



DOCUMENTS REQUIRED FOR HOUSING COUNSELING

- Completed Counseling Intake Form, including
 - Disclosures
 - Credit Report/Payment Authorization**

- For each borrower, you will need to provide
 - A copy of a valid Florida Identification
 - Two months of pay stubs
 - If self-employed, a year-to-date Profit and Loss Statement
 - Last two years Tax Returns (signed and with ALL schedules and corresponding W2s)
 - Two months of complete bank statements for all your banking and investment accounts (Including any blank pages)

- Mortgage loan pre-approvals or pre-qualifications, if applicable
- Mortgage loan origination integrated disclosures, if applicable
- Sales contract, if one exists
- Divorce decree (if applicable)
- Bankruptcy filing or Discharge (if applicable)

** There is a \$25.51 charge per borrower for the credit report pull.

NOTE: Please make sure that you submit a **complete** package as described above. Incomplete packages will not be considered for appointments.



Housing Counseling Intake

File/Client ID #: _____

Case #: _____

Applicant Info

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth: _____ Gender: Male Female Non-conforming

Home phone: _____ Cell phone: _____ Work phone: _____

Best time to contact you: _____ Email: _____

Demographics

Check here if you are NOT English proficient:

Active Military: Yes No

My current housing status is:

Race:

- American Indian/Alaskan Native
- Asian
- Black/African-American
- Native Hawaiian or Pacific Islander
- White
- American Indian/Alaskan Native *and* White
- Asian *and* White
- Black/African-American *and* White
- American Indian/Alaskan Native *and* Black
- Other multiple race

Veteran: Yes No

Disabled: Yes No

Highest education completed:

- High school/GED
- Associates degree
- Bachelors degree
- Masters degree
- PHD
- Vocational
- Other

Renting/leasing

Homeowner

Living with family

Homeless

Other _____

Hispanic: Yes No

Number in Household: _____

Rural Status:

- I live in a rural area
- I **do not** live in a rural area

Marital Status:

- Single
- Married
- Divorced
- Widowed

Gross Income (before taxes):

Household type:

- Single female-headed household w/dependents
- Single male-headed household w/dependents
- I am not head of household
- \$0 to \$26,799
- \$26,800 to \$42,849
- \$42,850 to \$80,800
- \$80,801 & over

Employment Info

Name of Employer

Job Title

Employment Start Date

Years at this employer

I CERTIFY THIS INFORMATION TO BE TRUE AND CORRECT:

Applicant Signature: _____

Date: _____



Housing Counseling Intake

File/Client ID #: _____

Case #: _____

Co-Applicant Info

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth: _____ Gender: Male Female Non-conforming

Home phone: _____ Cell phone: _____ Work phone: _____

Best time to contact you: _____ Email: _____

Demographics

Check here if you are NOT English proficient:

Active Military: Yes No

My current housing status is:

Race:

- American Indian/Alaskan Native
- Asian
- Black/African-American
- Native Hawaiian or Pacific Islander
- White
- American Indian/Alaskan Native *and* White
- Asian *and* White
- Black/African-American *and* White
- American Indian/Alaskan Native *and* Black
- Other multiple race

Veteran: Yes No

Disabled: Yes No

Highest education completed:

- High school/GED
- Associates degree
- Bachelors degree
- Masters degree
- PHD
- Vocational
- Other

Renting/leasing

Homeowner

Living with family

Homeless

Other _____

Hispanic: Yes No

Number in Household: _____

Rural Status:

- I live in a rural area
- I **do not** live in a rural area

Marital Status:

- Single
- Married
- Divorced
- Widowed

Gross Income (before taxes):

- \$0 to \$26,799
- \$26,800 to \$42,849
- \$42,850 to \$80,800
- \$80,801 & over

Employment Info

Name of Employer

Job Title

Employment Start Date

Years at this employer

I CERTIFY THIS INFORMATION TO BE TRUE AND CORRECT:

Co-Applicant Signature:

Date:



Housing Counseling Intake

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Case #: _____

My housing goal is to...

