report. You need to submit proof of the food stamps that you are receiving with this form. We will still welcome a donation, if you can afford it.

If you have a recent official credit report with the 3 scores and submit it with your package, we may not need to pull your credit report; however, we expect a small monetary donation BEFORE we schedule your appointment. In addition to the contribution to cover the credit report, most people give us donations of \$20 to \$50, but that is your decision. Please make a check or money order payable to American Credit Counseling Institute or ACCI and include it with your package. Our Non-Profit needs your help to keep helping others and your donation is tax-deductible. We will give you a receipt for your taxes.

We are looking forward to serving you. For questions, please call us at the office number at the top of page 1 or at 267-401-0414.

ACCI Client Intake Form

Complete and bring this form to your appointment

1. Your Name:

Form with three input fields labeled Last, First, and MI.

2. Gender: [] Male [] Female Birth date: ____/____/____ SS# ____-____-____

3. Your residential address:

Form with three input fields labeled House #, Street Name, and City.

Form with three input fields labeled State, Zip code, and County.

4. How long have you lived there? ____year(s) ____months. 4a. Is the area where you live rural? [] Yes [] No.

5. Your mailing address if different from residential address above: _____

6. Number of years you have lived in the state of Pennsylvania _____

7. 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: __

8. Home telephone: (____)____-____ Work telephone: (____)____-____

9. Cell: (____)____-____ Email: _____

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. Were you born outside the US? [] Yes [] No If yes, 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 _____

For office use:

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

19. Are you disabled? Yes No

19a. Are you a Veteran? Yes No

20. Education: less than High School High School Diploma or 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 \$ _____

If employed, 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 (title)	Reason for leaving	Gross pay Per month	Net pay Per month

5. When would you like to buy a home? 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

6. Why you do not own a home at this moment? 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): _

7. 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. Try to give us a few choices.

III. Other people that will occupy the property or will contribute toward expenses

Name	Relationship to you	Age	His/her monthly income (if any)	Amount he/she will contribute

III. A. Are you legally married to any of the people mentioned above? Yes No

B. If the answer to above question is YES, please complete the following about that person:

Name of the person:

Last	First	MI

Birth date: ____/____/____ SS# ____ - ____ - ____

Gender: Male Female Place of birth (city and state or country) _____

Citizenship: US Citizen Permanent Resident Non-Permanent Resident

Ethnicity: Are you 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

Her or His gross monthly income: _____

III. C. Will that person be included in the mortgage? Yes No

IV. Other Sources of Income and assets:

1. Other sources of income you will count on in your new home include all Food Stamps, child support, etc.

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>
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

V. Household Monthly Expenses

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

Note: Annual, semi-annuals, or quarterly expenses need to be divided to obtain average monthly figures.

For example, if you pay your car insurance every 6 months, divide the amount by 6 to get the monthly figure. There is a section for “Periodic Expenses” or occasional expenses, like gifts. We provide an explanation for periodic expenses as well. Complete this form as accurate as you can. Estimate figures when needed.

HOUSING EXPENSES		MONTHLY LIVING EXPENSES			
RENT	\$	Church tithing/donations	\$	“Periodic Expenses or Special Expenses” are expenses that do not happen every month, but we need to count them as part of our monthly expenses. Birthday gifts, Christmas, mother’s, anniversaries, St. Valentine’s, are different different categories. Make a separate list for each category. Calculate your total for all categories and divide it by 12 to obtain a monthly figure. For example, you spend about \$540 on birthday gifts for your 2 kids and your spouse and \$900 for other gifts. Divide the total of \$1,440 (540 + 900) by 12 to obtain the monthly figure and type it below. \$540 + 900 divided by 12 = \$120 x mo.	
Renter’s insurance	\$	Regular monthly donations	\$		
Electric	\$	Laundromat/Dry cleaning	\$		
Gas for cooking	\$	Cell phones (all)	\$		
Heating fuel	\$	Home Phone	\$		
Water		Cable/Dish/TV			
Sewer	\$	Internet Fees	\$		
Trash	\$	Home care/maintenance	\$		
Child Support (that you pay)	\$	Alarm system	\$	Periodic Expenses (one total monthly figure – see above)	
Clothing (adults & kids – estimate)	\$	Car(s) Insurance(s)	\$	Type your payroll-deducted MONTHLY figures below:	
Groceries & Toiletries	\$	Gasoline	\$	Medical Insurance (payroll deducted)	\$
Lunches (and coffee breaks)	\$	Car Repairs, oil change, inspections & registrations	\$	Dental and Vision Ins. (payroll deducted)	\$
Pet food & Care (Med & Vet exp.)	\$	Parking/Tolls/Bus tokens or pass fees	\$	Life Insurance (payroll deducted)	\$
Haircuts / barber/nails	\$	Medical insurance (NOT payroll deducted)	\$	Payroll Deducted IRA & 401K	\$
Tobacco - Cigarettes	\$	Prescriptions /pharmacy co-pays	\$	Other pensions deducted (monthly amount)	\$
Alcohol	\$	Medical co-pays	\$	Payroll deducted loans	\$
NOTES & COMMENTS:		Over the counter medication/supplies	\$	Other expenses – please explain/describe it and type the monthly figure you spend	
		Day Care and Kids Tuition costs	\$	Other:	\$
		Kids’ school activities/sports	\$	Other:	\$
		Entertainment Exp.	\$	Other:	\$
		Subscriptions (newspaper etc.)	\$	Other:	\$
		Clubs, Gym, other	\$	Other:	\$

VI. 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.

Credit Cards
 Department Stores
 Auto Loans
 Credit Unions
 Delinquent State or Local Tax Payments

IRS debts or payment plans
 Legal Fees
 Delinquent Real Estate Taxes
 Bankruptcy Trustee Payments

Personal Loans
 Delinquent Medical Bills
School Loans
 Unsecured Loans
 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 <u>Minimum</u> Monthly Payment	Balance owed	Current Interest Rate
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		Total Payments: \$	Total Balances: \$	

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

V. Information about the property that you want:

1. Sales price (how much you are considering to pay for the house you have in mind) _____

2. Total amount of money you currently have in savings _____

Name of financial institution where the money is saved _____

3. Total amount you currently have in checking account (s) _____

Name of financial institution where the money is saved _____

4. Additional amount you count on from other sources to buy your home _____

4.a Where is the money above coming from? Explain the source: _____

5. 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 for the property: _____

b. Asking or listing price: _____ b.1. Purchase price (your offer): _____

c. Estimate closing date _____ c.1. The amount of the mortgage loan _____

d. Estimated mortgage monthly payment (if known) _____

(1). Interest Rate (if known) _____

e. What type of mortgage are you looking for? Fixed Adjustable Unknown

f. Will the property taxes and insurance be included in the monthly payment (escrowed)?
 Yes No unknown

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

h. Monthly amount for hazard insurance (if not to be escrowed) _____

i. Mortgage insurance premium, if applicable _____

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

6. Name of the mortgage company you are currently dealing with (if any):

a. Name of the mortgage officer _____

b. His or her name _____ Cell No _____

c. Email address if known: _____

7. Name of the Real Estate Office:

a. Name of the Real Estate Agent: _____

His or her name _____ Cell No _____

Email address if known: _____

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ⁱ PFHA is Pennsylvania Housing Finance Agency – for more information visit its website at www.phfa.org

ⁱⁱ HUD – Housing Urban Development – for more information visit its website at www.HUD.gov