



Kennebec Valley Community Action Program

97 Water St, Waterville, ME 04901

www.kvcap.org

(207) 859-1622 / lynnec@kvcap.org

Personal Information Client Intake Form

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

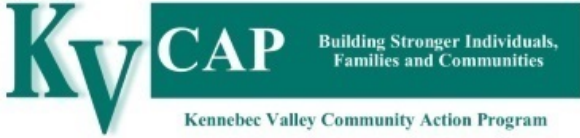
Date: / /**Address:**

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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My household type is....

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Single Adult | <input type="checkbox"/> Married | <input type="checkbox"/> Cohabiting | <input type="checkbox"/> Single female-headed household with dependents |
| <input type="checkbox"/> Single male-headed household with dependents | <input type="checkbox"/> Roommates/ unrelated adults | <input type="checkbox"/> Living with non-spousal family members (parents, siblings, etc) | <input type="checkbox"/> Other: (specify) _____ |
- Family household size: _____ Languages Spoken (specify): _____ / _____ / _____

Part Two. Your Employment Status

Name 1's Employment Status

- | | | |
|---|--|---|
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Seasonally |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, receiving no benefits | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (specify): _____ |

Name 1
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

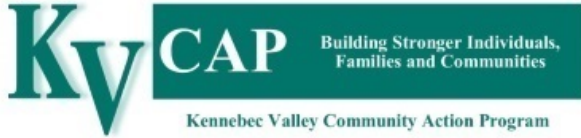
- | | | |
|---|--|---|
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Seasonally |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, receiving no benefits | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (specify): _____ |

Name 2
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: () - _____



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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]

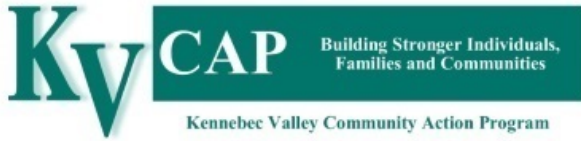
Part Four. Your Rental and Mortgage Information

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

<input type="checkbox"/> I pay market rent	<input type="checkbox"/> I receive a rent subsidy and/or public housing resident	<input type="checkbox"/> I am a Section 8 recipient
<input type="checkbox"/> I am facing eviction	<input type="checkbox"/> I am delinquent with my rent and need assistance	<input type="checkbox"/> I am delinquent with utilities and need assistance
<input type="checkbox"/> 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?	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
Mortgage servicer name		
Loan Number	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know
Loan Balance	\$ <input type="checkbox"/> I don't know	\$ <input type="checkbox"/> I don't know
Interest Rate	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know
Monthly Principal and Interest Payment (excluding taxes and insurance).		
Private Mortgage Insurance (PMI) payment	\$	\$
Fixed or Adjusting Interest Rate?	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know
Date you made your last payment:	/ /	/ /
Past Due Amount:	\$	\$
Have you previously applied for a loan modification or forbearance? If "yes," please provide details on the outcome of your previous foreclosure prevention effort here:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Default:	<input type="checkbox"/> Divorce <input type="checkbox"/> Disability <input type="checkbox"/> Marital Separation <input type="checkbox"/> Decrease in income <input type="checkbox"/> Increase in expenses <input type="checkbox"/> Medical Hardship <input type="checkbox"/> Other	



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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," 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 No

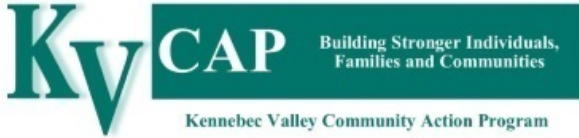
2. Have you declared bankruptcy within the past seven years? Yes No I am currently in a bankruptcy plan.

3. Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu? Yes No

Part 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).

Income Type	Name 1		Name 2	
	Monthly Income		Monthly Income	
	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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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: _____

Data Release Form & Third Party Authorization

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 Kennebec Valley Community Action Program (KVCAP) 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 KVCAP. You understand and agree that KVCAP 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 KVCAP 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 KVCAP determine your viable financial options.

