



HOUSING COUNSELING AGREEMENT/DISCLOSURE STATEMENT

Name of Client(s) _____ Date _____
 Print Name(s) _____ HUD Number _____

Initial

1. The Client(s) named above:
 - a. agrees to provide the Counselor with all information necessary to address the housing issue for which he/she is seeking housing counseling, and understand it is the responsibility of the client to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of the counseling program. This includes but is not limited to missing three (3) consecutive appointments.
 - b. was informed by the counselor that this counseling agency provides housing counseling assistance to customers whose problems can be resolved in 24 months or less. If it is determined these issues will take longer than 24 months to fix, a referral will made to a long-term housing counseling program.
 - c. release the Counselor and the Alabama Council on Human Relations, Inc. (ACHR) from any legal liability that might result from obtaining and sharing client information.

Initial

2. The Client(s) named above authorizes the Counselor to:
 - a. act on her/his behalf to address said housing issue. To obtain client information from and share client information with authorized third-party sources when necessary to address that housing issue, and to obtain/access information concerning client's mortgage/rental payment.
 - b. The Rentor/Mortgage Company name: _____
 Address: _____ Account # is: _____

3. The Counselor agrees to:
 - a. act in the best interest of the client, keep client information confidential, and to obtain and share information about the client with third-party sources only when necessary to address the client's housing issue. To obtain and share client information only with third-party sources authorized to provide and receive it, and to make no decisions or take no action concerning the client's housing issue without the client's knowledge and consent.

Initial

4. In addition to providing Housing Counseling, ACHR owns and operates affordable housing complexes in Lee and other Alabama counties. The client and Counselor agree that receiving ACHR Housing Counseling DOES NOT, in any way, obligate the Client to receive, purchase, or use this or any other service offered by ACHR or its partners.

5. The following are approved housing counseling, education, and outreach topics that ACHR may provide to, and discuss with, clients:

- A. Pre-Purchase/Home Buying
- B. Resolving/Preventing Mortgage Delinquency or Default
- C. Locating, Securing, or Maintaining Residence in Rental Housing
- D. Non-Delinquency Post-Purchase
- E. Homelessness



**ACHR Services
Offered to Client**

A. Pre-Purchase/Home Buying

This includes but is not limited to: advice regarding readiness and preparation for homeownership; Federal Housing Administration insured financing; housing selection and mobility; search assistance; fair housing, fair lending and predatory lending; budgeting and credit; loan product and feature comparison; purchase procedures and closing costs; money management (does not include debt management plan programs); selecting a real estate agent; and home inspection.

B. Resolving/Preventing Mortgage Delinquency or Default

This includes but is not limited to the consequences of default and foreclosure; loss mitigation, budgeting and credit; restructuring debt; obtaining re-certification for mortgage subsidy; and establishing reinstatement plans. It may also include helping clients affected by predatory lending; foreclosure prevention strategies; explaining the foreclosure process; providing referrals to other sources; and assisting clients with locating alternative housing.

C. Locating, Securing, or Maintaining Residence in Rental Housing

This refers to rental topics including, but not limited to: HUD rental and rent subsidy programs; other federal, state, or local rental assistance; fair housing; housing search assistance; landlord tenant laws; lease terms; rent delinquency; budgeting for rent payments; and providing assistance with locating alternate housing.

D. Non-Delinquency Post-Purchase

Improving Mortgage Terms and Home Improvement. Home maintenance and financial management for homeowners, including, but not limited to: escrow funds; budgeting; refinancing; home equity; home improvement; utility costs; energy efficiency; and rights and responsibilities of home owners.

E. Homeless Assistance

This includes, but is not limited to information regarding emergency shelter; other emergency services; and transitional housing.

