



AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

Every Family Deserves a Chance at the American Dream

Counseling Agreement, Privacy Policy, and Conflict of Interest Disclosure Statement

1. I understand that Affordable Housing Centers of Pennsylvania provides financial capability counseling/coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand that Affordable Housing Centers of Pennsylvania receives Congressional funds through HomeFree-USA for Project Reinvest: Financial Capability program, and, as such, is required to (a) submit client-level information to NeighborWorks America Data Collection System (DCS) for this grant, (b) allow HomeFree-USA and NeighborWorks America to open files to be reviewed for program monitoring and compliance purposes, and (c) allow HomeFree-USA and NeighborWorks America to conduct follow-up with the client related to program evaluation.
3. I understand that I may opt-out of these requirement, but proof of this opt-out must be recorded in my client file.
4. I give permission for Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
5. I acknowledge that I have received a copy of Affordable Housing Centers of Pennsylvania Privacy Policy.
6. I understand I may be referred to other services of the organization, another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
7. I understand a counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
8. By signing this application, I certify that the information given to the Affordable Housing Centers of Pennsylvania household income, net family assets and all allowances and deductions are accurate and complete to the best of my knowledge or belief. The information solicited on this application by the Affordable Housing Centers of Pennsylvania in order to ensure that Federal Laws prohibiting discrimination against tenants and applications on the basis of race, color, national origin, religion, sex, family status, age, and handicap are compiled with. You are not required to furnish this information but are encouraged to do so. This information will not be used to discriminate against you in any way.
9. I understand that Affordable Housing Centers of Pennsylvania provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Affordable Housing Centers of Pennsylvania in no way obligates me to choose any of these particular loan products or housing programs.

DATA BECOMES THE PROPERTY OF THE AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA.

ALL documents copied during the screening process by the Housing Counselor to identify the housing need or problem shall become the property of the Affordable Housing Centers of Pennsylvania. Such documents shall include but not be limited to the following: pay stubs, bank statements, tax returns and W2's, correspondence, social security cards, driver's license, property tax statements, warranty deed, financial documentation, social security documentation, etc.

Client Initials _____

Co Client Initials _____



Counselor Follow Up and Response Time

It is the policy of the agency to return phone calls to clients within 4 business days except in the case of extreme emergencies or counseling staff is out of the office for an extended period of time.

1. I acknowledge that Affordable Housing Centers of Pennsylvania does not and cannot guarantee any results or outcomes as a result of the counseling services provided. The final outcome is the decision between the lender and me/us.
2. The housing counselor will help me to complete the paperwork to be submitted by myself to the mortgage company. I acknowledge that I am responsible for submitting all required documentation directly to the lender.
3. I will provide Affordable Housing Centers of Pennsylvania a copy of the information submitted to the mortgage company for their records.
4. The lender will follow up directly with me/us. I agree to contact the lender monthly for file updates.
5. I further acknowledge that I will follow up with Affordable Housing Centers of Pennsylvania upon notice of a decision or communication from the lender to keep them updated.

Project Reinvest: Financial Capability Privacy Policy

Affordable Housing Centers of Pennsylvania is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. 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 that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- 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.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.

Release of your information to third parties

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling/coaching you, or is a requirement of grant awards which make our services possible.
- 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).



Every Family Deserves a Chance at the American Dream

- 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.

Conflict of Interest Disclosure Statement

Agency / Individual Disclosure:

As a HUD approved affiliate member agency, I am required by the Housing and Urban Development's Handbook 7610.1 Rev-5, to make a full disclosure of any and all actual and potential conflicts of interest. The purpose of such disclosures is to allow you to make fully informed decisions about the services and agencies I may refer you to during the course of counseling sessions I will conduct with you.

Affordable Housing Centers of Pennsylvania certifies that the staff and volunteers who will housing counseling services have no conflicts of interest due to relationships with servicers, real estate agencies, mortgage lenders and/or other entities who may stand to benefit from particular counseling outcomes.