- | | | |
|--|--|---|
| <input type="checkbox"/> Lenders | <input type="checkbox"/> Banks | <input type="checkbox"/> Mortgage Servicers |
| <input type="checkbox"/> Debt Collectors | <input type="checkbox"/> Landlords | <input type="checkbox"/> Public Housing Authorities |
| <input type="checkbox"/> Property Management Companies | <input type="checkbox"/> Social Service Agencies | <input type="checkbox"/> Counseling Agencies |

Entities such as mortgage lenders and/or counseling agencies may contact your KVCAP 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 KVCAP 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 KVCAP, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition you authorize KVCAP to have your credit report pulled additional times to conduct program evaluations. You also agree to keep KVCAP 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 KVCAP in writing.

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

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



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**Housing Counseling Agency
Conflict of Interest Disclosure Form**

Notice to the Consumer:

As a Housing and Urban Development (HUD) certified housing counselor I am required by HUD’s Handbook 7610.1 Rev-4, CHg-1 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. The counseling services, rehabilitation, affordable housing and other forms of assistance that may be offered by KVCAP, its subsidiaries, affiliates or directors, officers, employees, agents or partners may also be offered by other providers and you are under no obligation to utilize services from KVCAP regardless of the recommendations made by counselors. Some of our financial industry partners include Maine State Housing Authority (MSHA) and Housing and Urban Development (HUD).

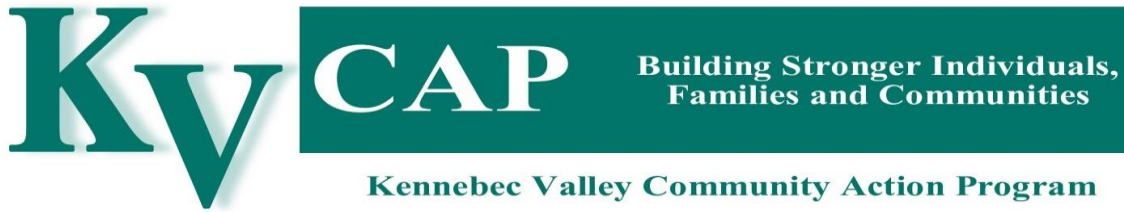
As a HUD certified housing counselor it is my obligation to put your interests above my own in all of my dealings with you. A conflict of interest can be defined as a situation in which my duty to provide you with sound, impartial advice may compete with my personal interests.

The best way to avoid any conflicts of interest is to provide you with a complete, full disclosure of any interest I may have in the services or agencies I may refer you and of the benefits I may derive from making such referrals, so that you can make fully informed decisions regarding my advice. The law recognizes that you are the best person to determine whether a true conflict exists. This disclosure is not intended to discourage you from working with a particular agency or individual of your choice. Rather it is designed to make sure that you have all of the pertinent information when making such choices. You are not obligated to work with me, my office or any other persons or agencies with which I am affiliated or to which I may refer you. In fact, you are encouraged to shop around for the best terms and conditions for the services you would like me to perform for you. I am also obligated by law not to charge you any unreasonable fees. By making this disclosure you can decide for yourself whether the fees I receive in any transaction in which I act on your behalf are reasonable.

I acknowledge reading of this disclosure and I understand all of the rights and duties described herein.

_____	_____	_____
Date	Borrower	Co-Borrower
_____	_____	
Date	Counselor	





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Notice of Disclosure Statement of Nonpublic Personal Information

FINANCIAL PRIVACY NOTICE

The purpose of this notice is to inform consumers of their Financial Privacy Rights pursuant to the Gramm-Leach-Bliley Act of July 1, 2001. 16 CFR Part 313, Federal Trade Commission, "Privacy of Consumer Financial Information."

Kennebec Valley Community Action Program is a not for profit Community Action Corporation, who is licensed by the State of Maine (license #SLM2478) as a Non-Profit Supervised Lender.

For the purpose of providing consumer financial counseling, Kennebec Valley Community Action Program collects nonpublic personal information about you from the following sources: Information we receive from you on applications or other forms; Information about your transactions with us, our affiliates, or others; and, information we receive from a consumer reporting agency. Kennebec Valley Community Action Program may disclose the following kinds of nonpublic personal information about you to affiliates and others, such as *banks, NeighborWorks America, Maine State Housing Authority, HUD, USDA Rural Development, and other non-profit service agencies*. Information we receive from you on applications or other forms, such as *your name, address, social security number, assets, income, debt, and credit history*. Information about your transactions with us, our affiliates, or others, such as *your account balance, payment history, and parties to transactions*; and information we receive from a consumer reporting agency, such as *your credit score and credit history*.