Type of Housing Counseling Service Selected: _____

Signature of Client(s): _____ Date: _____

Date: _____

Signature of Counselor: _____ Date: _____

Date & Time In	Date & Time Out	Total	Date Counseling Session Closed:



CASE MANAGEMENT ACTION PLAN—HOUSING COUNSELING

Name(s) _____ Date: _____ HUD Number: _____

Purpose of Visit:		Housing Preference:	
Financial Snapshot:		Income Summary:	
1. Current Credit Score	1.	<input type="checkbox"/> Full Time Employment	
2. Current Savings	2.	<input type="checkbox"/> Part Time Employment	
3. Gross Monthly Income	3.	<input type="checkbox"/> Self Employed	
4. Net Monthly Income	4.	<input type="checkbox"/> Unemployed	
5. Current Monthly Expenses	5.	<input type="checkbox"/> Child Support	
6. Monthly Debt Obligations	6.	<input type="checkbox"/> Spouse/Partner Employment	
7. Discretionary Income Left Over	7.	<input type="checkbox"/> Pension	
8. Current Mortgage/Rent/	8.	<input type="checkbox"/> Retirement/Social Security	
9. Housing Ratio (Front End)	9.	<input type="checkbox"/> SSI	
10. Debt-to-Income Ratio (Back End)	10.	<input type="checkbox"/> Other	
Obstacle(s):			
1.			
2.			
3.			
Client's Actions/Tasks:		Time Frame:	Follow Up:
1.		1.	1.
2.		2.	2.
3.		3.	3.
Counselor's Actions/Tasks:		Time Frame:	Follow Up:
1. Fair Housing Education		1.	1.
2. Referrals		2.	2.
3.		3.	3.

I/We understand the purpose of the housing counseling program is to provide one-on-one counseling to assist in fixing those problems that prevent affordable rental/mortgage housing. The counselor will analyze my/our financial barriers. I/We will also be provided a monthly manageable budget plan. I/We further understand it is not the responsibility of the counselor to fix the problem, but to provide guidance and education to empower me/us in preventing these problems.

Signature of Client(s): _____ Date: _____

Signature of Counselor: _____ Date: _____



CASE MANAGEMENT ACTION PLAN—HOUSING COUNSELING

PREPURCHASE/HOME BUYING:	OUTCOMES:
<input type="checkbox"/> Client wants to purchase a home	<input type="checkbox"/> Provide homeownership counseling <input type="checkbox"/> For Your Protection, Get a Home Inspection <input type="checkbox"/> 10 Questions to Ask Your Home Inspector
RESOLVING/PREVENTING MORTGAGE DELIQUENCY OR DEFAULT:	OUTCOMES:
<input type="checkbox"/> Client is behind on his/her mortgage and seeks assistance <input type="checkbox"/> Client is facing foreclosure <input type="checkbox"/> Client seeks assistance with loss mitigation forms	<input type="checkbox"/> Agreement arranged with mortgage company regarding repayment plan <input type="checkbox"/> Referred to another social service program <input type="checkbox"/> Referred client to Legal Services of Alabama <input type="checkbox"/> Client advised on financial management <input type="checkbox"/> Loss mitigations processes utilized
LOCATING, SECURING OR MAINTAINING RESIDENCE IN RENTAL HOUSING:	OUTCOMES:
<input type="checkbox"/> Client cannot find affordable housing <input type="checkbox"/> Client is behind on his/her rent <input type="checkbox"/> Client is unable to get security deposit returned <input type="checkbox"/> Landlord is charging client for past due rent <input type="checkbox"/> Landlord is evicting the client/Public housing evicts client for utilities being disconnected <input type="checkbox"/> Landlord is refusing to make repairs to the home/apartment <input type="checkbox"/> Landlord is charging client for damages <input type="checkbox"/> Landlord has locked the client out of home	<input type="checkbox"/> Client finds safe affordable housing <input type="checkbox"/> Client was advised on financial management and referred to another social service agency <input type="checkbox"/> Client receives security deposit <input type="checkbox"/> Client gains access to the home <input type="checkbox"/> Client retains housing <input type="checkbox"/> Settlement and payment plan negotiated for damages <input type="checkbox"/> Settlement and payment plan negotiated for past due rent <input type="checkbox"/> Utilities reconnected at client's residence <input type="checkbox"/> The Landlord makes needed and necessary repairs to the home/apartment <input type="checkbox"/> Referred client to Legal Services of Alabama
NONDELIQUENCY POST PURCHASE:	OUTCOMES:
<input type="checkbox"/> Client desires financial management <input type="checkbox"/> Client seeks home improvement	<input type="checkbox"/> Referred to another social service program <input type="checkbox"/> Referred client to Legal Services of Alabama <input type="checkbox"/> Client advised on financial management <input type="checkbox"/> Repairs are made to the home
HOMELESS:	OUTCOMES:
<input type="checkbox"/> Client has no place to live <input type="checkbox"/> Educate client by providing information	<input type="checkbox"/> Assisted with Emergency Shelter <input type="checkbox"/> Referred to another social service program



HOUSING COUNSELING SCREENING AND INTAKE FORM

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please inform us so we can arrange alternative accommodations.

