

WHO REFERRED YOU? _____

INTAKE DATE: _____

Participant's Information

LEGAL LAST NAME: _____ FIRST NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ AGE: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

COUNTY: _____ EMAIL: _____

PHONE: (Home) _____ (Cell) _____

LIVE IN RURAL AREA? Yes No ENGLISH PROFICIENT: Yes No DISABLED: Yes No

GENDER: M F OTHER VETERAN: Yes No ACTIVE MILITARY: Yes No

MARRIED SEPERATED UNMARRIED WIDOWED DIVORCED

ADULTS IN HOME: _____ # CHILDREN IN HOME: _____ FEMALE HEADED HOUSEHOLD:

PREFERRED LANGUAGE: _____ COUNTRY OF ORIGIN: USA OR OTHER: _____

RACE/ETHNICITY African American American Indian/Alaskan Native Asian Caucasian
(Check all that apply): Chose not to respond Native Hawaiian or Pacific Islander Hispanic Other _____

EDUCATION: Below High School High School / GED Vocational School Some College
 Associates Degree Bachelor's Degree Master's Degree Doctoral Degree

Co-Participant's Information

LEGAL LAST NAME: _____ FIRST NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ AGE: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

COUNTY: _____ EMAIL: _____

PHONE: (Home) _____ (Cell) _____

LIVE IN RURAL AREA? Yes No ENGLISH PROFICIENT: Yes No DISABLED: Yes No

GENDER: M F OTHER VETERAN: Yes No ACTIVE MILITARY: Yes No

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EDUCATION: Below High School High School / GED Vocational School Some College
 Associates Degree Bachelor's Degree Master's Degree Doctoral Degree

Property Information

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Is this your primary residence? Yes No

Is this a rental property? Yes No

What type of property is it? Single Family Townhouse/Condo Multiplex (2-4 units)
 Manufactured/Mobile: Owns Land Does not own land Co-op

Employment & Income Information

Please list current employment for all persons in your household who are employed.

If you work more than one job, list them all. For budgetary purposes it is very important to understand the difference between every other week and bi-monthly pay. If you are unclear of the difference please consult with your counselor.

Employer Name/Employee Title (e.g., Salesclerk)	Start Date (MM/YYYY)	Employee Name	Hours Per Week	Pay Frequency	Gross (Before Taxes) & Net (After Taxes)
				\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	\$ _____ \$ _____
				\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	\$ _____ \$ _____
				\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	\$ _____ \$ _____
				\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	\$ _____ \$ _____
				\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	\$ _____ \$ _____

Does anyone in your house receive any of the following? Check a box for each.

Type	Yes	No	Who Receives It?	How Much?
Child Support or Alimony (circle one)				\$ _____ per _____
Social Security				\$ _____ per _____
Unemployment				\$ _____ per _____
Worker's Compensation				\$ _____ per _____
Veteran's Benefits				\$ _____ per _____
Disability				\$ _____ per _____
Housing Assistance Voucher				\$ _____ per _____
TANF or Food Stamps (circle which one's)				\$ _____ per _____
Other				\$ _____ per _____

ASSETS:

- Checking \$ _____ Investments \$ _____
 Savings \$ _____ Other \$ _____

Did you have pre-purchase counseling when you bought your home? Yes No

If yes, who provided the counseling? Realtor Lender Non-Profit Organization Other: _____

Did anyone other than your lender contact you offering assistance to modify your mortgage, either directly by telephone, or by other means such as by mail or a flyer? Yes No

Were you granted a loan modification or asked to do any of the following?

- Pay a fee Sign a contract Redirect mortgage payments
 Sign over title to your property Stop making loan payments None of the above

Are you currently in Chapter 13 Bankruptcy? Yes No

If yes, when did it begin? _____

If yes, when will it be paid out? _____

If yes, how much is the payment? _____

Have you had a Chapter 7 Bankruptcy? Yes No

If yes, when was it Discharged? _____

Average Monthly Expenses

HOMEOWNER INTAKE FORM

Provide the dollar amount that you spend on each item PER MONTH for all household members.

