

Congreso Client Intake Packet

Attention: Please fill the packet out completely, any delay in filling out and submitting forms could delay services.

- Signatures and Highlighted sections are required
- Signed and completed packet is required before your one-on-one session
- Once packet is filled and signed and submitted a copy is sent to your counselor and a copy is sent to your email
- Adobe will guide you through what sections are required and where signatures are needed

These documents are needed for everyone living in the property. Estos documentos son necesario para todos los que viven en la propiedad

1. Picture I.D. For all adults living in household / Identificacion con retrato para todo adulto
2. Social Security Card for everyone/ Tarjeta de Seguro Social para todos
3. Birth Certificate only for minors/ Acta de Nacimiento- para todo los menores
4. Proof of household income for everyone/ Comprobante de Ingreso para todos
 1. Paystubs/ Talonarios de pago
 2. Cash assistance from welfare/ Asistencia en efectivo de welfare
 3. Food stamps/ Estampillas da Manutencion/
 4. Child support / Pension alimenticia
 5. Unemployment/ Desempleo
 6. SSI
 7. Social Security/ Seguro Social
 8. Pension/ Pensión
5. Bank statements (2 most recent months) / Estados de cuenta bancarios (2 mese reciente)
6. Utility bills/ Biles de utilidades

<u>Rental Assistance</u>	<u>Mortgage Assistance</u>	<u>Pre -approval/Pre-aprovado</u>
Lease / Contrato de arrendamiento	Deed / Titulo de propieda	Agreement of Sale/ <i>Acuerdo de venta</i>
Eviction notice / Notificacion de desalojo	Mortgage bill/ Factura de hipoteca	Home Inspection Report/ <i>Reporte de Inspeccion</i>
Intent to rent letter –Carta de intencion de alquilar	Hardship letter/ Carta de dificultades	Federal tax returns (last two years)/ Im puesto Federales (los ultimos dos años)
Hardship letter/ Carta de dificultades	Delinquency notice/ Carta de atraso (Act 91, Act 6, or Intent to Foreclosure)	\$24.25 money order for credit report/giro de \$24.25 para el historial de credito
Federal tax returns (one year)/ Impuesto Federales (un año)	Federal tax returns (last two years)/ Impuesto Federales (los ultimos dos años)	
Rental License/ Licencia de renta /Rent suitability / W9 form –From your landlord		

First Name: _____ MI: ___ Last Name: _____

Date of Birth: _____ SSN: _____

Gender (how you'd like to be identified): Female Male Transgender Prefer to self-describe Client chooses not to answer

Self-describe (e.g., transwoman, two spirit): _____

Marital Status: Single Married Domestic Partner Common Law Divorced Separated Widowed

Home Address: _____

Apt./Suite _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

What is your primary language spoken? English Spanish Other

Number of members in your household: _____

Is the head of your household employed? Y N

Have you been or are you currently in foster care? Y N

Are you of Hispanic origin? Y N Client Chooses not to Answer

If YES, how do you primarily identify your Ethnicity?

Dominican Guatemalan Mexican, Mexican Am., Chicano Puerto Rican Other: _____

What is your Country of Birth? _____

Race (Choose all that apply):

Asian Indigenous Peoples of the Americas African American or Black Caucasian Hawaiian/Pacific Islander Client chooses not to answer or White

Do you get help from the PA Dep. of Public Welfare?

Both cash assistance and food stamps Cash assistance only Food stamps only No

Health Insurance Provider: _____

Health Insurance Type (Choose all that apply):

Medicare (Retired, disabled or on SS benefits) Medicaid CHIP Private Insurer UNINSURED

Annual household income:

Less than \$10,000 \$10,000-14,999 \$15,000-24,999 \$25,000-34,999 \$35,000-49,999 \$50,000-\$74,999 \$75,000-99,999 \$100,000-\$149,999 Over \$149,999

Current Grade:

1 2 3 4 5 6 7 8 9 10 11 12 Kindergarten GED Program Voc/Tech School Adult Ed College Grad School Not in school

School: _____

If not in School, Last Grade Completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED Voc/Tech School Adult Ed College Grad School

May we send you SMS/Text Messages? Yes No

May we contact you for the following reasons?