- | | | |
|--|---|--|
| <input type="checkbox"/> Buy a home | <input type="checkbox"/> Transition from homelessness | <input type="checkbox"/> Get credit and budget counseling |
| <input type="checkbox"/> Prevent foreclosure | <input type="checkbox"/> Obtain a reverse mortgage | <input type="checkbox"/> Discuss a fair housing rights violation |
| <input type="checkbox"/> Obtain rental housing | | |

Rental Info

If you are currently renting, how long have you been renting? _____ Years _____ Months

<input type="checkbox"/> I pay market rent	<input type="checkbox"/> I receive a rent subsidy and/or reside in public housing	<input type="checkbox"/> I am a Section 8 recipient
<input type="checkbox"/> I am facing eviction	<input type="checkbox"/> I am delinquent with my rent and need assistance	<input type="checkbox"/> I am delinquent with utilities and need assistance
<input type="checkbox"/> I am interested in filing a fair housing claim. Specify reason: _____		

Mortgage Info

If you own your property, do you have a mortgage? Yes No

My mortgage data:	First Mortgage	Second Mortgage
Is this loan Current or Delinquent?	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
Mortgage servicer name:		
Loan Number:		
Loan Balance:	\$	\$
Interest Rate:	%	%
Monthly Principal & Interest payment: (excluding taxes and insurance)	\$	\$
Private Mortgage Insurance (PMI) payment:	\$	\$
Fixed or Adjustable Interest Rate:	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable <input type="checkbox"/> Don't know	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable <input type="checkbox"/> Don't know
Date you made your last payment:		
Past due amount:	\$	\$
Have you previously applied for a loan modification or forbearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details here:		
Reason for default: <input type="checkbox"/> Divorce <input type="checkbox"/> Disability <input type="checkbox"/> Marital Separation <input type="checkbox"/> Decrease in income <input type="checkbox"/> Increase in expenses <input type="checkbox"/> Medical Hardship		
<input type="checkbox"/> Other _____		



Housing Counseling Intake

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Case #: _____

Income & Expenses (Please provide information regarding your **monthly** income and expenses below.)

Income Type	Applicant Monthly Income		Co-Applicant Monthly Income	
	Gross (before taxes)	Net (after taxes)	Gross (before taxes)	Net (after taxes)
1. Salary/wage earnings	\$	\$	\$	\$
2. Social Security/SSI/SSDI	\$	\$	\$	\$
3. Child support/Alimony	\$	\$	\$	\$
4. Unemployment Income	\$	\$	\$	\$
5. Rental Income	\$	\$	\$	\$
6. Veterans Benefits	\$	\$	\$	\$
7. Public assistance income	\$	\$	\$	\$
8. Other: _____	\$	\$	\$	\$
Total:	\$	\$	\$	\$
Total COMBINED Gross:	\$		Total COMBINED Net:	\$

Average Monthly Expenses	Applicant	Co-Applicant
1. Rent	\$	\$
2. Mortgage (Principal and Interest)	\$	\$
3. Property Taxes, HOA, Insurance	\$	\$
4. Car Payments	\$	\$
5. Car Insurance	\$	\$
6. Credit Cards (Total monthly)	\$	\$
7. Childcare/Daycare	\$	\$
8. Alimony/Child support	\$	\$
9. School Tuition	\$	\$
10. Medical Debt	\$	\$
11. Gas/Transportation	\$	\$
12. Utilities (Water, Electric, Gas, etc...)	\$	\$
13. Cable/Internet	\$	\$
14. Cell Phone	\$	\$
15. Food (groceries & dining out)	\$	\$
16. Student Loan Debt	\$	\$
17. Tithing	\$	\$
18. Other: _____	\$	\$
Total:	\$	\$
Total COMBINED Expenses:	\$	

Household Assets	
Checking Account	\$
Checking Account	\$
Savings/Money Market	\$
Savings/Money Market	\$
CDs	\$
Stocks/Bonds	\$
Other Cash on Hand	\$
Owner-occupied Property Value	\$
Investment Property Value	\$
Total Assets:	\$

CASH FLOW	
Total COMBINED Net	\$
Minus Total COMBINED Expenses	\$
CASH FLOW:	\$

My cash flow is: Positive Negative

Applicant signature:	Co-Applicant signature:
Date:	Date:



Housing Counseling Intake

File/Client ID #: _____

Case #: _____

DISCLOSURE FOR HOUSING COUNSELING CLIENTS

I, _____ and _____ agree to participate in Consolidated Credit Solutions, Inc.'s (Consolidated Credit) housing counseling and education program to help me improve my housing situation and/or become a homeowner. Consolidated Credit offers financial counseling.

