

**Housing Partnership of Chester County
Credit Counseling Application**

Dear Applicant(s),

For your convenience, we have provided secured mailboxes located at the front and rear of the building to deposit your application. A **one-time** \$30.00 processing fee is required (**PERSONAL CHECKS WILL NOT BE ACCEPTED**).

If your application has been completed in its entirety, we will contact you within 48 hours upon receipt of the application. This includes, but not limited to, all requested documents.

Here to serve,

Housing Partnership of Chester County
(610)518-1522

Make copies of all documents. All documents become the property of the Housing Partnership of Chester County and will not be returned.

Housing Partnership of Chester County Credit Counseling Application

Privacy Policy

Housing Partnership of Chester County (HPCC) 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 and we assure all information shared both orally/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 aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information 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 creditors, your credit card usage, and us
- Information we receive from a credit report 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. We will not be able to answer questions from your creditors if you choose to “opt-out”. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (610)518-1522 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 we collect, as described above, to your creditors or third parties where we have determined 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.

**Housing Partnership of Chester County
Credit Counseling Application**

Applicant:

Name: _____

SSN: _____ - _____ - _____ DOB: ____/____/____

Address: _____

City: _____ Zip: _____

Previous address (if less than 5 years at current address) _____

Home #: _____ Email: _____

Employer: _____ Work #: _____

Address: _____

Job Position/Title: _____ Starting Date: _____

Co Applicant:

Name: _____

SSN: _____ - _____ - _____ DOB: ____/____/____

Address: _____

City: _____ Zip: _____

Previous address (if less than 5 years at current address) _____

Home #: _____ Email: _____

Employer: _____ Work #: _____

Address: _____

Job Position/Title: _____ Starting Date: _____

Age Group of Applicant(s): 20's 30's 40's 50's 60+

Ethnic Group (Applicant): Caucasian Black Hispanic Asian Other _____

Ethnic Group (Co-Applicant): Caucasian Black Hispanic Asian Other _____

Marital Status: Married Unmarried Separated Widowed Divorced

Dependents (per income tax returns): Number _____ Ages _____

Citizenship (Applicant): U.S. Citizen Permanent Resident Non-Resident

Citizenship (Co-Applicant): U.S. Citizen Permanent Resident Non-Resident

Country of Origin (Applicant): _____ (Co-Applicant): _____

Highest Level of Education (Applicant): _____ (Co-Applicant): _____

Disabled: Yes No

**Housing Partnership of Chester County
Credit Counseling Application**

Are you currently working with any other agencies? Yes No

If yes, please explain. _____

Have you ever owned a home? Yes No

If yes, please explain (When, Where, Dates of Ownership & Sale, Etc.) _____

Have you ever filed for bankruptcy? Yes No

When? _____ Reason for filing for bankruptcy? _____

Has the bankruptcy been discharged or dismissed? Yes No Date: _____

Financial Information (Monthly)

All household information must be disclosed regardless of who is purchasing the home.

	Applicant	Co-Applicant	Other
Gross Salary	_____	_____	_____
(Base Pay)	_____	_____	_____
Support Payments	_____	_____	_____
SS, SSI, SSDI, etc.	_____	_____	_____
Other Income	_____	_____	_____
 Total Monthly Income	 _____	 _____	 _____

Waiver of Privacy

I/We hereby authorize the Housing Partnership of Chester County to act on my behalf in any third party negotiations with lenders, Realtors, or other appropriate entities in an effort to resolve any current or future problems related to this transaction. All information pertaining to your case is kept confidential and shall not be disclosed to any entity without your authorization. It is understood that funding sources may review the information contained in the counseling agency file, not lender files, as part of a random review process. Additionally, demographic information is provided to funding sources on each client.

Applicant

Co-Applicant

**Housing Partnership of Chester County
Credit Counseling Application**

Counseling Agreement

In order to qualify for the program, the applicant recognizes the need for counseling and pledges full cooperation with the counselor. The applicant authorizes the counselor to act on her/his behalf in order to improve her/his mortgage situation and obtain necessary services.