How did you hear about our housing counseling agency?

- Member of our staff Print/radio ad Religious or social organization Friend/family
 HUD Bank or mortgage servicer Internet search Other (specify) __

Biographic and Demographic Information

Applicant Name: _____ **Date:** ____ / ____ / ____
 Last Name First Name Middle Initial

Address: _____ **Home Phone:** () - ____
 Address and Apartment No City & State Zip

Email Address: Work Email Personal Email **Cell Phone:** () - ____
 Work Email Personal Email

Preferred Contact Method: Cell Phone Work Phone Home Phone Email **Gender:** Male Female Other
 Best time to be reached: _____

Social Security # - - - **Date of Birth:** ____ / ____ / ____

Race: American Indian/Alaskan Native Asian African-American
 Native Hawaiian/Pacific Islander White Biracial or Multiracial
 Other (Specify) _____ Decline to Answer

Ethnicity: Hispanic Non-Hispanic

Are you a Veteran? Yes No
Are you Disabled? Yes No

Marital Status: Single Married Divorced Separated Widow

Co-Applicant Name: _____ **Date:** ____ / ____ / ____
 Last Name First Name Middle Initial

Address: _____ **Home Phone:** () - ____
 Address and Apartment No City & State Zip

Email Address: Work Email Personal Email **Cell Phone:** () - ____
 Work Email Personal Email

Relationship to Co-Applicant: Spouse Significant Other Relative (specify): _____ Other: _____
 Spouse Significant Other Relative (specify): _____ Other: _____

Preferred Contact Method: Cell Phone Work Phone Home Phone Email **Gender:** Male Female Other
 Best time to be reached: _____

Social Security # - - - **Date of Birth:** ____ / ____ / ____

Race: American Indian/Alaskan Native Asian African-American
 Native Hawaiian/Pacific Islander White Biracial or Multiracial
 Other (Specify) _____ Decline to Answer

Ethnicity: Hispanic Non-Hispanic

Are you a Veteran? Yes No
Are you Disabled? Yes No

Marital Status: Single Married Divorced Separated Widow



HOUSING COUNSELING SCREENING AND INTAKE FORM

Household type.....

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Single Adult | <input type="checkbox"/> Married | <input type="checkbox"/> Cohabiting | <input type="checkbox"/> Single female-headed Household w/dependents |
| <input type="checkbox"/> Single male-headed household with dependents | <input type="checkbox"/> Roommates/ unrelated adults | <input type="checkbox"/> Living with non-spousal family members (parents, siblings, etc) | <input type="checkbox"/> Other: (specify) _____ |
- Family household size: _____ Primary Language: _____ or Secondary _____

Employment Status

Applicant's Employment Status

- | | | |
|---|--|---|
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Seasonally |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, receiving no benefits | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (specify): _____ |

Employer: _____

Dates of Employment: _____ to _____

Address: _____
Address City & State Zip

Work Phone: () - _____

Previous Employer: _____

Dates of Employment: _____ to _____

Address: _____
Address City & State Zip

Work Phone: () - _____

Co-Applicant's Employment Status

- | | | |
|---|--|---|
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Seasonally |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, receiving no benefits | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (specify): _____ |

Employer: _____

Dates of Employment: _____ to _____

Address: _____
Address City & State Zip

Work Phone: () - _____

Previous Employer: _____

Dates of Employment: _____ to _____

Address: _____
Address City & State Zip

Work Phone: () - _____



HOUSING COUNSELING SCREENING AND INTAKE FORM

Housing Status and Housing Goals

Housing Type:

- Renting/leasing Homeowner with mortgage(s) Homeowner (no mortgage debt)
 Homeless Boarder (renting) Living with family (renting/not renting)
 Other: _____ Do you currently receive rental assistance subsidies? Yes No If yes, please specify: _____