The types of services provided by Affordable Housing Centers of Pennsylvania are: budget counseling, credit counseling, credit report evaluation, debt management, financial literacy, foreclosure counseling, homebuyer's club, life skills, loss mitigation counseling, pre purchase counseling, post purchase counseling, and rental issues.

Affordable Housing Centers of Pennsylvania prohibits the following actions in order to prevent a conflict of interest in the provision of its housing counseling and education services.

Affordable Housing Centers of Pennsylvania will ensure and monitor that the agency, its staff, or any member of their immediate family must not take any action that may result in, or create the appearance of: administering the housing counseling program for personal or private gain; providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency's ability to ensure compliance with HUD program requirements, or to serve the best interests of its clients

Individuals, directors, employees, or family members of the Affordable Housing Centers of Pennsylvania may not accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, real estate sales agents, or brokers.

A director, employee, officer, contractor, or agent of Affordable Housing Centers of Pennsylvania shall not refer clients to mortgage lenders, brokers, builders, or real estate sales agents in which the officer, employee, director, his or her spouse, child, or general partner has a financial interest, neither may they acquire the client's property from the trustee in bankruptcy or accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, or real estate sales agents or brokers.



**AFFORDABLE HOUSING
CENTERS OF PENNSYLVANIA**
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A director, employee, officer, contractor, agent, his or her spouse, child, general partner, or organization in which he or she serves as employee other than with the Affordable Housing Centers of Pennsylvania, or with whom he or she is negotiating future employment, may not have a direct interest in the client as a landlord, broker, or creditor, or originate, have a financial interest in, service, or underwrite a mortgage on the client's property, own or purchase a property that the client seeks to rent or purchase, or serve as a collection agent for the client's mortgage lender, landlord, or creditor.

I have read and received a copy of the Affordable Housing Centers of Pennsylvania Counseling Agreement, Privacy Policy, and Conflict of Interest Policy Statement.

Client Signature

Date

Co Client Signature

Date

Counselor Signature

Date



AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

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Contact Information

_____ First Name MI _____ Last Name

_____ Social Security Number _____/_____/____ Date of Birth

Gender (please circle): Male Female

Marital Status (please circle): Single Married Divorced Separated Widow

Current Housing Arrangement: (Please choose one)

- Homeowner with mortgage
- Homeowner with mortgage paid off
- Homeless
- Rent
- Do not pay rent/live with family or friends
- Other _____

Preferred Language: _____

Are you proficient in the English language?: Yes No

How were you referred to our agency? _____

Living Status: 1) Family 2) Friends 3) Rent 4) Own 5) Shelter

Highest Education Level:

- Some High School – Never Finished
- GED Diploma
- High School Diploma or Equivalent
- Some College or Associate
- Some College-Never Completed
- Bachelor's Degree
- Master's Degree
- Doctoral Degree

Are you disabled? Yes No

Client Type Homeowner Homeowner w/ no mortgage Mortgagor Potential Buyer Renter

Are you a veteran? Yes No

_____ Address

_____ City _____ State _____ Zip Code

_____ County

Home Phone: () _____ - _____ Mobile () _____ - _____

Email Address: _____

Preferred Method of Contact: _____



AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

Every Family Deserves a Chance at the American Dream

Demographic Information

Race: (Please choose one)

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White or Caucasian
- Other race

Are you Hispanic: Yes No

Number of Dependents: _____ Family Size: _____

Income Information

Client Employment

Primary Employer: _____

Position: _____ Hire Date: _____

(Please Circle): Part Time Full Time Commission Self Employed

Gross Income: \$ _____

Are you paid: ___ Weekly ___ Bi-Weekly ___ Bi-Monthly ___ Monthly

Client Secondary Employment

Employer: _____

Position: _____ Hire Date: _____

(Please Circle): Part Time Full Time Commission Self Employed

Gross Income: \$ _____

Are you paid: ___ Weekly ___ Bi-Weekly ___ Bi-Monthly ___ Monthly

Other Income Sources

Type of Income	Client Monthly Income	Co-Client Monthly Income
Salary		
Alimony/Child Support		
Rental Income		
Pension Income		
Public Assistance		
Self Employment Income		
Dependent SSI Income		
Disability Income		
Seasonal Employment		
Other		

Can you document your child support/alimony income? Yes No

If yes, how long will it continue? _____

If your child or family member receives SSI, how many more years will the payments continue?

