



# Philadelphia Council for Community Advancement

Empowering Households and Communities Since 1962

Comprehensive Housing Counseling | Financial Education | Community Development Services

# PCCA WEST

## INTAKE/CLOSE OUT FORM FOR RENTAL COUNSELING

DATE FILE OPENED: \_\_\_\_\_ DATE FILE CLOSED: \_\_\_\_\_

PHFA: \_\_\_\_\_ PRFC \_\_\_\_\_ CHCI \_\_\_\_\_ HUD \_\_\_\_\_ DHCD \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_

TIER 1 \_\_\_\_\_ TIER 2 \_\_\_\_\_

CLIENT(S) NAME: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

CLIENT(S) NAME: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PA ZIP CODE: \_\_\_\_\_

PHONE NUMBER: HOME \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_

Address where rental payments are mailed to: \_\_\_\_\_

How months are you behind? \_\_\_\_\_

Have you ever been behind in payments before?  Yes  No

If so; how did you cure the default? \_\_\_\_\_

Do you have a lease agreement?  Yes  No

Does your landlord have a renter's license? \_\_\_\_\_

NOTICES RECEIVED:  COMPLAINT  EVICTION NOTICE HEARING DATE: \_\_\_\_\_

REASON FOR DEFAULT: \_\_\_\_\_

GOALS/INTENTIONS: \_\_\_\_\_

REMAIN IN HOME :  APPLIED RETENTION FUNDS  CAN RESUME

NEEDS TO:  INCREASE INCOME  REDUCE EXPENSES  SAVE TOWARDS ARREARAGES

NON-CURABLE:  CLIENT MUST RELOCATE

FINAL RESOLUTION: \_\_\_\_\_

COUNSELOR'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

# 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Philadelphia Council for Community Advancement

Empowering Households and Communities Since 1962

Comprehensive Housing Counseling | Financial Education | Community Development Services

## Client/Counselor Agreement

Homeowner and Counselor agree to provide the following services:

- Development of a savings/spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communication with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services
- Provide housing counseling services such as Mortgage & Property Tax Foreclosure Mitigation, Home Repair Loans, Pre-Purchase, Credit & Budgeting and Couponing Counseling after which I will receive a written action plan consisting of recommendations for handling my finances.

I/We, \_\_\_\_\_ agree to the following terms of services:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We authorize PCCA to obtain a copy of my/our credit history report.
- I/We understand that breaking this agreement may cause the counseling organization to terminate its services assistance to me/us
- I/We may be referred to other housing or social services organization, as appropriate, which may be able to assist with any particular concerns that have been identified. However, I understand that I am not obligated to use any of the services offered to me.
- I/We understand that our counselor may answer and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance and I give permission for PCCA, DHCD and HUD program administrators and/or their agents to share my personal information with the legal representatives.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WAIVER OF PRIVACY and HOUSING COUNSELING INFORMATION FORM

\*MORTGAGE \*REFINANCE\*TENANT\*PROPERTY TAXES\*DELINQUENCY\*HOME IMPROVEMENT  
(CIRCLE ONE ABOVE)

Agency Name: Philadelphia Council for Community Advancement Phone: 215-567-7803

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Waiver of Privacy:* I hereby authorize PCCA to release information about my case, when appropriate, in any third party negotiations necessary to resolve my case.

Please note: This authorization allows PCCA to act on our behalf in any third party negotiations with lenders, landlords or other appropriate entities to resolve the current or possible future problems related to this transaction. All information pertaining to your case is kept confidential and shall not be disclosed to any entity without your authorization. It is understood that funding sources may review the information contained in the counseling agency file, and lenders files, as part of a random review process.

Additionally, demographic information is provided to funding sources on each client.

\*\*\*\*\*

Mortgage Applicants: this form must be submitted to lender at time of application.

Counselor Signature: \_\_\_\_\_ Phone: 215-567-7803

Applicant Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Purchase Address: \_\_\_\_\_

COUNSELED/REFERRED

(Please check response(s) that apply to this applicant)

\* Eligible for DHCD Settlement Grant? Yes \_\_\_\_\_ No \_\_\_\_\_ (Subject to changes)

\* \_\_\_\_\_ Counselor: The counselor asserts that the agency provided to the client complete counseling, including but not limited to employment evaluation, credit review, savings budget analysis, and settlement instruction, and the client is WILLING, ABLE, and READY for a Mortgage, loan or tenant status.

\* \_\_\_\_\_ Referred and Recommended: Client has not received full counseling, but is referred for a mortgage.

\* \_\_\_\_\_ Referred and Not Recommended: Client is not prepared at this time; additional counseling is needed.

