

**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: <ul style="list-style-type: none"> <li><input type="checkbox"/> Single head of household (i.e. single mother, father, or custodian with child(ren))</li> <li><input type="checkbox"/> Disabled</li> <li><input type="checkbox"/> First Time Home Buyer</li> <li><input type="checkbox"/> Active Military/ Military Spouse</li> <li><input type="checkbox"/> US Veteran</li> <li><input type="checkbox"/> Have owned a home in the last 3 years</li> </ul>	
Race (Check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Black/African American</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> American Indian/Native Alaskan</li> <li><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</li> <li><input type="checkbox"/> Other: _____</li> </ul>	Education <u>COMPLETED</u> : <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary</li> <li><input type="checkbox"/> Junior High</li> <li><input type="checkbox"/> High School/ GED</li> <li><input type="checkbox"/> Vocational</li> <li><input type="checkbox"/> College</li> <li><input type="checkbox"/> Graduate School</li> </ul>
Ethnicity: <ul style="list-style-type: none"> <li><input type="checkbox"/> Hispanic</li> <li><input type="checkbox"/> not Hispanic</li> </ul>	How did you hear about CVH's Counseling Program? <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>

**Address**

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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? \_\_\_\_\_

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**Employment**

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Employer Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Income**

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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?: \_\_\_\_\_

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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? \_\_\_\_\_

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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?: \_\_\_\_\_

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Your reason for today's appointment:

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

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Short Term Financial Goals (0-6 months):

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Long Term Financial Goals (6 months or more):

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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**



### CVH PRIVACY POLICY

Central Virginia Housing Coalition 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. Central Virginia Housing Coalition receives funding from HUD and Virginia Housing to deliver Housing Counseling Services which may require monitoring and reporting. This requires Central Virginia Housing Coalition to report any and all information per their requirements. We may also use anonymous research information such as 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 regarding 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 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**

**\*SIGN/RETURN TO CVH\***



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



**Disclosure Statement**

Central Virginia Housing Coalition’s 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 Coalition does not endorse or recommend any mortgage loan or lender. The client is under no obligation to follow Central Virginia Housing Coalition’s recommendations. Central Virginia Housing Coalition 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 Coalition except in the case where a program may require Housing Counseling Services be provided to receive financial assistance.

**Central Virginia Housing Coalition does not provide legal advice or representation.**

I, \_\_\_\_\_, hereby acknowledge I have been informed and understand Central Virginia Housing Coalition and my role in the mortgage delinquency/foreclosure prevention counseling, rental counseling and homeownership counseling process, and educational classes. I further understand that all information provided by me will remain strictly confidential. However, I authorize Central Virginia Housing Coalition 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, 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 of 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):

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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):

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\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

**\*SIGN/RETURN TO CVH\***



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**Fredericksburg, VA 22401**  
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**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 housing counseling includes the following subjects:
  - a. Credit Counseling
  - b. Budget Counseling
  - c. Pre-Purchase Counseling
  - d. Pre-Purchase Non-Lender & Lender Approved
  - e. Homeownership Education
  - f. Successful Tenancy Education
  - g. Pre-Foreclosure Counseling
3. 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.
4. 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.
5. I acknowledge that I have received a copy of Central Virginia Housing Privacy Policy.  
**INITIALS** \_\_\_\_\_
6. 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.
7. 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.
8. 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\***



## 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](http://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.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Client Signature Date

**\*SIGN/RETURN TO CVH\***