If you receive disability income, is it for a permanent disability? Yes No

Regarding seasonal employment, have you worked in the field for 2 years *or* more? Yes No



AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

Every Family Deserves a Chance at the American Dream

Co Client Employment

Primary Employer: _____

Position: _____ Hire Date: _____

(Please Circle): Part Time Full Time Commission Self-Employed

Gross Income: \$ _____

Are you paid: ___ Weekly ___ Bi-Weekly ___ Bi-Monthly ___ Monthly

Co-Client Secondary Employment

Employer: _____

Position: _____ Hire Date: _____

(Please Circle): Part Time Full Time Commission Self Employed

Gross Income: \$ _____

Are you paid: ___ Weekly ___ Bi-Weekly ___ Bi-Monthly ___ Monthly



AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

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Housing Budget: Please be as accurate as possible

Housing Expense		Food	
Rent/Mortgage Payment		Grocery	
Rental/Property Insurance		Eating Out/Snacks	
Electric		Household Items	
Gas Bill		Personal Items/Toiletries/Cleaning Supplies	
Water		Clothing/Shoes	
Communication		Transportation	
Phone Line		Auto Payment/Lease	
Cell Phone(s)		Auto Insurance	
Internet		Gas	
Cable		Maintenance	
Insurance		SEPTA	
Life Insurance		Parking/Tolls	
Disability Insurance		Medical	
Medical Insurance		Doctor Co-Pays	
Other		Prescription Medicine	
Memberships-Gym		Other Medical	
Alcohol/Tobacco		Debts	
Donations/Church Tithing		Credit Card Bills	
Travel/Vacation/Family Reunion		Student Loans	
Gifts/Holidays/Events		Personal Loan	

I / We certify that the information listed on the budget is accurate to the best of my knowledge. I have provided the agency with supporting documents for the items contained on the budget.

Client Signature

Date

Co Client Signature

Date

Counselor Signature

Date



AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA

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Authorization and Consent for Release of Information

Date	
Mortgage Company	
Mortgage Company Phone No.	
Loan Number	
Borrower	
Co-Borrower	
Property Address	

1. I hereby authorize Affordable Housing Centers of Pennsylvania to obtain any or all information and to represent me/us for the purpose of discussing and/or negotiating all matters relating to my/our mortgage.
2. I authorize Affordable Housing Centers of Pennsylvania to help me/us with all matters regarding the Housing Affordability and Stabilization plan.
3. I authorize Affordable Housing Centers of Pennsylvania to provide all figures and financial information on my/our behalf, to make any changes to our account on my/our behalf and to any document pertaining to my/our loan.
4. I authorize Affordable Housing Centers of Pennsylvania to request any document pertaining to my/our loan.
5. I hereby authorize Affordable Housing Centers of Pennsylvania to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to provide a mortgage estimate and/or process my mortgage modification application.
6. I understand that Affordable Housing Centers of Pennsylvania provides foreclosure mitigation counseling after which I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

Affordable Housing Centers of PA Rep	Title	Date
Affordable Housing Centers of PA Rep	Title	Date
Borrower Signature	Social Security #	Date
Co-Borrower Signature	Social Security #	Date

846 N. Broad St. 1st Floor
Phila, PA 19130
Phone: 215.765.1221
Fax: 215.765.0045

6325 Frankford Ave. D
Phila, PA 19135
Phone: 215.765.1221
Fax: 215.765.0045

Authorization, Disclosure, Privacy Statement (3-in-1)

COUNSELING SERVICES AUTHORIZATION

My personal information and counseling services

By signing this form I agree to share my personal financial and other private information. Signing this form also allows lenders and the Counseling Agency to discuss my accounts, credit, and finances, and to share my nonpublic personal information, described in the Privacy Policy provided with this authorization.