\* \_\_\_\_\_ Post Purchase: The counselor asserts that the agency provided to the client counseling which includes but limited to communication with lender to avoid foreclosure, assessment of future financial status and budget, and referrals to mortgage assistance programs if the client is eligible.

\* \_\_\_\_\_ Default and Delinquency: Counselor asserts that the agency provided to the client counseling which includes but is not limited to communication with the lender to avoid foreclosure, assessment programs if the client is eligible.

## Monthly Expense Sheet

Name: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Indicate the average monthly amount spent for each applicable expense.

(Note: Annual or quarterly expenses will need to be divided accordingly to provide average monthly figures)

<u>Housing Expenses</u>		<u>Living Expenses</u>			
<u>Mortgage (1<sup>st</sup>)</u>		<u>Groceries/ Toiletries</u>		<u>Home Maint/ Alarm</u>	
<u>Mortgage (2<sup>nd</sup>)</u>		<u>Lunches</u>		<u>Auto Payment</u>	
<u>Mortgage (3<sup>rd</sup>)</u>		<u>Pet Care</u>		<u>Auto Insurance</u>	
<u>Real Estate/ Property Taxes</u>		<u>Pet Food</u>		<u>Auto Repair</u>	
<u>Hazard Ins.</u>		<u>Tobacco/Alcohol</u>		<u>Bus/Parking/ Tolls</u>	
<u>Condo Fees</u>		<u>Hair Cuts</u>		<u>Prescriptions/ meds supplies</u>	
<u>Assoc. Dues</u>		<u>Laundry/ Dry Cleaning</u>		<u>Co-pays</u>	
<u>Others (specify)</u>		<u>Clothing</u>		<u>Day Care</u>	
<u>Electric</u>		<u>Cell Phone</u>		<u>Church/Donations</u>	
<u>Gas</u>		<u>Home Phone</u>		<u>Entertainment</u>	
<u>Oil</u>		<u>Cable/Dish/TV</u>		<u>Newspaper/ Mag/Subscriptions</u>	
<u>Water</u>		<u>Internet Services</u>		<u>Clubs/gifts</u>	
<u>Sewer</u>		<u>Student Loan</u>		<u>Credit Card</u>	
<u>Trash</u>		<u>Parent Plus Loan</u>		<u>Credit Card</u>	

TOTAL HOUSING EXPENSES: \_\_\_\_\_

TOTAL LIVING EXPENSES: \_\_\_\_\_

USE YOUR AGENCY NAME, ADDRESS AND LOGO HERE

Client Name \_\_\_\_\_ Session Date(s) \_\_\_\_\_  
 Client ID \_\_\_\_\_ Financial Well-Being Measurement Questionnaire Y/N \_\_\_\_\_  
 Reason for Counseling \_\_\_\_\_ Reason for Delinquency \_\_\_\_\_  
 Counselor Name \_\_\_\_\_ Counselor Phone # \_\_\_\_\_  
 Counselor Email \_\_\_\_\_

Goals/Needs	Initial Goals/Needs	Updated Goals/Needs
<b>SAVINGS</b>		
Savings-General/Emergency <sup>1</sup>		
Savings-Asset Purchase <sup>2</sup>		
Savings-Other/ Not listed above <sup>3</sup>		
<b>CREDIT &amp; DEBT</b>		
Credit Building-Establishing Credit <sup>4</sup>		
Credit Building-Credit Improvement <sup>5</sup>		
Debt Management <sup>6</sup>		
<b>HOUSING</b>		
Homeownership		
Rental housing attainment or improvement <sup>7</sup>		
Housing Instability Mitigation – owner and renter <sup>8</sup>		
Housing - Other		
<b>GENERAL FINANCIAL MGT/FINANCIAL ACCESS</b>		
Budgeting/Improved Personal Financial Management <sup>9</sup>		
Accessing New Financial Product(s) <sup>10</sup>		
Accessing Improved Financial Product(s) <sup>11</sup>		
<b>RETIREMENT<sup>12</sup></b>		
<b>OTHER NOT LISTED ABOVE</b>		

See instruction sheet for explanation of goals/needs topics

Assessment of client's current situation/updates

Recommendations to achieve goals/needs/updates

Topics of Financial Education covered during appointment

Referrals/updates – if applicable

Action Step(s) to be taken to achieve goals/needs	Timeframe (range/dates)	Progress or Action Step
Counselor will:		

NOTE: This is page 1 of a two page document

DOCUMENTS REQUESTED

Requested Documents	Date	Date Received

Date of Next Appointment \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_