The applicant understands that any information that is required to obtain the help needed, must be supplied by the applicant. The applicant authorizes the counselor to obtain other information from outside sources when necessary. The need to exchange information or pass on information with funders of the program is also recognized by the client.

The counselor pledges to preserve strict confidentiality concerning the applicant, and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no actions without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interests of the applicant.

As a client of the Housing Partnership, I/We understand that the assistance provided will be free of charge. I/We understand that the staff providing counseling services will not:

1. break their pledge of confidentiality
2. accept fees from the services they recommend
3. recommend services in which they have a financial interest
4. terminate their counseling relationship without giving the reasons for such termination

I/We understand that the staff providing counseling services are not attorneys and will not provide legal advice. In consideration for receiving counseling from the Housing Partnership, I/We hold their staff to be free and harmless from any claims, damages, liabilities, or injuries arising from these services.

Applicant (Print) _____

Signature _____

Co-Applicant (Print) _____

Signature _____

The signing of this agreement does not constitute a commitment to provide financing.

**Housing Partnership of Chester County
Credit Counseling Application**

Authorization to Release Information

It is the policy of the Housing Partnership of Chester County to have communications, records and program information on clients and services held in confidence to the extent permitted by law. Confidentiality is defined as “the individual’s right to privacy; to be assured that any disclosure he or she makes will not be revealed to others.” Adhering to the Confidentiality Policy includes not revealing information held in the client’s file to other individuals or organizations without written consent from the client as well as not discussing clients or client-related matters in the presence of others unless required by law.

No information concerning a client may be directly or indirectly disclosed, unless a signed release is present in a client’s file or such information is required to be disclosed in response to a subpoena or disclosure is otherwise required by law. The release should include the name of the program which is making the disclosure, the names to which the disclosure is made, the name of the client, the purpose of need for disclosure, the extent of disclosure, and the signature of the client.

Signing of an information release may be required in order to provide reports to the funding agency. All other releases, however, are voluntary and the client has a right not to sign a release.

When information is being released, only that information that is necessary for the provision of a service will be released.

I/We, _____,
hereby authorize the Housing Partnership of Chester County (HPCC), a non-profit agency, their employees or agents to contact, cooperate and exchange information with any of my/our creditors, their employees or agents. Furthermore, I/We authorize any creditor to release and continue to release any and all information in its files to HPCC until I/We revoke this authorization directly to the creditor in writing.

I/We authorize the Housing Partnership to pull my/our credit report(s) for housing counseling purposes. _____ (Initial) _____ (Initial)
Applicant **Co-Applicant**

Client Name (Please print)

Client Signature

Social Security Number

Date

Client Name (Please print)

Client Signature

Social Security Number

Date

**Housing Partnership of Chester County
Credit Counseling Application**

Monthly Spending Plan Worksheet

Monthly Expense	Current	Adjusted	Difference
<u>Fixed Expenses</u>			
<u>Housing</u>			
Mortgage			
Heating (<i>gas or oil</i>)			
Electricity			
Telephones (<i>land-lines and cell phones</i>)			
Other:			
<u>Transportation</u>			
Gas			
Car Payment			
Public Transportation or Taxi			
Parking and Tolls			
Other:			
<u>Insurance</u>			
Health (<i>medical and dental, if not payroll deducted</i>)			
Life			
Disability			
Other:			
<u>Childcare</u>			
Childcare or Babysitters			
Child Support or Alimony			
<i>Fixed Expenses Sub-Total</i>			
<u>Periodic Fixed Expenses (Divide annual payment by 12)</u>			
<u>Housing</u>			
Homeowners Insurance (<i>if not included in mortgage</i>)			
Water or Sewage			
Trash Service			
Other:			
<u>Transportation</u>			
Car Insurance			
Car Inspection			
Car Repairs and Maintenance			
License Plates and Registration Fees			
Other:			

**Housing Partnership of Chester County
Credit Counseling Application**

Monthly Expense	Current	Adjusted	Difference
<i>Periodic Fixed Expenses Sub-Total</i>			
Flexible Expenses			
Food			
Groceries			
School Lunches			
Work-Related (<i>lunches and snacks</i>)			
Other:			
Housing			
Home Maintenance and Furnishings			
Cleaning Supplies			
Lawn Care			
Other:			
Medical			
Doctor			
Dentist			
Prescriptions			
Other:			
Savings			
Emergency Fund			
Clothing			
Clothing			
Laundry and Dry Cleaning			
Other:			

Monthly Expense	Current	Adjusted	Difference
Education			
Tuition			
Books, Papers and Supplies			
Newspapers and Magazines			
Lessons (<i>sports, dance, music</i>)			
Other:			
Donations			
Religious or Charity			
Other (<i>if not payroll deducted</i>):			

Housing Partnership of Chester County Credit Counseling Application

Gifts			
Birthdays			
Major Holidays			
Other:			
Personal			
Barber or Beauty Shop			
Toiletries			
Children's Allowances			
Tobacco Products			
Beer, Wine, Liquor			
Other:			
Entertainment			
Movies, Sporting Events, Concerts, Theater, Etc.			
Video Rentals			
Internet Service			
Cable/Satellite TV			
Restaurants and Take-Out Meals			
Gambling or Lottery Tickets			
Fitness or Social Clubs			
Vacations/Trips			
Hobbies or Crafts			
Other:			
Miscellaneous			
Checking Account Fees, Money Order Fees, Etc.			
Pet Care or Supplies			
Postage			
Pictures and Photo Processing			
Other:			
<i>Flexible Expenses Sub-Total</i>			
Indebtedness Expenses			
Debts			
Student Loan			
Credit Card (monthly minimum*)			
Credit Card (monthly minimum*)			
Credit Card (monthly minimum*)			
Medical Bills			
Personal Loan			
Payday Loan(s)			

**Housing Partnership of Chester County
Credit Counseling Application**

Rent to Own Contract			
Other:			
Other:			
<i>Indebtedness Sub-Total</i>			
Total Monthly Expenses (fixed + periodic fixed + flexible + indebtedness)			
Income			
Total Monthly Net Income			
Additional Savings			
Amount Left Over (total monthly net income - total monthly expenses)			

Source: Adapted from *CreditSmart* by Freddie Mac

Housing Partnership of Chester County Credit Counseling Application

HOUSEHOLD ASSETS:

Description	Value / Amount	Amount owed if any
Automobile #1		
Automobile #2		
Automobile #3		
Cash on Hand over \$100		
Checking account		
Savings account		
Boats / wet bikes		
Money Market Funds		
Computers		
RV/ Recreational homes		
IRA / Keogh Accounts		
Motorcycles / Snowmobile		
Stocks/bonds/CDs/Annuities, etc		
Farm equipment		
Other property		
Trailers		
Other_____		
Anticipated tax refunds		

**Please read below carefully: As head of Household I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.
Please sign below:**

Signature Date

Signature Date

Housing Partnership of Chester County Credit Counseling Application

Complete this form if you have balances and/or payments

Examples

Credit Cards
Department Stores
Auto Loans
Credit Unions
Delinquent State or Local Tax Payments

Payments on Fines
Unsecured Loans
Delinquent Real Estate Taxes
Bankruptcy Trustee Payments
Delinquent Medical Bills

Personal Loans
IRS
School Loans
Legal Fees

<u>Account Name</u>	<u>Interest Rate</u>	<u>Normal Monthly Payment</u>	<u>Monthly Balance</u>

Date Completed: _____

TOTAL: PAYMENTS BALANCES

**Housing Partnership of Chester County
Credit Counseling Application**

APPLICATION CHECKLIST

In order to properly assess your financial position, the following documents must be submitted to the HPCC for review and evaluation.

- Month of most recent paystubs.
- If receive Social Security, please provide the award letter.
- If receive child support/alimony, please provide a court order.
- (2) most recent signed federal tax returns.
- \$30 MONEY ORDER made payable to the Housing Partnership for an application fee.
NO PERSONAL CHECKS WILL BE ACCEPTED.
- (3) months current bank statements for all accounts.
- Photo I.D.

Do not submit originals. Please make a copy of all requested documents, except for original signed application forms. Documents will not be returned to the applicant.