- I understand that Consolidated Credit provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances and possibly including referrals to other housing counseling agencies as appropriate.
- I understand that Consolidated Credit provides information and education on numerous loan products and housing programs. I further understand that the housing counseling I receive from Consolidated Credit in no way obligates me to choose any of these particular loan products or housing programs.
- My housing counselor and I will discuss my credit history, financial situation, employment, and family situation. I further understand that it may be necessary for the counselor to discuss this information with representatives of other agencies or firms to assist me in meeting my housing and homeownership goals.
- I may be referred for other housing services of Consolidated Credit or another agency, as appropriate, that may be able to assist with particular concerns that have been identified by my counselor. I understand that I am not obligated to use any of the services offered to me whether by Consolidated Credit or by another agency.
- I understand that Consolidated Credit receives funds from various grants and government programs and as such may share some of my personal information with program administrators and/or their agents for purposes of program monitoring, compliance and evaluation.
- My personal information will be treated confidentially and will not be divulged to any party that is not directly concerned and specifically authorized by me.

ACKNOWLEDGEMENT OF COUNSELING PLAN

I, _____ and _____ accept and agree to comply with the counseling Action Plan implemented to assist me in achieving my financial goals. Failure to comply with the counseling Action Plan could result in termination of counseling. Termination may occur under any of the following conditions:

- 1.) Failure to submit requested documentation no more than 10 business days after your initial appointment
- 2.) Failure to appear at a counseling appointment without canceling at least 24 hours prior
- 3.) Failure to follow the agreed upon counseling Action Plan
- 4.) Failure to respond to phone calls or correspondence sent by your housing counselor

You will be notified of termination of counseling in writing and will have 10 days to respond before your case is closed.

GENERAL DISCLOSURE

Consolidated Credit Solutions, Inc. (Consolidated Credit) is a HUD-approved non-profit 501(c)(3) Housing Counseling Agency. Consolidated Credit offers a Debt Management Program (DMP), however you are not obligated to enroll in a DMP. Consolidated Credit is not affiliated with and does not endorse any mortgage product, lender, realtor, title agency, insurance company, attorney, or any other person or entity related to the purchase of a home or any other type of loan product. You are under no obligation to receive any other service from Consolidated Credit, its exclusive partners or any other industry partner. There is no charge for Foreclosure Prevention Counseling, First Time Homebuyer Education and Counseling, and Financial Education Seminars. There is a charge of \$130 for Reverse Mortgage Counseling. There is also a \$25.51 charge to pull a credit report. You may qualify for a fee waiver if based on a financial assessment your household income falls under the poverty level.

Applicant signature:	Co-Applicant signature:
Date:	Date:



Housing Counseling Intake

File/Client ID #: _____

Case #: _____

CREDIT REPORT/PAYMENT AUTHORIZATION

I hereby authorize and instruct Consolidated Credit Solutions, Inc. (Consolidated Credit) to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by Consolidated Credit. I understand and agree that Consolidated Credit intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in post-purchase counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Consolidated Credit in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In determining my ability to obtain a loan, I authorize Consolidated Credit to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures at any time by notifying Consolidated Credit in writing.

CREDIT REPORT FEE: \$25.51

Name on card:		Card number:	
Expiration date:		CVV:	
Billing Address:			

Applicant First Name:	Applicant Last Name:
Applicant Date of Birth:	Applicant Social Security #:
Applicant Signature:	Date:

Co-Applicant First Name:	Co-Applicant Last Name:
Co-Applicant Date of Birth:	Co-Applicant Social Security #:
Co-Applicant Signature:	Date:



File/Client ID #: _____

Case #: _____

PRIVACY POLICY

Consolidated Credit Solutions, Inc. (Consolidated Credit) is committed to assuring the privacy of individuals and 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 non-public personal information, such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Counseling Agreement.

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 transaction 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 of certain disclosures:

- You have the opportunity to “opt-out” of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- 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”, you may call us at 866-435-1876.

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 non-public personal information about you as required by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to non-public 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.

THIRD PARTY AUTHORIZATION

- I understand that Consolidated Credit provides foreclosure mitigation counseling after which I may receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
- I understand that Consolidated Credit receives funds to support its operations from various sources and may be required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
- I acknowledge that I have received a copy of the Consolidated Credit Privacy Policy.

Applicant signature:	Co-Applicant signature:
Date:	Date: