

General Information

First Name	
Last Name:	Middle Name:

Home Phone:
Work Phone:
Other Phone:
E-mail address

Date of Birth & Age:	Note: Dependents are the number of family members including yourself that you can claim on your yearly tax returns. If someone else can legally claim you as a dependent, please fill in zero (0). Family Composition size is the number of individuals currently residing at or residence.
Number of Dependents:	
Family Composition Size:	

What is your current marital status? Married Unmarried Separated

Please check all that apply:

- Single head of household (i.e. single mother, father, or custodian with child(ren))
- Disabled
- First Time Home Buyer
- Active Military/ Military Spouse
- US Veteran
- Have owned a home in the last 3 years

Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other: _____	Education <u>COMPLETED</u> : <input type="checkbox"/> Primary <input type="checkbox"/> Junior High <input type="checkbox"/> High School/ GED <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Graduate School
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Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> not Hispanic	How did you hear about CVH's Counseling Program? _____
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Address

Current

Address: _____

City/ County: _____ State: _____ Zip: _____

Status: Own Rent Live with relatives/friends

Length of occupancy: _____ years _____ months

Rental Payment: \$ _____ What utilities are included in your rent? _____

Is this a rural area? Yes No When is your lease ending? _____

Employment

Employer Name: _____

Contact Phone: _____

Position/Title: _____ Start Date: _____ End Date: _____

Income

Type of Income: (Salary/Wages) (SSI) (SSD) (Child Support) (Other : _____)
Amount: _____ Pay Cycle: (hourly) (weekly) (biweekly) (twice a month) (monthly) (yearly)

Which member of the household receives this income?: _____

Type of Income: (Salary/Wages) (SSI) (SSD) (Child Support) (Other : _____)
Amount: _____ Pay Cycle: (hourly) (weekly) (biweekly) (twice a month) (monthly) (yearly)

Which member of the household receives this income? _____

Type of Income: (Salary/Wages) (SSI) (SSD) (Child Support) (Other: _____)
Amount: _____ Pay Cycle: (hourly) (weekly) (biweekly) (twice a month) (monthly) (yearly)

Which member of the household receives this income?: _____

Your reason for today's appointment:

What have you already done to improve on your financial situation?

Short Term Financial Goals (0-6 months):

Long Term Financial Goals (6 months or more):

All the information that I/We have provided in this form is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this process. We understand that deliberately providing inaccurate information or an unwillingness to provide the counselor with the necessary information or documents to assist us will result in a closing of our file.

Signature

Date

Signature

Date



Central Virginia Housing
2300 Charles Street
Fredericksburg, VA 22401
Phone: (540) 604-9943 Fax: (540) 604-9949



CVH PRIVACY POLICY

Central Virginia Housing is committed to assuring the privacy of individuals and/or 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 “nonpublic 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 Foreclosure Mitigation Counseling Agreement. We may also use anonymous research information aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

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 transactions 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

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures
2. 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 (540) 604-9943 and do so.

Release of your information to third parties

1. 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.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic 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 to guard your nonpublic personal information.

Signature

Date

Signature

Date



Central Virginia Housing
2300 Charles Street
Fredericksburg, VA 22401
Phone: (540) 604-9943 Fax: (540) 604-9949



Disclosure Statement

Central Virginia Housing role is to provide independent information with which clients are able to make the best decisions about how to proceed to resolve their housing and home buying educational needs. Central Virginia Housing does not endorse or recommend any mortgage loan or lender. The client is under no obligation to follow Central Virginia Housing recommendations. Central Virginia Housing does not receive contributions from any lender recommended unless otherwise disclosed at the beginning of a counseling session, home buyer education class or any other class offered through the Housing Counseling Department. Client is under no obligation to utilize any services from Central Virginia Housing except in the case where a program may require Housing Counseling Services be provided to receive financial assistance.

Central Virginia Housing does not provide legal advice or representation.

I, _____, hereby acknowledge I have been informed and understand Central Virginia Housing and my role in the mortgage delinquency/foreclosure prevention counseling, rental counseling and homeownership counseling process and educational classes associated with same. I further understand that all information provided by me will remain strictly confidential. However, I authorize Central Virginia Housing to make this information available to anyone having a legitimate and necessary interest therein as determined by Central Virginia Housing. I also acknowledge I have read and understand the disclosure statement.

Client Signature

Date

Client Signature

Date

SIGN/RETURN TO CVH



Central Virginia Housing
2300 Charles Street
Fredericksburg, VA 22401
Phone: (540) 604-9943 Fax: (540) 604-9949



Disclosure Regarding Conflicts of Interest

I understand I am required to disclose any conflict of interest to Central Virginia Housing (CVH), whether it be a personal relationship with an employee, a family member of an employee of Central Virginia Housing or Member of the Board of Directors or any other relationship that may create a conflict of interest.