Housing	Monthly Amount
Mortgage Payment	\$
Homeowners Insurance	\$
Property Taxes	\$
HOA/Condo Assoc.	\$
Home maintenance, supplies	\$
Electric & Gas	\$
Water/Sewer	\$
Trash/recycling/yard waste	\$
Auto/Transportation	Monthly Amount
Car Loan	\$
Car Insurance	\$
Car maintenance/repairs	\$
Gasoline	\$
Parking	\$
Other Transportation	\$
Telephone, Cable, & Streaming	Monthly Amount
Home Phone service	\$
Cell Phone	\$
Cable	\$
Internet	\$
Streaming Services	\$
Miscellaneous	Monthly Amount
Memberships	\$
Savings	\$
Other:	\$
Other:	\$

Living Expenses	Monthly Amount
Groceries	\$
Eating Out	\$
Food at Work / School Lunch	\$
School Tuition / Fees	\$
Childcare	\$
Child Support/ Alimony	\$
Clothing	\$
Charity Donations/Church Tithe	\$
Tobacco / Alcohol	\$
Life Insurance (not taken out of paycheck)	\$
Household Supplies	
Toiletries/Personal Care	\$
Pet Expenses	\$
Medical Expenses	Monthly Amount
Medical Insurance (not taken out of paycheck)	\$
Doctor Visits/ Co-Pay	\$
Medications	\$
Dental Expenses	\$
Debt	Monthly Amount
Student Loans	\$
Credit Card 1	\$
Credit Card 2	\$
Other:	\$
Other:	\$
Other:	\$

Lender Information – First Mortgage (Please fill in as much as possible)

LENDING INSTITUTION: _____

CONTACT PERSON: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ FAX: _____

LOAN NUMBER: _____

TYPE OF MORTGAGE: FHA Conventional VA Other

INTEREST RATE TYPE: Fixed Adjustable Balloon 2/1 Buy Down

TERMS OF MORTGAGE: 10 YEARS 15 YEARS 20 YEARS 30 YEARS

CURRENT INTEREST RATE: _____ % LOAN BALANCE: \$ _____ PAST DUE AMOUNT: \$ _____

HOW LATE ARE YOU? Current 30 Days 60 Days 90 Days 120 Days

IN FORECLOSURE? Date you received foreclosure summons? _____ Did you respond? Yes No

Is a Sheriff's Sale Scheduled? Yes No If so, what is the sale date? _____

Date you made last payment? _____ Monthly payment amount? \$ _____

Does your mortgage payment include: Taxes Yes No and/or Insurance Yes No

If no, monthly tax payments: \$ _____ Monthly insurance amount: \$ _____

Date you purchased your home? _____ Initial Purchase price: & _____

Please mark the **primary reason** for the mortgage delinquency on your home and explain briefly:

- Unemployment Reduced income Divorce, Legal Separation
- Illness Death Excessive use of credit
- Loan service problem Medical expenses Home repair expenses
- Unexpected expenses: Please explain

Do you have a second mortgage? Yes No

Lender Information – Second Mortgage or Home Equity Line

LENDING INSTITUTION: _____

CONTACT PERSON: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ FAX: _____

LOAN NUMBER: _____

INTEREST RATE TYPE: Fixed Adjustable

TERMS OF MORTGAGE: 10 YEARS 15 YEARS 20 YEARS 30 YEARS

CURRENT INTEREST RATE: _____ % LOAN BALANCE: \$ _____ PAST DUE AMOUNT: \$ _____

HOW LATE ARE YOU? Current 30 Days 60 Days 90 Days 120 Days

IN FORECLOSURE? Date you received foreclosure summons? _____ Did you respond? Yes No
Is a Sheriff's Sale Scheduled? Yes No If so, what is the sale date? _____

Date you made last payment? _____ Monthly payment amount? \$ _____

Date of mortgage? _____

Please answer the following questions:

- Are there any outstanding judgments against you? Yes No
- Have you declared bankruptcy within the last seven years? Yes No
- Has the bankruptcy been discharged? Yes No
- Have you had property foreclosed upon or given Title or Deed-In-Lieu thereof in the last seven years? Yes No
- Do you intend to occupy the property as your primary residence? Yes No

Working In Neighborhoods 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. WIN assures that all information shared with WIN both oral 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. WIN may also use anonymous aggregate case file information for the purpose of evaluation our services, gathering valuable research information and designing future programs.

Types of Information that we gather about you

- **Information WIN receives from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;**
- **Information about your transaction with WIN, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and**
- **Information WIN receives 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 WIN not to make those disclosures.
2. If you choose to "opt-out" WIN will not be able to answer questions from your creditors. Nor will we be able to provide the same quality of loan resolution. If at any time, you wish to change your decision with regard to your "opt-out", you may contact WIN at 513-541-4109 to make arrangements for you to sign a written statement saying you agree with the terms of The Foreclosure Loss Mitigation Counseling Agreement and you want WIN to work on your behalf with your creditors.

