



U.S. Department of Housing and Urban Development

Office of Housing Counseling

**Model
Personal
Information
and Data
Release
Forms:**

*Basic
Elements
and Best
Practices*

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Introduction

Housing counseling agencies (HCAs) participating in the U.S. Department of Housing and Urban Development (HUD)'s Housing Counseling Program use a variety of client data forms to document client information and counseling activities. Two of the most important client forms are the personal information form and the data release form. This guide provides a summary of HUD's regulations concerning these forms, discusses client intake best practices, and includes a Model Personal Information form, a Model Foreclosure Prevention Form, and a Model Data Release form for HCA customization and use. In addition to providing form templates, the Appendix includes a Model Personal Information form and a Model Foreclosure Prevention form with sample client data.

1. HCA Personal Information Form

HUD Requirements

Prior to providing counseling services, HUD-approved HCAs require potential clients to complete a personal information form (or client intake form). This form features a variety of questions and varies in length from agency to agency. HCAs often tailor the personal information form to their agency's services. For example, if an HCA primarily provides down-payment assistance funding, the personal information form may be designed to capture information from potential homebuyers.

Because of the diversity of counseling programs offered by HCAs across the country, HUD does not require its participating HCAs to use a universal intake form. However, HUD's Housing Counseling Handbook provides guidance regarding the client intake process. The Handbook states that the purpose of a client intake process is to:¹

- ✓ Assist a potential client. Where a language barrier exists ensure the client receives equal access to services
- ✓ Schedule an appointment with a housing counselor
- ✓ Refer the potential client to other resources

Model Personal Information Form

Appendix A provides a Model Personal Information form for HCA customization and use. This form may be especially helpful for new HUD-approved HCAs looking for a predesigned form that captures the full spectrum of HUD-approved counseling services.² The Model Personal Information form captures client biographic, demographic, employment, and household budget data. A field-by-field explanation of the form is provided with the model form.

Additionally, Appendix B provides a Model Foreclosure Prevention Form for HCA customization and use. This form is nearly identical to the Model Personal Information form, but omits questions and data fields concerning other housing counseling services. A field-by-field explanation of the form is also included with this form. Finally, both Appendix A and B include forms with sample client data.

TIP One of the most common file deficiencies found during HUD's audit of client files is a missing budget analysis.³ This may be due to the fact that some agencies separate their intake form from their budget form. *Thus, using a personal information form with a built-in household budget form may help HCAs improve HUD audit results.*

Personal Information Forms and Client Management Systems (CMSs)

Many established HCAs may already be using a personal information form that closely aligns with their client management system (CMS). As of October 2008, all HUD-approved HCAs are required to use a CMS that interfaces with HUD's Housing Counseling System (HCS). Among other things, a CMS automates much of the counseling process, including the client intake application. Thus, HCAs with intake forms that are compatible with their CMS may not need to modify their forms at all. These HCAs may use the Model Information Form for reference purposes only.

2. HCA Data Release Form

HUD Requirements

Another core housing counseling client form is the HCA Data Release form. A signed Data Release form – also known as a client authorization form or a third-party authorization form – permits an HCA to order a client credit report and/or to share client information with HUD or third parties as applicable. At the HCA's discretion, the Data Release form may also be customized to include several additional legal clauses. These clauses may include, but are not limited to:

- ✓ Release of liability from HCA errors and omissions
- ✓ Program-specific authorizations (i.e., HCAs may require clients to authorize multiple credit inquiries over an extended period of time as required by specific counseling programs.)

IMPORTANT: HUD requires its participating HCAs to include a data release form in each client file.⁴

Model Data Release Form

Appendix C provides a Model Data Release form for HCA customization and use. This form is not intended to duplicate or replace the content of an HCA's Privacy Policy or Program Disclosure form. Rather, this form should be used in conjunction with an HCA's Privacy Policy and Program Disclosure forms.

3. Best Practices

HCAAs should review and implement the following best practices with respect to the Model Personal Information and Data Release forms.

- ✓ HCAAs should develop personal information forms with data fields that match their agency CMS. By matching this form with the CMS, HCAAs can expedite the client intake data entry process.
- ✓ HCAAs should have their client forms, including but not limited to, the personal information form and the data release form, reviewed by legal counsel as necessary.
- ✓ HCAAs should always include the signed data release form and the completed personal information form in the client file.
- ✓ HCAAs providing foreclosure prevention as the core counseling function should consider using an intake form specific to foreclosure prevention, as provided in Appendix B.
- ✓ Review this form periodically to insure all program partners, funders and monitors are included as needed for program compliance.
- ✓ Please note that any changes to the data release form should be also reflected in the agency's privacy policy. If any changes are made to an agency's privacy policy, please consider mailing out a notice of this change to all active clients.

Note to Appendices

This set of appendices is provided strictly as a reference guide of foundational documents necessary for any start-up nonprofit HUD-approved housing counseling agency. These documents are provided as samples with the disclaimer that the use of these documents may involve certain legal consequences which may only be properly vetted by an attorney licensed to practice law within the state(s) in which you operate. These are legal documents with tax and legal consequences which may not be used without adequate review by a licensed attorney.