To help avoid conflicts, I am disclosing on this form other situations or areas in which it might appear that I have conflicting relationships. I invite any further review by CVH or any aspects of these situations or areas that might be considered inappropriate.

1. The following are personal, financial, professional, business, or volunteer positions or responsibilities that might give rise to conflicts (if none, so state):

2. The following are situations in which I am providing, or I am employed by or Consult with a business entity which is providing, goods or services to CVH (if none, so state):

Date

Signature

Print Name



Central Virginia Housing
2300 Charles Street
Fredericksburg, VA 22401
Phone: (540) 604-9943 Fax: (540) 604-9949



Counseling Agreement

1. I understand that Central Virginia Housing provides housing counseling after which I will receive a written action plan consisting of recommendations for handling of my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that Central Virginia Housing receives federal, state and local grant funds and may be reviewed by program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for grant program administrators and/or their agents to follow-up with me three (3) years after the file close out date.
4. I acknowledge that I have received a copy of Central Virginia Housing Privacy Policy. **INITIALS** _____
5. I may be referred to other housing services of the organization or to another agency that may be appropriate and that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. A counselor may answer questions and provide information, but no give legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I understand that Central Virginia Housing provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Central Virginia Housing in no way obligates me to choose any of these particular loan products or housing programs.

Client Signature

Date

Client Signature

Date

SIGN/RETURN TO CVH



Central Virginia Housing
2300 Charles St
Fredericksburg, VA 22408
Phone: (540) 604-9943 Fax: (540) 604-9949



Credit information supplied by Counseling Client

I, _____, have received information from my counselor at Central Virginia Housing to pull my own credit report from www.annualcreditreport.com

I have not paid Central Virginia Housing to pull my credit but to review the information and assist me in correcting issues or problems with my credit.

I understand that my credit report will not be disseminated nor be viewed by anyone other than the counseling department at Central Virginia Housing and their grantors.

I have freely provided the credit report to the CVH counselor without reservation.

Signature of Client

Date

HOUSEHOLD SPENDING PLAN

Indicate # of people in household:
 Adults _____ Children _____

NET MONTHLY INCOME

	NOW	W/HOUSE
Source 1	_____	_____
Source 2	_____	_____
Other Income	_____	_____
Total Income (A)	_____	_____

FIXED EXPENSES

	NOW	W/HOUSE
Rent/Mortgage	=====	_____
Electric	_____	_____
Gas/Oil	_____	_____
Water/Sewer	_____	_____
Telephone (basic)	_____	_____
long distance	_____	_____
cellular/pager	_____	_____
Trash pickup	_____	_____
Cable	_____	_____
Auto payment(s)	_____	_____
Auto Insurance	_____	_____
Life Insurance	_____	_____
Child Support/Alimony	_____	=====
Medical Insurance	_____	_____
Child Care	_____	_____
Other	_____	_____
Total (B)	_____	_____

CREDITOR PAYMENTS

	NOW	W/HOUSE
Installment Loans	=====	_____
Credit Card Payments	=====	_____
Total Payments (C)	_____	=====

FLEXIBLE EXPENSES

	NOW	W/HOUSE
Savings	_____	_____
Groceries	_____	_____
Lunch (work/school)	_____	_____
Eating Out	_____	_____
Entertainment/Hobbies	_____	=====
Laundry/Drycleaning	_____	_____
Cleaning Supplies	_____	_____
Clothing	_____	_____
Gasoline/Bus/Taxi	_____	_____
Newspaper/Magazines	_____	_____
Alcohol/Cigarettes	_____	_____
Church/Charity	_____	_____
Tuition/Books	_____	_____
Barber/Beauty Shop	_____	_____
Auto Maintenance	_____	_____
House Maintenance	_____	_____
Doctor/Dentist	_____	_____
Pets	_____	_____
Parking/Tolls	_____	_____
Lottery/Bingo	_____	_____
Other	_____	_____
Total (D)	_____	_____

EXPENSES

FIXED (B)	_____	_____
CREDITOR (C)	_____	=====
FLEXIBLE (D)	_____	_____
TOTAL EXPENSES (E)	_____	_____

Subtract Expenses from Income (A - E):

TOTAL INCOME (A)	_____	_____
TOTAL EXPENSES (E)	_____	_____
DIFFERENCE + or -	_____	_____

Note: If you have accounted for all your expenses, including savings, your difference should be **\$0.00**. If you come up with a positive number, you may want to consider allocating the extra money toward your debt and/or savings. If you come up with a negative number, you are spending more than you make. Review the spending plan thoroughly to examine where you can trim your expenses.

Applicant Signature _____ SSN _____

Applicant Signature _____ SSN _____

CERTIFICATION: I hereby certify that I have reviewed the above spending plan with the applicant(s) and concur that it is reasonable.

Lender or Counselor Signature: _____