Release of your information to third parties

1. So long as you have not opted-out, WIN may disclose some or all the information that we collect, as described above, to your creditors or third parties where WIN housing counseling staff has 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. WIN may also disclose any nonpublic personal information about or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, WIN restricts access to nonpublic personal information about you to those employees who need to know that information to provide services to you. WIN maintains physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I have read and understand the above Privacy Policy.

Participant

Co-Participant

SIGNATURE: _____

SIGNATURE: _____

NAME (PRINT): _____

NAME (PRINT): _____

DATE: _____

DATE: _____

What if I don't want Working In Neighborhoods to disclose my nonpublic personal information?

You may "opt-out" of certain disclosures:

- You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law) – that is, direct us to not make those disclosures.
- If you choose to "opt-out," we will not be able to answer questions from your creditors.
- If you choose to "opt-out," you may change your decision at any time by calling

RELEASE: I hereby authorize Working In Neighborhoods to release nonpublic personal information it obtains about me to (1) my creditors and (2) any third parties necessary to provide me with the services I have requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Participant

SIGNATURE: _____

NAME (PRINT): _____

DATE: _____

Co-Participant

SIGNATURE: _____

NAME (PRINT): _____

DATE: _____

OPT-OUT: I request that Working In Neighborhoods make no disclosure of my nonpublic personal information to third parties other than (LIST THE PARTIES) _____

Participant

SIGNATURE: _____

NAME (PRINT): _____

DATE: _____

Co-Participant

SIGNATURE: _____

NAME (PRINT): _____

DATE: _____

NOTE: If you have any impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about housing counseling, please talk with your housing counselor about arranging alternative accommodations.

Client and Counselor Roles and Responsibilities:

Counselor's Roles & Responsibilities	Client's Roles & Responsibilities
<ul style="list-style-type: none"> • Reviewing your housing goal and your finances • Preparing a Client Action Plan that lists the steps that you and your counselor will take to achieve your housing goal. • Assist in preparing a household budget. • Your counselor is not responsible for achieving you housing goals but will provide guidance and education in support of your goal. • Neither your counselor nor agency employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying your counselor when changing a housing goal. • Attending educational workshops as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection. • Create a housing goal
<p>Termination of Services: Failure to work cooperatively with housing counselor and/or Working In Neighborhoods will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments. INITIALS: _____/_____</p>	

Agency Conduct: No Working In Neighborhoods employee, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interest of our clients.

Agency Disclosure: Working In Neighborhoods provides pre and post purchase housing counseling, homebuyers education and financial literacy classes to individuals. The counseling is provided one on one and in small group to help individuals prepare for and maintain homeownership. Working In Neighborhoods also builds and rehabs homes for low and moderate-income first-time homebuyers.

I am under no obligation to look at or purchase a home from Working In Neighborhoods to receive housing counseling and homebuyer's education from the housing counseling staff of Working In Neighborhoods.

I am under no obligation to utilize the services of Working In Neighborhoods lending associates, realtors, or home inspectors to receive housing counseling and homebuyer's education from the housing counseling staff or Working In Neighborhoods.

Referrals and Community Resources: You will be provided a community resource list which outlines regional services available to meet a variety of needs, including utility assistance, food banks, and legal aid assistance, among others. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Working In Neighborhoods.

Quality Assurance: To assess client satisfaction and in compliance with grant funding requirements, Working In Neighborhoods or one of its partners, may contact you during or after the completion of your housing Counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Working In Neighborhoods grantors such as HUD. By signing this Disclosure Statement, I give Working In Neighborhoods authorization to share my information with HUD and other third parties, as applicable.

I/we acknowledge that I/we received, reviewed, and agree to Working In Neighborhoods Program Disclosures.

Participant

Co-Participant

SIGNATURE: _____

SIGNATURE: _____

NAME (PRINT): _____

NAME (PRINT): _____

DATE: _____

DATE: _____

If acceptance of program Disclosure Form is taken by phone:

Counselor’s signature below acknowledges that this Program Disclosure Form was read to client and client has verbally agreed to Working In Neighborhoods Program Disclosures. A hard copy of the Disclosure was sent to the client on (DATE) _____.