To offer new services you may be eligible for Yes No
To request feedback on services you have received Yes No
To see how you are doing after receiving service Yes No



AUTHORIZATION, DISCLOSURES, AND PRACTICES

CONFLICT OF INTEREST DISCLOSURES

➤ *WHO WE ARE*

CONGRESO is a nationally recognized multi-service organization. Congreso's goal is to alleviate poverty and promote economic self-sufficiency to ensure that our most vulnerable populations have the educational credentials and workforce skills to compete in a global economy. Congreso places the client at the center for all decisions and achieves its goals through measuring client outcomes and creating strategic partnerships. Congreso is an established leader of education, workforce, and health, behavioral health, and safety services

➤ *HOUSING COUNSELING AGREEMENT*

By participating in our homebuyer education program, you are agreeing to receive counseling, education, information and application assistance, including computations, assessments and procurement of services, in connection with your pursuit of (a) a home purchase, (b) qualifying for a mortgage loan or other homebuyer assistance program (c) obtaining better loan terms with your current mortgage loan or (d) preventing a home foreclosure. While you are welcomed and encouraged to do so, you are in no obligation to participate in any grant programs, or other services. Congreso de Latinos Inc. is not obligated to enroll you in any other program as a result of your participation in any homeownership education program or services render at our Housing Department.

➤ *REAL ESTATE DEVELOPMENTS PROJECTS AND OTHER GRANT PROGRAMS*

Congreso De Latinos Inc. does not own or develop any real estate property for the purpose of renting or selling.

➤ *EXCLUSIVE PARTNERS*

Congreso De Latinos Unidos, Inc does not hold any formal exclusive or financial partnerships or affiliations with any outside agencies such as mortgage companies and brokers aside from its funders listed in the funding section below. Congreso de Latinos Unidos, Inc. does receive client referrals from other organizations, banks, and realtors in the area.

Clients are not obligated to receive, purchase, or utilize any other service offered by Congreso or its exclusive or financial partners in order to receive housing counseling services.

All persons in a Position of Trust at Congreso de Latinos Unidos, Inc. including a director, employee, officer, contractor, volunteer, agent of a participating agency or the spouse, child or business partner of any individual holding these positions must avoid any action that might result in, or create the appearance of, administering the housing counseling operation for personal or private gain.

It is a conflict of interest for any of the above parties to provide preferential treatment to any organization or person, or to undertake any action that might compromise the agency's ability to ensure compliance with the Conflict of Interest requirements stated herein and to serve the best interests of its clients.



A conflict of interest would arise if the director, employee, officer, contractor, volunteer or agent of a participating agency, or the spouse, child or business partner of any individual holding these positions of trust or any organization in which these persons serves as an employee (other than with the participating counseling agency), or with whom he or she is negotiating future employment, has a direct interest in the client by virtue of their role:

1. As the client's landlord;
2. As the client's real estate agent or broker;
3. As the client's creditor;
4. As the client's mortgage broker;
5. Loan originator; having a financial interest in, servicing, or underwriting a mortgage on the client's property;
6. Owning or purchasing a property that the client seeks to rent or purchase;
7. Serving as a collection agent for the client's mortgage lender, landlord or creditor.

➤ *PROGRAM FEE*

- All Personal counseling sessions are free of charge.
- A Credit Report fee is assessed if your credit report is ordered by Congreso De Latinos Inc. (Pre-Purchase - \$16 for an individual report and \$29.50 for joint credit report; Rental/Homeowner Services \$5.25 for an individual report and \$10 for a joint credit report).
- This fee may be waived if you meet very low income criteria

➤ *FUNDING SOURCES*

A "fees for services" arrangement currently exists between Congreso De Latino, Inc. and the following The Division of Housing and Community Development, The Pennsylvania Housing Finance Agency, The Office of Homeless Services, and UnidosUS.

In addition, we received a \$500.00 fee from PFHA for every homebuyer workshop facilitated by Congreso.

PRIVACY POLICY AND AUTHORIZATION

Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and



to guard against unauthorized access. We used locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Information We Collect

We collect personal information to

- support our financial fitness counseling,
- assist in qualification for our affordable home development projects
- perform a mortgage affordability assessment
- assist you in shopping for and obtaining a home mortgage from a lender.

We collect personal information about you from the following sources:

- Information we receive from you on applications or other forms,
- Information we receive from a consumer reporting agency,
- Information we receive from independent third parties authorized by you to provide us with your information.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts, and income;
- Information we receive from consumer reporting agency, such as your credit bureau reports, your credit history, and your creditworthiness.

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit and/or governmental organizations involved in community development, but only for program review auditing, research and oversight purposes.
- We may also disclose personal information about you to third parties as permitted by law.