Appendix A: Model Personal Information Form and Form with Sample Data

The attached Model Personal Information form and Model Personal Information Form with sample client data are Microsoft Word documents that allow HCA customization. HCAs can add their agency logo and contact information in the document header. This form is a universal intake form that can be used for the full spectrum of HUD-approved counseling types: pre-purchase, non-delinquency post-purchase, foreclosure prevention, rental, reverse mortgage, and homeless counseling. However, this form is not aligned with a CMS intake form. Thus, HCAs are encouraged to use this form for reference purposes only, or to customize it according to their CMS data intake form.

Additionally, this form features form fields designed to capture numeric and text data. To use the document as a form, HCAs should enable the form protection feature in Microsoft Word and use the Tab key to move through the document fields to enter data. For information about enabling protection with Microsoft Word forms, see Microsoft's website or the Help feature in Microsoft Word.

Below is a guide to the data fields in the Model Personal Information Form.

Part One. Your Biographic and Demographic Information

Client File ID No:	Enter the client's File ID as used by the HCA.
How Did you Hear About Our Agency?	This question allows HCAs to track client referral channels (HUD, print/radio ad, bank, etc).
Name 1 and Name 2 Data Fields (Address, Email, Social Security No., etc):	Enter the name and pertinent information of the first individual that will be served under the corresponding Client File ID number. Note that this form uses "Name 1" and "Name 2" to refer to two individuals served under one Client File ID number. HCAs can use additional intake forms to capture information for additional individuals served under one Client File ID number.
My household type is...:	Client should specify housing type. HCAs can use this field to analyze the housing types represented by their clientele.

Part Two. Your Employment Status

Name 1 and Name 2 Employment Status:	Enter information about current and previous employment. Note that some HCAs providing home purchase mortgages may seek employment history for a specified number of years.
---	--

Part Three. Your Housing Status and Housing Goals

My current housing status is:

Check the box corresponding with the client's housing status.

My housing goal is to:

Check all boxes that apply to the client's housing goal. Note that two fields appearing in red can be used for HCA-specific housing goals, if necessary.

Part Four. Your Rental and Mortgage Information

"If you are currently renting..."

Specify client's rental history in terms of years and months. Check the boxes corresponding to the client's rental payment method/status (i.e. paying market rent, receiving a subsidy, etc).

"If you own your property..."

Enter information about client's owner-occupied mortgage information, if applicable. This portion of the form is not intended to capture investment property mortgage data.

Questions related to your credit history:

Check YES or NO to the three credit history questions.

Part Five. Your Income, Debt, and Average Monthly Expenses

This section should be filled out by the client to insure integrity of the information provided. However, if a client is having difficulty completing this section, the housing counselor should provide assistance by filling out the form with the client's verbatim information.

"Please provide information regarding your income and household debts and expenses..."

Enter the individual gross and net income. Use fields 10 and 11 in the table to specify other income types not listed in the table. Enter the combined gross and combined net income figures in the yellow shaded boxes.

Note that some HCAs have stand-alone worksheets capturing income, debt, and average monthly expenses. This form suggests incorporating the income/expense worksheet in the intake form.

Monthly Debts &

Expenses Table

Enter each individual's average monthly debts and expenses. Note that HCAs use a variety of debts and expense worksheets that capture varying levels of information. Some forms have as many as 25 expense fields while others have as few as 10. This form captures the most common fixed and discretionary household expense types. Note that HCAs can customize field 17. This table is not a spreadsheet and thus does not automatically tabulate data.

**"Now, refer to your
COMBINED net income
on the previous page..."**

Use this table to calculate monthly cash flow. Monthly cash flow is the difference of a household's net income less their monthly debts and average expenses. If the difference is negative, the household has negative cash flow. This signals to the counselor that the household may need to consider reducing discretionary spending, if possible, in order to support homeownership or rental obligations. If the difference is positive, the household has positive cash flow.

Assets table:

Use this table to capture the household's total liquid and hard asset value. Note that this table is not a spreadsheet and thus does not automatically tabulate data.

Signature Line:

All individuals served under the HCA Client ID should sign and date the intake form.

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(123) 456-7890 Fax: (123) 555-12345

*Insert Your Agency's Logo Above***Personal Information Client Intake Form (Sample)**

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 talk to your housing counselor about arranging 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) _____

Part One. Your Biographic and Demographic Information**Name 1:**

Last Name First Name Middle Initial

Date: / /**Address:**

Address and Apartment No City & State Zip

Home Phone: () -**Cell Phone:** () -**Email Address:** ☐ Work Email ☐ Personal Email**Gender:** ☐ Male ☐ Female**Preferred Contact Method:** ☐ Cell Phone ☐ Work Phone ☐ Home Phone ☐ Email**Best time to be reached:** _____**Social Security #** - -**Date of Birth:** / /**Race:** ☐ American Indian/Alaskan Native ☐ Asian ☐ African-American**Ethnicity:** ☐ Hispanic ☐ Non-Hispanic☐ Native Hawaiian/Pacific Islander ☐ White ☐ Biracial or Multiracial**Are you a Veteran?** ☐ Yes ☐ No☐ Other (Specify) _____ Decline to Answer ☐**Are you Disabled?** ☐ Yes ☐ No**Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow**Name 2:**