Housing goal is to...check all that apply:

- Buy a home (pre-purchase counseling) Prevent foreclosure Obtaining rental housing
 Transition from homelessness Prevent Eviction Get credit and budget counseling
 Financial Man./Budget/Home Maintenance Discuss a fair housing rights violation [Other Service Provided by ACHR]

Rental and Mortgage Information

If you are currently renting, how long have you been renting? Years Months. Check all that apply:

<input type="checkbox"/> I pay market rent	<input type="checkbox"/> I receive a rent subsidy and/or public housing resident	<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(s):		

If you own your property, do you have a mortgage? YES NO. If YES, please answer the questions below.

Mortgage Information		
	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	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know
Loan Balance	\$ <input type="checkbox"/> I don't know	\$ <input type="checkbox"/> I don't know
Interest Rate	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know
Monthly Principal and Interest Payment (excluding taxes and insurance).		
Private Mortgage Insurance (PMI) payment	\$	\$
Fixed or Adjusting Interest Rate?	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I 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 on the outcome of your previous foreclosure prevention effort 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 SCREENING AND INTAKE FORM

Please provide additional remarks about your hardship here:
 Has your hardship ended?
 Yes No
 Do you have the ability and willingness to resume mortgage payments? Yes No
 If "No," you seeking an alternative outcome, such as a deed-in lieu of foreclosure or short sale? Explain.

Questions related to your credit history:

1. Are there any outstanding judgments against you? Yes No
2. Have you declared bankruptcy within the past seven years? Yes No I am currently in a bankruptcy plan.
3. Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu? Yes No

Income, Debt, and Average Monthly Expenses

Please provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

Income Type	Applicant		Co-Applicant	
	Monthly Income		Monthly Income	
	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)
1. Salary/wage earnings	\$	\$	\$	\$
2. Rental Income	\$	\$	\$	\$
3. Child support/Alimony	\$	\$	\$	\$
4. Social Security	\$	\$	\$	\$
5. Pension Income	\$	\$	\$	\$
6. Dependent SSI income	\$	\$	\$	\$
7. Disability income	\$	\$	\$	\$
8. Unemployment Income	\$	\$	\$	\$
9. Public assistance income	\$	\$	\$	\$
10. Other:	\$	\$	\$	\$
11. Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$
Total COMBINED Gross:	\$			
Total COMBINED Net:	\$			



HOUSING COUNSELING SCREENING AND INTAKE FORM

Average Monthly Debts	Applicant	Co-Applicant
1. Rent	\$	\$
2. Mortgage (Principal and Interest)	\$	\$
3. Property Taxes, HOA, Insurance	\$	\$
4. Car Payment(s)	\$	\$
5. Car Insurance	\$	\$
6. Credit Cards (Total)	\$	\$
7. Childcare/daycare	\$	\$
8. Alimony/Child Support	\$	\$
9. School Tuition	\$	\$
10. Medical Debt:	\$	\$
11. Gas/Transportation	\$	\$
12. Household Utilities (Water, Electric, Gas, Trash, Landline, Cable)	\$	\$
13. Cell Phone(s)	\$	\$
14. Food (groceries + eating out)	\$	\$
15. Student Loan Debt	\$	\$
16. Tithing	\$	\$
17. Other:	\$	\$
Total:	\$	\$
Total COMBINED costs:	\$	\$

Now, refer to your COMBINED net income on the previous page. Subtract your COMBINED costs as added on the right. This represents your monthly cash flow. Complete the calculation below.

Taking my combined monthly net income of
\$_____

and subtracting my combined monthly costs of \$_____

equals \$_____.

I/we have POSITIVE or NEGATIVE cash flow.

Total Value, Liquid Assets:		Total Value, Hard Assets:	
1. Stocks/Bonds/CDs:	\$	1. Owner Occupied Property Value:	\$
2. Savings Account:	\$	2. Investment Property value:	\$
3. Checking Accounts:	\$	3. Other:	\$
4. Other:	\$	4. Other:	\$
Total Value:	\$	Total value:	\$

Applicant Print Name: _____ **Co-Applicant Print Name:** _____
Applicant Signature: _____ **Co-Applicant Signature:** _____
Date: _____ **Date:** _____