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

(Proceed to next page)

➤ Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice.



Please indicate in the box below your privacy choice:

In connection with determining my ability to obtain a mortgage loan, I (we)

Authorize

Do not authorize

Congreso De Latinos Inc. to share with potential mortgage lenders, governmental agencies and/or other non-profit agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. If authorized, these lenders may contact me to discuss loans for which I may be eligible for, and these non-profit and governmental agencies may contact me for program evaluation purposes or offer other services. I understand I may revoke my consent to these disclosures by notifying Congreso de Latinos, Inc. Housing Counseling Program *in writing*.

➤ **Credit Reporting Authorization**

In connection with my request to receive housing counseling and my pursuit to (a) purchase real property and/or obtain a mortgage loan, and/or (b) receive mortgage delinquency counseling and/or post-purchase and refinance counseling, and (c) for review purposes lasting up to 3 years from the date of the initial counseling session, I (we)...

Authorize

Do not authorize

...Congreso De Latinos, Inc. to obtain a copy of my/our credit report.

Applicant's Signature

Print Applicant Name

Date



CONSENT TO RELEASE INFORMATION

Counselor's Name: _____

Client's Name: _____
(Print client's name)

I, _____ resident of _____
Client's Name Address

do hereby request that _____
Name & Organization to which information will be provided (Lender)

release all information regarding my account number: _____

Congreso De Latinos Unidos, Inc.
216 W. Somerset Street
Philadelphia, PA 191333

ATTN: _____

Email: _____

I acknowledge that the information obtain will be used solely by **Congreso De Latinos Unidos, Inc.** and the Lenders for the purpose of assisting in the creation of housing counseling plan.

I understand that this Release of Information is subject to revocation at any time, or one year of the date of signing, except to the extend that action has been taken in reliance thereon.

I hereby release the party from whom information is requested for any and all liability which might accrue as a result of the disclosure of such information to **Congreso De Latinos Unidos, Inc.** I will hereby certify that I have read the foregoing "Release" or it has been read to me and I fully understand its contents and meaning.

Client's Signature: _____ Date of Consent: _____

Congreso de Latinos Unidos, Inc.
Housing Counseling and Consumer Education Program
Waiver of Privacy

Please check one or more (if applicable):

- Pre Purchase _____
- Mortgage Default & Delinquency _____ Rental delinquency counseling _____
- Home Improvement _____ Tenant counseling _____
- (Phil Action Loan) _____
- Consumer Education _____
- Phil-Plus _____
- Mini-Phil _____
- Anti predatory lending _____ Deed related problems _____
- Other _____

Agency Name: Congreso de Latinos Unidos, Inc.

Phone: (215) 763-8870

Waiver of Privacy: I _____ hereby authorize Congreso de Latinos Unidos, Inc. housing counselor(s), to release and/or share information about my case, when appropriate, and in any third party negotiations necessary to resolve my case. I also authorize Congreso de Latinos Unidos, Inc. housing counselor(s) to verify my source of income, income amount and/or other information that will help Congreso to determine my eligibility in any subsidize and/or economical assistance.

Please note: This authorization allows Congreso de Latinos Unidos, Inc. housing counselor(s) to act on your behalf in any third party negotiations with lenders, landlords, utility company or other entities in an effort to resolve the current or possible future problems related to this transaction. All information pertain to your case will be 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.

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Client Information

Client Name:	
Street Address:	
City:	
Zip Code:	
Home Number:	Cell Number:
Loan Number	
Last 4 digits Social Security:	

Housing Counselor Name: _____

Housing Counselor Signature: _____

Client Name: _____

Client Signature: _____

Date: _____

City of Philadelphia, Division of Housing and Community Development
Foreclosure Prevention Counseling Form

SaveYourHomePhilly! Hotline, 215-334-HOME(4663)

Housing Counseling Agency:

I, housing counselor (Name & Phone Number), _____ certify that I provided and explained the following information as an integral part of pre-purchase and homeowner services counseling:

Please contact the Save Your Home Philly! Hotline, 215-334-HOME (4663), to be referred to a City funded housing counseling agency for free assistance when you first experience difficulties paying your mortgage or City taxes (real estate/water). The Housing Counseling agencies listed on the flip-side of this page can also assist you filing out the required applications in hopes of curing the default.