I understand that funders provide grants to make the counseling services possible, and that the Counseling Agency shares my information with these funders. These funders review Counseling Agency files, including my file, and may contact me to evaluate the counseling services that I receive.

I authorize my Counselor and the Counseling Agency to negotiate for me. The counseling services are offered free of charge, and neither the Counselor, nor the Counseling Agency, guarantees any result or outcome. I may be referred to other housing agencies for their services. I am not obligated to accept services or products from the Counseling Agency, its partners, or any organization I am referred to.

I understand that my Counselor cannot offer me legal or other professional advice or representation. If I need legal or other professional services I can ask my Counselor for information about referral services.

Counseling Services Checklist

Client must initial all items that are applicable

I have been verbally advised of the fee schedule, if any, prior to services being provided

I have discussed Home Buyer Options and related Pre-Purchase topics and I have received the HUD forms: "Ten Important Questions to Ask Your Home Inspector" & "For Your Protection: Get a Home Inspection"

I have received a copy of the Fair Housing Pamphlet

I understand that the counselor will discuss my budget with me and I will receive a copy of my Budget

I understand that the counselor will discuss my Action Plan with me and I will receive a copy of my Action Plan

I understand the counselor will explain the next steps needed to reach my financial goal to my satisfaction

Homebuyer Counseling

Homebuyer Education

Homeowner Counseling

Homeowner Education

Delinquency and Default Counseling

Delinquency and Default Education

Reverse Mortgage Counseling

Fair Housing Education

Tenant Counseling

Homelessness and Displacement Counseling

I want to buy a home in the next six (6) months

I want to buy a home, but not in the next six (6) months

Other programs, services, or products:

Counseling Agency Information

Counselor Name: _____

Phone: _____

Counseling Agency: _____

Email: _____

HCO Client Number: _____

Fax: _____



Authorization, Disclosure, Privacy Statement (3-in-1)

PRIVACY POLICY

This Counseling Agency respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with our legal and ethical obligations to you taken into consideration. We will not sell your personal information and we only share it to provide you with counseling services.

Your "nonpublic personal information" (including total debt information, income, living expenses, and personal information concerning your financial circumstances) will be shared with creditors, funders, and others only after you sign the Counseling Services Authorization. We may also collect, use, and share anonymous aggregated case file information to evaluate our services, to gather valuable research information, and to design future programs.

Types of Information That We Gather About You:

- Spoken or written information on applications and other documents, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You May Opt-Out If You Do Not Want Us to Share Your Information:

- You may "opt-out" to prevent the disclosure of your nonpublic personal information to third parties (such as your creditors).
- If you opt-out we cannot share your nonpublic information and we cannot answer questions from your creditors. We need to share your information to provide you with most services.
- You may opt-out at any time by calling the Counseling Agency at the phone number listed on the Counseling Services Authorization provided with this Privacy Policy.

How We Use Your Information:

- If you do not opt-out we may share information that we collect about you with your creditors or others if we think it would be helpful to you, would help us counsel you, or when required by funders that make our services possible.
- We may share information about you to anyone as permitted or as required by law (e.g., if a Court requires us to provide it with documents).
- Within our organization, we restrict access to your information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your information as required by federal and state law.

Client Authorization

By signing below I authorize my employers, lenders, creditors, servicers, and others to share personal and financial information with my Counselor and the Counseling Agency. I authorize my Counselor and the Counseling Agency to collect information about my accounts and to share this information with others, including funders, as needed to provide counseling services, to seek assistance from programs, or for related products and services. I authorize funders to contact me to evaluate programs that I participate in.

CLIENT NAME(S):

CLIENT SIGNATURE(S):

DATE:

1. _____

2. _____

