

Please take your time to complete this form the best you can. We need the information for the person who needs our services. More details and further instructions are at the middle of page 4. Call us at 484-427-2229, if you have questions.

American Credit Counseling Institute Inc. (ACCI)

Thank you for counting on American Credit Counseling Institute. We are a HUD approved Non-Profit Housing Counseling Agency.

If you are facing foreclosure, are delinquent in your mortgage or fear that you may be delinquent soon, or if you have too many debts, we will work with you. If you want to improve your credit and/or want to buy or rent a home and need to learn about the process, or if you need a home buyer's certificate, we will also work with you.

PLEASE COMPLETE THIS FORM THE BEST YOU CAN. WE WILL NEED THE INFORMATION TO EVALUATE YOUR SITUATION. TRY YOUR BEST TO ANSWER ALL QUESTIONS. IF YOU NEED HELP FOR ANY ANSWER, MARK THE PARTICULAR QUESTION AND ASK YOUR COUNSELOR DURING YOUR APPOINTMENT SESSION.

Appointment scheduled for _____ - _____ - _____ at _____ AM__ PM__
Office Appointment: Norristown___ Pottstown___ Upper Darby___ Warminster___

You may use the rest of this page to add notes or questions for your appointment.

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Last Name _____ First Name _____ Middle name _____
Social Security # _____ - _____ - _____ Birth date _____ Tel # _____
Cell tel # _____ Email: _____
Address: _____ City _____ PA Zip Code _____

Is it a rural area? Yes___ No___ County _____ How many years have you lived in PA? _____

Gender: Female___ Male___ Are you a US citizen? Yes___ No___ Are you a veteran? Yes___ No___
Your Country of Birth _____ Your preferred language (if not English) _____
Marital Status: Single___ Married___ Divorced___ Widow/er___ Separated___
Education: Less than High school___ GED___ High School___ Some College___
Associate's___ Bachelor's Degree___ Masters Degree___ Doctorate's___

of people living with you: _____

Your Monthly gross income \$ _____ Current employer's name _____
Employer's address: _____
Employment start date: _____ Employer's telephone number: _____
If you are married, give us the name of your spouse: _____
If you are married, do you and your spouse live together? Yes___ No___ His/her SSN _____ - _____ - _____
If you are married, does your spouse work? Yes___ No___ Spouse's monthly gross income \$ _____
Household income: Employment___ Retirement pension___ Social Security___ Business___
Unemployment___ Food stamps___ Contribution from roommate/significant other___ Other(explain)_____
Do you have dependants? Yes___ No___ Ages of your dependants: _____

Which days of the week do you work? For instance, Monday to Friday, or it varies: _____

Which days are you usually off? Monday___ Tue___ Wed___ Thu___ Friday___ Sat___ Sun___

At what time does your work shift usually end? by 2pm___ 5pm___ 4:30pm___ After 6p___ Other___

At what time during working hours (Mon to Fri 9 to 5) is it better for you to visit our office _____

At what time during working hours (Mon to Fri 9 to 5) is it better for you to be called for a telephone session _____

Next, please select the statement that describes your current housing situation. Select all that apply

I am renting___ I live with my parents___ I live with relatives___ I do not have a place to live___

I own my home___ I live with friends___ I rent a room___ I want to move out from where I am staying now___

Are you behind in your mortgage or rent payments Yes___ No___ How many months _____

Have you received an Eviction Notice, an Act 91, a Sheriff's Sale, or a Civil Complaint Notice? Yes___ No___

If you have any of these Notices dates, please give us the dates, if applicable: Date of the Eviction notice _____

Date of the Act 91 _____ Civil Complaint court date, _____ Sheriff's Sale date _____

If you own a home, we need to know the following: 1. 1st Mortgage balance _____

2. How much is the home worth? An estimate: _____ 3. Total balance on other liens to the home: _____

For Potential Home Buyers: Are you in the process of buying a home already? Yes___ No___

If you are in the process of buying a home, give us the following information:

Name of your Mortgage person : _____

Mortgage person's cellular and email address: : _____

If you have a closing pending on a home purchase, what is the estimated date of the closing? _____

Assets: How much do you have in savings ? _____ Current 401k balance _____

Please select from the list below, the services and/or programs that you need from us:

Home Buyer's Education___ Credit Improvement Program___ Rental Education___

HEMAP___ Sheriff Sale___ Loan Modification Application___ Debt Improvement Program___

Other (explain): _____

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Now, we need information about your current expenses. Please complete this form as accurate as you can. We need **monthly figures**. That means that if you pay that expense once a year, you need to divide that number by 12 to get the monthly amount. If you pay it only twice a year, you divide it by 6 to get the monthly amount. Let's say you pay \$600 for your car insurance twice a year. You divide the \$600 by 6 to arrive to the monthly amount, in this case \$100 a month ($\$600/6$) If you pay for the expense once a week, you multiply it by 52 and then divide the total by 12. For instance, you may pay \$102 a week for your car. $\$102$ for 52 weeks (there are 52 weeks in a year) $\$102 \times 52 = \$5,304$ a year total. $\$5,304$ divided by 12 = $\$442$. \$442 is the monthly amount. You will use \$442 for our form.