Last Name First Name Middle Initial

Date: / /**Address:**

Address and Apartment No City & State Zip

Home Phone: () -**Cell Phone:** () -**Email Address:** ☐ Work Email ☐ Personal Email**Gender:** ☐ Male ☐ Female**Relationship to Co-Applicant:** ☐ Spouse ☐ Significant Other ☐ Relative (specify): _____ Other: _____**Preferred Contact Method:** ☐ Cell Phone ☐ Work Phone ☐ Home Phone ☐ Email**Best time to be reached:** _____**Social Security #** - -**Date of Birth:** / /**Race:** ☐ American Indian/Alaskan Native ☐ Asian ☐ African-American**Ethnicity:** ☐ Hispanic ☐ Non-Hispanic☐ Native Hawaiian/Pacific Islander ☐ White ☐ Biracial or Multiracial**Are you a Veteran?** ☐ Yes ☐ No☐ Other (Specify) _____ Decline to Answer ☐**Are you Disabled?** ☐ Yes ☐ No**Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow

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*Insert Your Agency's Logo Above***My household type is....**☐ Single Adult☐ Married☐ Cohabiting☐ Single female-headed household with dependents☐ Single male-headed household with dependents☐ Roommates/ unrelated adults☐ Living with non-spousal family members (parents, siblings, etc)☐ Other: (specify) _____

Family household size: _____

Languages Spoken (specify): _____ / _____ / _____

Part Two. Your Employment Status**Name 1's Employment Status**☐ Employed Full-time☐ Employed Part-Time☐ Employed Seasonally☐ Unemployed, receiving benefits☐ Unemployed, receiving no benefits☐ Self-Employed☐ Disabled, receiving benefits☐ Retired☐ Other (specify): _____**Name 1****Employer:** _____**Address:** _____*Address**City & State**Zip***Dates of Employment:** _____ to _____**Work Phone:** () - _____**Previous****Employer:** _____**Address:** _____*Address**City & State**Zip***Dates of Employment:** _____ to _____**Work Phone:** () - _____**Name 2's Employment Status**☐ Employed Full-time☐ Employed Part-Time☐ Employed Seasonally☐ Unemployed, receiving benefits☐ Unemployed, receiving no benefits☐ Self-employed☐ Disabled, receiving benefits☐ Retired☐ Other (specify): _____**Name 2****Employer:** _____**Address:** _____*Address**City & State**Zip***Dates of Employment:** _____ to _____**Work Phone:** () - _____**Previous****Employer:** _____**Address:** _____*Address**City & State**Zip***Dates of Employment:** _____ to _____**Work Phone:** () - _____

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*Insert Your Agency's Logo Above***Part Three. Your Housing Status and Housing Goals****My current housing status is:**

- ☐ 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: _____

My housing goal is to...*check all that apply:*

- ☐ Buy a home (pre-purchase counseling) ☐ Prevent foreclosure ☐ Obtaining rental housing
☐ Transition from homelessness ☐ Obtain a reverse mortgage ☐ Get credit and budget counseling
☐ Discuss a fair housing rights violation ☐ [Other Service Provided by HCA] ☐ [Other Service Provided by HCA]

Part Four. Your Rental and Mortgage Information

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

☐ I pay market rent	☐ I receive a rent subsidy and/or public housing resident	☐ I am a Section 8 recipient
☐ I am facing eviction	☐ I am delinquent with my rent and need assistance	☐ I am delinquent with utilities and need assistance
☐ 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.

My mortgage data		
	First Mortgage	Second Mortgage
Is this loan Current or Delinquent?	☐ Current ☐ Delinquent	☐ Current ☐ Delinquent
Mortgage servicer name		
Loan Number	☐ I don't know	☐ I don't know
Loan Balance	\$ ☐ I don't know	\$ ☐ I don't know
Interest Rate	☐ I don't know	☐ I don't know
Monthly Principal and Interest Payment (excluding taxes and insurance).		
Private Mortgage Insurance (PMI) payment	\$	\$
Fixed or Adjusting Interest Rate?	☐ Fixed ☐ Adjusting ☐ I don't know	☐ Fixed ☐ Adjusting ☐ I don't know
Date you made your last payment:	/ /	/ /
Past Due Amount:	\$	\$
Have you previously applied for a loan modification or forbearance?	☐ Yes ☐ No	☐ Yes ☐ No
If "yes," please provide details on the outcome of your previous foreclosure prevention effort here: 		
Reason for Default:		
☐ Divorce ☐ Disability ☐ Marital Separation ☐ Decrease in income ☐ Increase in expenses ☐ Medical Hardship ☐ Other		

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Insert Your Agency's Logo Above

Please provide additional remarks about your hardship here:

Has your hardship ended?

☐ Yes ☐ NoDo 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 ☐ No2. 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**Part Five. Your 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).

	Name 1		Name 2	
	Monthly Income		Monthly Income	
Income Type	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:	\$			

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Insert Your Agency's Logo Above

Average Monthly Debts	Name 1	Name 2
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: \$

Name 1 Signature: _____ Date: _____

Name 2 Signature: _____ Date: _____

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*Insert Your Agency's Logo Above***Personal Information Client Intake Form (Sample Data)**

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 talk to your housing counselor about arranging 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) _____**Part One. Your Biographic and Demographic Information****Name 1:** Lopez Cynthia T.**Date:** 4/1/2012

Last Name

First Name

Middle Initial

Address: 12345 Meadows Branch Drive Main Town, IL 60053**Home Phone:** (123)456-1111

Address and Apartment No

City & State

Zip

Cell Phone: (123)456-2222**Email Address:** insert email address here ☐ Work Email ☒ Personal Email**Gender:** ☐ Male ☒ Female**Preferred Contact Method:** ☐ Cell Phone ☐ Work Phone ☐ Home Phone ☐ Email**Best time to be reached:** 9am to 1pm**Social Security #** 123-45-6789**Date of Birth:** 12/3/1973**Race:** ☐ American Indian/Alaskan Native ☐ Asian ☐ African-American**Ethnicity:** ☒ Hispanic ☐ Non-Hispanic☐ Native Hawaiian/Pacific Islander ☒ White ☐ Biracial or Multiracial**Are you a Veteran?** ☐ Yes ☒ No☐ Other (Specify) _____ Decline to Answer ☐**Are you Disabled?** ☐ Yes ☒ No**Marital Status:** ☐ Single ☒ Married ☐ Divorced ☐ Separated ☐ Widow**Name 2:** Lopez Mark S.**Date:** 4/1/2012

Last Name

First Name

Middle Initial

Address: Same as above**Home Phone:** (123)456-1111

Address and Apartment No

City & State

Zip

Cell Phone: (123)456-3333**Email Address:** insert email address here ☐ Work Email ☒ Personal Email**Gender:** ☒ Male ☐ Female**Relationship to Co-Applicant:** ☒ Spouse ☐ Significant Other ☐ Relative (specify): _____ Other: _____**Preferred Contact Method:** ☐ Cell Phone ☐ Work Phone ☐ Home Phone ☒ Email**Best time to be reached:** Anytime**Social Security #** 123-45-6788**Date of Birth:** 1/7/1970**Race:** ☐ American Indian/Alaskan Native ☐ Asian ☐ African-American**Ethnicity:** ☒ Hispanic ☐ Non-Hispanic☐ Native Hawaiian/Pacific Islander ☒ White ☐ Biracial or Multiracial**Are you a Veteran?** ☐ Yes ☒ No☐ Other (Specify) _____ Decline to Answer ☐**Are you Disabled?** ☐ Yes ☒ No**Marital Status:** ☐ Single ☒ Married ☐ Divorced ☐ Separated ☐ Widow

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*Insert Your Agency's Logo Above***My household type is....**☐ Single Adult☒ Married☐ Cohabiting☐ Single female-headed household with dependents☐ Single male-headed household with dependents☐ Roommates/ unrelated adults☐ Living with non-spousal family members (parents, siblings, etc)☐ Other: (specify) _____Family household size: 2

Languages Spoken (specify): _____ / _____ / _____

Part Two. Your Employment Status**Name 1's Employment Status**☐ Employed Full-time☐ Unemployed, receiving benefits☐ Disabled, receiving benefits☐ Employed Part-Time☒ Unemployed, receiving no benefits☐ Retired☐ Employed Seasonally☐ Self-Employed☐ Other (specify): _____**Name 1** Homemaker
Employer: _____**Address:** _____

Address

City & State

Zip

Dates _____ to _____
of Employment:**Work Phone:** () - _____**Previous**
Employer: _____**Address:** _____

Address

City & State

Zip

Dates _____ to _____
of Employment:**Work Phone:** () - _____**Name 2's Employment Status**☒ Employed Full-time☐ Unemployed, receiving benefits☐ Disabled, receiving benefits☐ Employed Part-Time☐ Unemployed, receiving no benefits☐ Retired☐ Employed Seasonally☐ Self-employed☐ Other (specify): _____**Name 2** ABC Accounting and Auditing
Employer: _____**Address:** 55 Byrne Center Drive Main Town, IL 60053

Address

City & State

Zip

Dates 2/2005 to Present
of Employment:**Work Phone:** (123)456-4444**Previous**
Employer: N/A - attending graduate school full time**Address:** _____

Address

City & State

Zip

Dates _____ to _____
of Employment:**Work Phone:** () - _____

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*Insert Your Agency's Logo Above***Part Three. Your Housing Status and Housing Goals****My current housing status is:**

- ☒ 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: _____

My housing goal is to...*check all that apply:*

- ☒ Buy a home (pre-purchase counseling) ☐ Prevent foreclosure ☐ Obtaining rental housing
☐ Transition from homelessness ☐ Obtain a reverse mortgage ☐ Get credit and budget counseling
☐ Discuss a fair housing rights violation ☐ [Other Service Provided by HCA] ☐ [Other Service Provided by HCA]

Part Four. Your Rental and Mortgage InformationIf you are currently renting, how long have you been renting? **6 Years 0 Months.** Check all that apply:

☒ I pay market rent	☐ I receive a rent subsidy and/or public housing resident	☐ I am a Section 8 recipient
☐ I am facing eviction	☐ I am delinquent with my rent and need assistance	☐ I am delinquent with utilities and need assistance
☐ 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.

My mortgage data		
	First Mortgage	Second Mortgage
Is this loan Current or Delinquent?	☐ Current ☐ Delinquent	☐ Current ☐ Delinquent
Mortgage servicer name		
Loan Number	☐ I don't know	☐ I don't know
Loan Balance	\$ ☐ I don't know	\$ ☐ I don't know
Interest Rate	☐ I don't know	☐ I don't know
Monthly Principal and Interest Payment (excluding taxes and insurance).		
Private Mortgage Insurance (PMI) payment	\$	\$
Fixed or Adjusting Interest Rate?	☐ Fixed ☐ Adjusting ☐ I don't know	☐ Fixed ☐ Adjusting ☐ I don't know
Date you made your last payment:	/ /	/ /
Past Due Amount:	\$	\$
Have you previously applied for a loan modification or forbearance?	☐ Yes ☐ No	☐ Yes ☐ No
If "yes," please provide details on the outcome of your previous foreclosure prevention effort here: 		
Reason for Default:		
☐ Divorce ☐ Disability ☐ Marital Separation ☐ Decrease in income ☐ Increase in expenses ☐ Medical Hardship ☐ Other		

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Insert Your Agency's Logo Above

Please provide additional remarks about your hardship here:

Has your hardship ended?

☐ Yes ☐ NoDo you have the ability and willingness to resume mortgage payments? ☐ Yes ☐ No

If "No," are 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 ☒ No2. 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

4. [OTHER QUESTION ADDED BY HCA]

Part Five. Your 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).

	Name 1		Name 2	
	Monthly Income		Monthly Income	
Income Type	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)
1. Salary/wage earnings	\$	\$	\$5000	\$3500
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:	\$0	\$	\$	\$3500
Total COMBINED Gross:	\$5000			
Total COMBINED Net:	\$3500			

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Insert Your Agency's Logo Above

Average Monthly Debts	Name 1	Name 2
1. Rent	\$0	\$1275
2. Mortgage (Principal and Interest)	\$0	\$0
3. Property Taxes, HOA, Insurance	\$0	\$0
4. Car Payment(s)	\$200	\$235
5. Car Insurance	\$60	\$60
6. Credit Cards (Total)	\$0	\$75
7. Childcare/daycare	\$0	\$0
8. Alimony/Child Support	\$0	\$0
9. School Tuition	\$0	\$0
10. Medical Debt:	\$0	\$0
11. Gas/Transportation	\$40	\$100
12. Household Utilities (Water, Electric, Gas, Trash, Landline, Cable)	\$0	\$300
13. Cell Phone(s)	\$0	\$115
14. Food (groceries + eating out)	\$0	\$500
15. Student Loan Debt	\$0	\$175
16. Tithing	\$0	\$50
17. Other:	\$0	\$0
Total:	\$300	\$2885
Total COMBINED costs:	\$3185	

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
income of
\$3500

and subtracting my combined monthly costs of **\$3185**

equals **\$315**.

I/we have ☒ **POSITIVE** or ☐ **NEGATIVE** cash flow.

Total Value, Liquid Assets:		Total Value, Hard Assets:	
1. Stocks/Bonds/CDs:	\$0	1. Owner Occupied Property Value:	\$0
2. Savings Account:	\$15,000	2. Investment Property value:	\$0
3. Checking Accounts:	\$1000	3. Other:	\$0
4. Other:	\$0	4. Other:	\$0
Total Value:	\$16,000	Total value:	\$0

Name 1 Signature: _____ Date: _____

Name 2 Signature: _____ Date: _____

Appendix B: Model Foreclosure Prevention Form and Form with Sample Data

The attached Model Foreclosure Prevention form and Model Foreclosure Prevention Form with sample client data are Microsoft Word documents that allow HCA customization. HCAs can add their agency logo and contact information in the document header. While this form is specific to foreclosure prevention, it has many of the same data fields found in the Model Personal Information Form. The two fields that differ are identified below.

Additionally, this form is not aligned with a CMS intake form. Thus, HCAs are encouraged to use this form for reference purposes only, or to customize it according to their CMS data intake form.

Finally, this form features form fields designed to capture numeric and text data. To use the document as a form, HCAs should enable the form protection feature in Microsoft Word and use the Tab key to move through the document fields to enter data. For information about enabling protection with Microsoft Word forms, see Microsoft's website or the Help feature in Microsoft Word.

Part Three. Your Mortgage Information

My current mortgage status is:

Check the appropriate box to specify the client's mortgage status. Note that many lenders consider a mortgage payment that is at least one day late as a delinquent mortgage account. However, this form defines delinquency as a payment that is 31-60 days late, which may not be consistent with all mortgage lenders. This form defines mortgage default as a payment that is 61 or more days late. Some lenders initiate foreclosure proceedings once the borrower(s) are 90 days late or more on their mortgage payments.

I am interested in the following mortgage goals:

Check all boxes that apply to the client's mortgage goals. Note that HCA counselors may need to explain some of these goals to their clients, as clients may not be familiar with loss mitigation options such as a mortgage assumption or deed-in-lieu of foreclosure. Also note that HCAs can specify a mortgage goal as indicated by the field in red.

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*Insert Your Agency's Logo Above***Foreclosure Prevention Client Intake Form (Sample)**

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 talk to your housing counselor about arranging 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) _____**Part One. Your Biographic and Demographic Information****Name 1:**_____
Last Name First Name Middle Initial**Date:** / /**Address:**_____
Address and Apartment No City & State Zip**Home Phone:** () -**Cell Phone:** () -**Email Address:**☐ Work Email ☐ Personal Email**Gender:** ☐ Male ☐ Female**Preferred Contact Method:**☐ Cell Phone ☐ Work Phone ☐ Home Phone ☐ Email**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**Name 2:**_____
Last Name First Name Middle Initial**Date:** / /**Address:**_____
Address and Apartment No City & State Zip**Home Phone:** () -**Cell Phone:** () -**Email Address:**☐ Work Email ☐ Personal Email**Gender:** ☐ Male ☐ Female**Relationship to Co-Applicant:**☐ Spouse ☐ Significant Other ☐ Relative (specify): _____ Other: _____**Preferred Contact Method:**☐ Cell Phone ☐ Work Phone ☐ Home Phone ☐ Email**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

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*Insert Your Agency's Logo Above***My household type is....**☐ Single Adult☐ Married☐ Cohabiting☐ Single female-headed household with dependents☐ Single male-headed household with dependents☐ Roommates/ unrelated adults☐ Living with non-spousal family members (parents, siblings, etc)☐ Other: (specify) _____

Family household size: _____

Languages Spoken (specify): _____ / _____ / _____

Part Two. Your Employment Status**Name 1's Employment Status**☐ Employed Full-time☐ Employed Part-Time☐ Employed Seasonally☐ Unemployed, receiving benefits☐ Unemployed, receiving no benefits☐ Self-Employed☐ Disabled, receiving benefits☐ Retired☐ Other (specify): _____**Name 1****Employer:** _____**Address:** _____

Address

City & State

Zip

Dates**of Employment:** _____ to _____**Work Phone:** () - _____**Previous****Employer:** _____**Address:** _____

Address

City & State

Zip

Dates**of Employment:** _____ to _____**Work Phone:** () - _____**Name 2's Employment Status**☐ Employed Full-time☐ Employed Part-Time☐ Employed Seasonally☐ Unemployed, receiving benefits☐ Unemployed, receiving no benefits☐ Self-employed☐ Disabled, receiving benefits☐ Retired☐ Other (specify): _____**Name 2****Employer:** _____**Address:** _____

Address

City & State

Zip

Dates**of Employment:** _____ to _____**Work Phone:** () - _____**Previous****Employer:** _____**Address:** _____

Address

City & State

Zip

Dates**of Employment:** _____ to _____**Work Phone:** () - _____

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*Insert Your Agency's Logo Above***Part Three. Your Mortgage Information****My current mortgage status is...*check all that apply:***

- ☐ Current but facing imminent default
 ☐ Default (payment is 61+ days late) and no foreclosure sales date set
 ☐ Occupying bank-owned property (REO)
- ☐ Delinquent (payment is 31-60 days late)
 ☐ Default (payment is 61+ days late) and foreclosure sales date set for: _____/_____/_____
 ☐ Other (specify): _____

I am interested in the following mortgage goals: (*check all that apply:*)

- ☐ Obtain a loan modification
 ☐ Apply for a federally-supported foreclosure prevention program
 ☐ Complete a mortgage assumption
- ☐ Obtain a short-term forbearance plan (up to 6 months)
 ☐ Complete a short sale
 ☐ Other (specify): _____
- ☐ Obtain a long-term forbearance plan (more than 6 months)
 ☐ Complete a deed-in-lieu of foreclosure
 ☐ [Other outcome added by HCA]

My mortgage data		
	First Mortgage	Second Mortgage
Is this loan Current or Delinquent?	☐ Current ☐ Delinquent	☐ Current ☐ Delinquent
Mortgage servicer name		
Loan Number	☐ I don't know	☐ I don't know
Loan Balance	\$ ☐ I don't know	\$ ☐ I don't know
Interest Rate	☐ I don't know	☐ I don't know
Monthly Principal and Interest Payment (excluding taxes and insurance).		
Private Mortgage Insurance (PMI) payment	\$	\$
Fixed or Adjusting Interest Rate?	☐ Fixed ☐ Adjusting ☐ I don't know	☐ Fixed ☐ Adjusting ☐ I don't know
Date you made your last payment:	____/____/____	____/____/____
Past Due Amount:	\$	\$
Have you previously applied for a loan modification or forbearance?	☐ Yes ☐ No	☐ Yes ☐ No
If "yes," please provide details on the outcome of your previous foreclosure prevention effort here: 		
Reason for Default:		
☐ Divorce ☐ Disability ☐ Marital Separation ☐ Decrease in income ☐ Increase in expenses ☐ Medical Hardship ☐ Other		
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," are you seeking an alternative outcome, such as a deed-in lieu of foreclosure or short sale? Explain.		

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*Insert Your Agency's Logo Above***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

Part Four. Your 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).