Mortgage Delinquency Notices

- **Act 6 Notice/Notice of Intention to Foreclosure (FHA Loans)**: Sent when you are 60 days behind in your mortgage payments.
- **Act 91 Notice (Conventional Loans)** Sent when you are three (3) months delinquent with your conventional loan, advising homeowners to apply for a HEMAP loan (Homeowners Emergency Mortgage Assistance Program), administered by the Pennsylvania Housing Finance Assistance Agency (PHFA).
 - **HEMAP**: loan to bring the mortgage current for homeowners who, through no fault of their own, are financially unable to make their mortgage payments and are in danger of losing their homes to foreclosure. HEMAP is a loan program to prevent foreclosure. Client must be a good prospect for repayment mortgage.

Mortgage Foreclosure Complaint and the Diversion Program When a foreclosure complaint is filed in the City of Philadelphia, the owner-occupant is served with the complaint and given a date to appear for a Conciliation Conference in City Hall. The owner-occupant is also notified to call the SaveYourHomePhilly! Hotline, to schedule an appointment with a City funded housing counselor, at no cost, in order to participate in the Conciliation Conferences. The housing counselor will review your case for options such as:

- **Reinstatement** – paying the entire past due amount.
- **Forbearance Agreement** (formal and informal) - temporarily suspend or reduce your monthly mortgage payments for a specific period of time.
- **Repayment Plan** - Repay past due amount plus current mortgage over several months.
- **Loan Modification** – modifies loan terms to make it sustainable.
- **Partial Claim** (FHA only) – Interest free loan to make mortgage current.
- **Refinancing**: Getting a new loan to satisfy the previous one.
- **Assumption**: process by a qualify borrower takes over someone else’s mortgage.

Real Estate Taxes and other Municipal Liens payment programs The City is required to mail proper past dues notices to all homeowners before filing a court action. When a foreclosure complaint is filed in the City of Philadelphia, the owner-occupant is served with the complaint (rule to show cause) and given a date to appear for a Rule Returnable Hearing in City Hall. The owner-occupant is also notified to call the SaveYourHomePhilly! Hotline, to schedule an appointment with a City funded housing counselor, at no cost, in order to seek help with submission of:

- Owner-occupied-Real Estate Payment Agreement (“OOPA”);
- Installment Plan (for current year taxes);
- Senior Citizens Low-Income Property Tax Freeze and Water Senior Citizen Discount;
- Homestead Exemption, Longtime Owner Occupants Program (“LOOP”);
- Tax Deferral;
- Property tax/Rent Rebate;
- Water Revenue Assistance Program and Tiered Assistance Program (TAP);
- Utility Emergency Services Fund (UESF);
- Homeowners Emergency Loan Program (HELP).

Client Signature _____

Date _____

Monthly Budget Worksheet

Name: _____

GROSS MONTHLY INCOME:	HEALTHCARE expenses	JUST FOR FUN expenses
Taxes	Health Insurance	Movies/Games/Concerts
MONTHLY TAKE HOME PAY (NET INCOME):	Doctor	Dates/Trips
Income #1: Full time job	Dentist	Music Purchases (streaming services)
Income #2:	Optomatrist	Books/ Magazines/ Newspapers
Income #3:	Prescriptions	Hobbies
Income #4:	Other Healthcare Expenses	other
Income #5:	TOTAL	TOTAL
TOTAL NET INCOME EACH MONTH	FOOD expenses	DEBT expenses
	Groceries	Credit Card
	Lunch and Snacks / Candy	
	Eating Out	
	TOTAL	TOTAL
HOUSEHOLD expenses		
Rent / Mortgage		
Utilities: Electric, Gas, Trash, Water		
Cable/Satellite TV, Internet	LOOKING GOOD! expenses	SAVINGS
Telephone and Long Distance	Clothes and Shoes	Emergency Fund
Cell phone	Toiletries	Retirement
	Laundry and Cleaners	Goal #1
TOTAL	Other Looking Good Expenses	Goal #2
	TOTAL	Goal #3
TRANSPORTATION expenses		TOTAL
Car Payment	MISCELLANEOUS expenses	
Car Insurance	Childcare / Babysitting	
Gasoline	Education (tuition, books, fees)	GRAND TOTAL EVERY MONTH
Maintenance and Repairs	Gifts (for friends and family)	Total Monthly Take Home Pay (Net Income)
Other (parking, tolls)	Dog food and toys	Total Monthly Expenses
		Available
TOTAL	TOTAL	Spending Leaks (you could save)
	\$0.00	

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. _____