Counselor

SIGNATURE: _____

NAME (PRINT): _____

DATE: _____



CREDIT BUREAU AUTHORIZATION

NAME: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LENGTH OF TIME AT THIS ADDRESS: _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 (IF LESS THAN 3 YEARS) LENGTH OF TIME AT THIS ADDRESS: _____

SOCIAL SECURITY #: _____ PHONE#: _____ CELL#: _____

EMPLOYER: _____ # OF YEARS: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____ ZIP: _____

RACE: _____ # OF DEPENDANTS: _____ # IN HOUSEHOLD: _____

Household is Limited English Proficient	<input type="checkbox"/>	Household Lives in a Rural Area	<input type="checkbox"/>
Household is not Limited English Proficient	<input type="checkbox"/>	Household Does Not Live in Rural Area	<input type="checkbox"/>
Chose not to respond	<input type="checkbox"/>	Chose not to Respond	<input type="checkbox"/>

NAME: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LENGTH OF TIME AT THIS ADDRESS: _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 (IF LESS THAN 3 YEARS) LENGTH OF TIME AT THIS ADDRESS: _____

SOCIAL SECURITY #: _____ PHONE#: _____ CELL#: _____

EMPLOYER: _____ # OF YEARS: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____ ZIP: _____

RACE: _____ # OF DEPENDANTS: _____ # IN HOUSEHOLD: _____

Household is Limited English Proficient	<input type="checkbox"/>	Household Lives in a Rural Area	<input type="checkbox"/>
Household is not Limited English Proficient	<input type="checkbox"/>	Household Does Not Live in Rural Area	<input type="checkbox"/>
Chose not to respond	<input type="checkbox"/>	Chose not to Respond	<input type="checkbox"/>

I/We hereby give permission to the authorized staff of Working In Neighborhoods (WIN), to run a credit report on me for the purpose of homebuyers counseling, homebuyer education, and post purchase & delinquency counseling and for those having said information in respect to this to release it. I/We authorize the disclosure and discussion of my credit report and issues or problems arising upon said credit with Working In Neighborhoods (WIN), authorized WIN staff and/or the lending institute participating in the WIN homebuyer education & counseling programs. This authorization will remain in effect for 2 years from the above date. WIN is authorized to re-pull credit at least one additional time during this period.

Signature: _____ Date: _____

Spouse/Co-borrower Signature: _____ Date: _____



Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me

LIST OF DOCUMENTS NEEDED

**** PLEASE ADVISE WORKING IN NEIGHBORHOODS IF YOU HAVE ANY SPECIAL MOBILITY REQUEST OR ANY SPECIAL VISUAL OR HEARING REQUESTS. A TRANSLATOR CAN BE PROVIDED UPON REQUEST****

CLIENT NAME: _____

DATE: _____

INCOME VERIFICATION(S) *For each person (if applicable)*

- | | | |
|--|------------------------------|--------------------------|
| <input type="checkbox"/> Three month's Pay Stubs for each person | Alimony Award Letter | <input type="checkbox"/> |
| <input type="checkbox"/> Two Years Federal W-2's and/or 1099's | Social Security Award Letter | <input type="checkbox"/> |
| <input type="checkbox"/> Two Years Federal Tax Returns | Disability Income | <input type="checkbox"/> |
| <input type="checkbox"/> Child Support Award Letter | Pension Income | <input type="checkbox"/> |

MUST PROVIDE TWO (2) FORMS OF IDENTIFICATION

- Picture I.D. and second form of I.D. (i.e. social security card, health insurance card)

ASSEST DOCUMENTS

- Three months printed bank statements (*All pages including blank ones*)

EXPENSES

Copy of most recent household expenses

- | | | |
|---|--------------------------------|--------------------------|
| <input type="checkbox"/> Most recent Mortgage Statement | Auto/Life Insurance Statements | <input type="checkbox"/> |
| <input type="checkbox"/> Gas & Electric | Student Loans Statement | <input type="checkbox"/> |
| <input type="checkbox"/> Water | Installment Payments (auto) | <input type="checkbox"/> |
| <input type="checkbox"/> Phone (cell / home) | Property Tax Bill | <input type="checkbox"/> |
| <input type="checkbox"/> Cable / Dish Network | Trash Pickup | <input type="checkbox"/> |
| <input type="checkbox"/> Credit Card Statements | Any Other Expense Documents | <input type="checkbox"/> |

BANKRUPTCY - If within the past 7 years

- List of Debtors
- Bankruptcy and discharge papers if applicable
- Also any foreclosure paperwork