	Name 1		Name 2	
	Monthly Income		Monthly Income	
Income Type	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:	\$			

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Insert Your Agency's Logo Above

Average Monthly Debts	Name 1	Name 2
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: \$

Name 1 Signature: _____ Date: _____

Name 2 Signature: _____ Date: _____

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*Insert Your Agency's Logo Above***Foreclosure Prevention Client Intake Form (Sample Data)**

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 talk to your housing counselor about arranging 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) _____**Part One. Your Biographic and Demographic Information**

Name 1:	Lewis	Kate	Date:	7/13/2012
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Address:	12345	Knox	60053	Home Phone: (123)456-7890
	<i>Address and Apartment No</i>	<i>City & State</i>	<i>Zip</i>	Cell Phone: (123)456-7891
Email Address:	insert email address here ☐ Work Email ☒ Personal Email			Gender: ☐ Male ☒ Female
Preferred Contact Method:	☐ Cell Phone ☐ Work Phone ☐ Home Phone ☒ Email			Best time to be reached:
Social Security #	123-456-7890			Date of Birth: 05/10/1978
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
Marital Status:	☐ Single ☐ Married ☒ Divorced ☐ Separated ☐ Widow			Are you a Veteran? ☐ Yes ☒ No
				Are you Disabled? ☐ Yes ☒ No

Name 2:	Not applicable			Date:	
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>		
Address:				Home Phone:	() -
	<i>Address and Apartment No</i>	<i>City & State</i>	<i>Zip</i>	Cell Phone:	() -
Email Address:				Gender:	☐ Male ☐ Female
Relationship to Co-Applicant:	☐ Spouse ☐ Significant Other ☐ Relative (specify): _____ Other: _____				
Preferred Contact Method:	☐ Cell Phone ☐ Work Phone ☐ Home Phone ☐ Email			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
Marital Status:	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow			Are you a Veteran?	☐ Yes ☐ No
				Are you Disabled?	☐ Yes ☐ No

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*Insert Your Agency's Logo Above***My household type is....**☐ Single Adult☐ Married☐ Cohabiting☒ Single female-headed household with dependents☐ Single male-headed household with dependents☐ Roommates/ unrelated adults☐ Living with non-spousal family members (parents, siblings, etc)☐ Other: (specify) _____Family household size: 2

Languages Spoken (specify): _____ / _____ / _____

Part Two. Your Employment Status**Name 1's Employment Status**☒ Employed Full-time☐ Unemployed, receiving benefits☐ Disabled, receiving benefits☐ Employed Part-Time☐ Unemployed, receiving no benefits☐ Retired☐ Employed Seasonally☐ Self-Employed☐ Other (specify): _____**Name1 Employer:** Knox Auto Body Parts Warehouse**Address:** 123 Knox Street Main Town, IL 60053
*Address City & State Zip***Dates of Employment:** 05/2001 to Present**Work Phone:** (123)456-7899**Previous Employer:** Local Department Store**Address:** 800 West Avenue Main Town, IL 60053
*Address City & State Zip***Dates of Employment:** 07/1999 to 4/2001**Work Phone:** () -**Name 2's Employment Status**☐ Employed Full-time☐ Unemployed, receiving benefits☐ Disabled, receiving benefits☐ Employed Part-Time☐ Unemployed, receiving no benefits☐ Retired☐ Employed Seasonally☐ Self-employed☐ Other (specify): _____**Name 2 Employer:** _____**Address:** _____
*Address City & State Zip***Dates of Employment:** _____ to _____**Work Phone:** () -**Previous Employer:** _____**Address:** _____
*Address City & State Zip***Dates of Employment:** _____ to _____**Work Phone:** () -

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*Insert Your Agency's Logo Above***Part Three. Your Mortgage Information****My current mortgage status is...*check all that apply*:**

- ☐ Current but facing imminent default
 ☐ Default (payment is 61+ days late) and no foreclosure sales date set
 ☐ Occupying bank-owned property (REO)
- ☐ Delinquent (payment is 31-60 days late)
 ☒ Default (payment is 61+ days late) and foreclosure sales date set for: 12/1/2012
☐ Other (specify): _____

I am interested in the following mortgage goals: (*check all that apply*):

- ☒ Obtain a loan modification
 ☒ Apply for a federally-supported foreclosure prevention program
 ☐ Complete a mortgage assumption
- ☐ Obtain a short-term forbearance plan (up to 6 months)
 ☐ Complete a short sale
 ☐ Other (specify): _____
- ☐ Obtain a long-term forbearance plan (more than 6 months)
 ☐ Complete a deed-in-lieu of foreclosure
 ☐ [Other outcome added by HCA]

My mortgage data		
	First Mortgage	Second Mortgage
Is this loan Current or Delinquent?	☐ Current ☒ Delinquent	☐ Current ☐ Delinquent
Mortgage servicer name	American Mortgage Servicers	
Loan Number	818998 ☐ I don't know	☐ I don't know
Loan Balance	\$150,000 ☐ I don't know	\$ ☐ I don't know
Interest Rate	5.875% ☐ I don't know	☐ I don't know
Monthly Principal and Interest Payment (excluding taxes and insurance).	\$976.04	
Private Mortgage Insurance (PMI) payment	\$No PMI	\$
Fixed or Adjusting Interest Rate?	☒ Fixed ☐ Adjusting ☐ I don't know	☐ Fixed ☐ Adjusting ☐ I don't know
Date you made your last payment:	03/01/2012	/ /
Past Due Amount:	\$4 payments (\$3900) and attorney's fees	\$
Have you previously applied for a loan modification or forbearance?	☐ Yes ☒ No	☐ Yes ☐ No
If "yes," please provide details on the outcome of your previous foreclosure prevention effort here: ➡		
Reason for Default:		
☒ Divorce ☐ Disability ☐ Marital Separation ☐ Decrease in income ☐ Increase in expenses ☐ Medical Hardship ☐ Other		
Please provide additional remarks about your hardship here: Ms. Lewis recently completed a divorce and lost half of her household income. She is now a single mother of one child and would like to keep her home through a loan modification. Ms. Lewis states she has a divorce decree evidencing her sole ownership of the home. She is four payments behind and is in foreclosure. Her scheduled foreclosure sale date is December 1, 2012.		
Has your hardship ended?		
☒ Yes ☐ No		
Do you have the ability and willingness to resume mortgage payments? ☒ Yes ☐ No		
If "No," are you seeking an alternative outcome, such as a deed-in lieu of foreclosure or short sale? Explain.		