Indicate <u>all</u> your monthly expenses below:		we need monthly amounts	
Description	Amount	Description	Amount
Rent/Mortgage		Groceries/ Toiletries (per month)	
Second mortgage payment		Eat out/food orders/pizza, etc	
Equity line or other home lien payment		Coffee breaks & lunches for adults	
Rental or Home Insurance		Clothing (kids & adults)	
Mortgage payment insurance (MI or PMI)		Laundry/Dry Cleaning	
Condo payments or HOA (if applicable)		Kids School tuition & after school	
Electricity monthly expenses (average)		Kids Day care monthly cost	
Gas (for cooking)		Pet food & vet cost	
Oil or heating fuel (average x month)		Hair cuts/nails/barber	
Water		Tobacco/Alcohol	
Sewer		Church tithing	
Trash		Cell Phones	
child support that you pay (if any)		Internet/Cable/Home tel/Dish	
Home Maintenance/repairs/ Alarm		Other expenses, please detail below	
Auto Insurance		Description	Amount
Car Repair/Insp/oil change Registration			
Gasoline			
Bus/Parking/ Tolls			
Private Medical Insurance			
Prescriptions (not covered by insurance)			
Medical Supplies & Over the counter			
Co-Pays			
Entertainment			
Clubs membership			
Gifts for Birthdas, Christmas, etc.			
Newspaper/Magazine/ Subscr			

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Type	Account Name or Creditor's name	Minimum monthly payment	Balance
Credit card 1			
Credit card 2			
Credit card 3			
Credit Card 4			
Credit Card 5			
Credit Card 6			
Credit Card 7			
Car loan - car 1			
Car loan - car 2			
Student Loans			
Other loans:			
Other debts			

If you have more credit cards or more debts, please add them to a separate sheet of paper and staple it to this form

We, at ACCI, do **not** charge for our services. However, we need to have your credit report in file and there is a cost to obtain a credit report for which ACCI does not count on funds for. There are exceptions, please continue reading.

We are required by HUD to verify all your debts with a credit report and need your credit report in file

We will need to pull your credit report unless you bring us a recent one with the 3 scores. We need all pages

If you have a complete and recent credit report, please bring it with you to your appointment.

NOTE: As indicated earlier, if you do not bring us a recent and complete credit report with the 3 scores, we will pull one for you at a cost of \$25 (twenty five dollars) for a "soft pull" tri-merge credit report. We however do not ask people in foreclosure to cover that cost. The same is true for clients in financial hardship, such as those unemployed, or if your income is under the poverty level for your county and you are on Medicaid for yourself. Please bring proof of being unemployed or having Medicaid for yourself if that is the case. Otherwise, we appreciate that you help us with that cost and bring a money order payable to American Credit Counseling Institute (ACCI) or cash. **We do not charge for our services.** If you are willing to give us a donation, we can accept it. We are a 501 C.3 charitable organization under IRS rules and donations can be tax deductible. We can offer our services to you for free thanks to donations that we receive from others.

**** We will need the following documents. Please bring COPIES of the documents below:**

Picture ID__ Proof of income (1month) __ Recent utility bills__ Bank statements (2 recent months)__ W-2 (2 Yrs)__

Federal Tax Return (2 years) __ Any and all notices received, such as Eviction, Act 91, Foreclosure, Sheriff Sale, etc. __

For homeowners, please continue reading. Otherwise, sign the form at the end of this page.

If you have problems paying your mortgage or if you are already behind in your mortgage, we will need you to explain the reason or reasons to bring you to that point. Please complete the following statement by selecting what applies from the choices below. More than one choice may apply to you.

I am behind or struggling with my mortgage payments because of the following reason or reasons

I am unemployed now since _____ I was unemployed from _____ to _____

My spouse is unemployed since _____ My spouse was unemployed from _____ to _____

I have been sick or disabled since _____ I was sick from _____ to _____

My spouse has been sick/disabled since _____ My spouse was sick from _____ to _____

Other reason or reasons (explain) _____

By signing below, you certify that the information provided is correct and that you authorize us to review your documents and credit report. Signature _____ Date _____