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*Insert Your Agency's Logo Above***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
4. **[OTHER QUESTION ADDED BY HCA]**

Part Four. Your 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).

	Name 1		Name 2	
	Monthly Income		Monthly Income	
Income Type	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)
1. Salary/wage earnings	\$3750	\$2625	\$	\$
2. Rental Income	\$	\$	\$	\$
3. Child support/Alimony	\$500	\$500	\$	\$
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:	\$4250			
Total COMBINED Net:	\$3125			

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Insert Your Agency's Logo Above

Average Monthly Debts	Name 1	Name 2
1. Rent	\$	\$
2. Mortgage (Principal and Interest)	\$976.04	\$
3. Property Taxes, HOA, Insurance	\$325.00	\$
4. Car Payment(s)	\$150.00	\$
5. Car Insurance	\$89.00	\$
6. Credit Cards (Total)	\$55.00	\$
7. Childcare/daycare	\$700.00	\$
8. Alimony/Child Support	\$	\$
9. School Tuition	\$	\$
10. Medical Debt:	\$	\$
11. Gas/Transportation	\$150	\$
12. Household Utilities (Water, Electric, Gas, Trash, Landline, Cable)	\$300	\$
13. Cell Phone(s)	\$100	\$
14. Food (groceries + eating out)	\$600	\$
15. Student Loan Debt	\$	\$
16. Tithing	\$	\$
17. Other:	\$	\$
Total:	\$3445.04	\$
Total COMBINED costs:	\$3445.04	

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
\$3125

and subtracting my combined monthly costs of \$3445.04

equals \$- 320.04.

I/we have ☐ POSITIVE or ☒ NEGATIVE cash flow.

Total Value, Liquid Assets:	Total Value, Hard Assets:
1. Stocks/Bonds/CDs: \$0	1. Owner Occupied Property Value: \$135,000
2. Savings Account: \$1000	2. Investment Property value: \$0
3. Checking Accounts: \$500	3. Other: \$
4. Other: \$0	4. Other: \$
Total Value: \$1500	Total value: \$135,000

Name 1 Signature: _____ Date: _____

Name 2 Signature: _____ Date: _____

Appendix C: Model Data Release Form

Data Release Form & Third Party Authorization (Sample)

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 talk to your housing counselor about arranging alternative accommodations.

You hereby authorize and instruct Smith County Housing Counseling Agency (Smith HCA) and/or its assigned agents to:

- ☐ Obtain and review your credit report, and
- ☐ Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation (for example, verifying your annual property tax obligations and homeowner's insurance fees)

Your credit report will be obtained from a credit reporting agency chosen by Smith HCA. You understand and agree that Smith HCA intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize Smith HCA to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help Smith HCA determine your viable financial options.

- | | | |
|--|--|---|
| ☐ Lenders | ☐ Banks | ☐ Mortgage Servicers |
| ☐ Debt Collectors | ☐ Landlords | ☐ Public Housing Authorities |
| ☐ Property Management Companies | ☐ Social Service Agencies | ☐ Counseling Agencies |

Entities such as mortgage lenders and/or counseling agencies may contact your Smith HCA counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your Smith HCA counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation.

You hereby authorize the release of your information to program monitoring organizations of Smith HCA, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition you authorize Smith HCA to have your credit report pulled two additional times to conduct program evaluations. You also agree to keep Smith HCA informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for or a counseling service that you are seeking.

Finally, you understand that you may revoke consent to these disclosures by notifying Smith HCA in writing.

_____ Name 1 (Printed)	____/____/____ SSN#	_____ Signature	_____ Date
----------------------------------	-------------------------------	---------------------------	----------------------

_____ Name 2 (Printed)	____/____/____ SSN#	_____ Signature	_____ Date
----------------------------------	-------------------------------	---------------------------	----------------------

Endnotes

¹ HUD Handbook 7610.1 rev 5, Chapter 3, Section A. A copy of the HUD Housing Counseling Program handbook can be retrieved at http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/handbooks/hsgb/7610.1

² HUD-approved counseling agencies provide pre-purchase, non-delinquency post-purchase, foreclosure prevention, rental assistance, reverse mortgage and homeless counseling.

³ HUD-approved Housing Counseling Operation and Funding Overview, broadcast 2/16/2011. Presentation available at http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/sfh/talk/parc/phiarch

⁴ See HUD Handbook 7610.1 rev 5, Chapter 5, Section B.2.d., "Counseling File Content Requirements."