Information collected by this agency is retained in a secured file and used for the sole purpose of managing the transaction of the consumer. The information gathered is viewed and shared by duly authorized agency personnel and duly authorized personnel of its affiliates for the sole purpose of servicing the consumer's account. Information gathered and shared may be transmitted by voice, telephone, mail, fax, and computer. Information may be retained on file with the use of hard copy (paper) and computer disk storage. Information gathered is retained for the period of time to service the consumer's account and for any period of time that is required by federal and state regulations for review and audit purposes. Once the consumer's nonpublic personal information is not needed to service the consumer's account or for the verification of state and federal program guidelines, the information is destroyed.

This notice does not replace individual *release of information forms* needed to obtain or release information pursuant to **Right to Financial Privacy Act of 1978** (12 U.S.C. 3401.).

Client Name: _____ Date: _____

Client Name: _____ Date: _____

KVCAP Counseling Agreement

1. I understand that Kennebec Valley Community Action Program (KVCAP) provides a variety of housing counseling services. I voluntarily seek such counseling, after which I will receive recommendations for handling my finances, possibly including referrals to other agencies, as appropriate.
2. I understand that KVCAP receives funds from various sources and as a result of the requirements of such funding sources, KVCAP may be required to share some of my personal information with these sources as part of program monitoring, compliance and evaluation. I authorize the sharing by KVCAP of such information with its funding sources.
3. I further give permission for KVCAP and/or their agents to follow-up with me for purposes of program evaluation, and to share with other representatives of KVCAP and with outside agencies or entities, information obtained during these discussions if required or necessary.
4. I have received, read, have understood and have signed a copy of KVCAP's Privacy Statement. To the extent there is any conflict between the terms of the Privacy Statement and the terms of this Counseling Agreement, the terms of this Counseling Agreement shall govern.
5. I may be referred to other services or agencies, as appropriate as they may be able to assist me with issues that have been identified. I understand that I am not obligated to use any of the services or agencies that have been or may be offered to me.
6. Counselors may answer questions and provide information but will not give legal advice. If I want legal advice I understand I must work with an attorney or other individual qualified to provide legal advice.
7. I understand that KVCAP and its agents provide information and education on various loan products, housing programs or other issues and I further understand that the counseling I receive in no way obligates me to choose any of the particular loan programs, products, housing products or any recommendation whatsoever.
8. I understand that KVCAP and its agents are providing information only, and that I may use such information in whatever manner I choose and that KVCAP and its agents are NOT acting in a fiduciary capacity and that any actions or choices I make are mine, and mine alone.

Signature: _____
(Borrower)

Date: _____

Signature: _____
(Co-Borrower)

Date: _____

Signature: _____
(Counselor Signature)

Date: _____

Client Action Plan

Name _____ File # _____

Goal _____

Obstacle

- | | |
|--|--|
| <input type="checkbox"/> Documentation | <input type="checkbox"/> Debt Repayment |
| <input type="checkbox"/> Money Management | <input type="checkbox"/> Prepurchase Related _____ |
| <input type="checkbox"/> Credit Issue(s) | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Mortgage Qualifying | <input type="checkbox"/> Other _____ |

Counselor's recommended strategy _____

Financial snapshot

Recent Credit Score(s)	_____ / _____
Current Savings	\$ _____
Total Gross Monthly Income	\$ _____
Monthly Mortgage/Rent (circle)	\$ _____
Net Monthly Income	\$ _____
Total Monthly Living Expense	\$ _____
Monthly Debt Obligations	\$ _____
Discretionary Income Left Over	\$ _____

Income source summary

- Full Time Employ
- Part Time Employ
- Self Employment
- Child Support
- Spouse/Partner Employ
- Other _____

Assets

- Gift Letter
- Tax Refund
- _____
- _____
- _____
- _____

Housing Options/Preference

- _____
- _____
- _____
- _____
- _____
- _____

Action/Tasks

1 _____

2 _____

3 _____

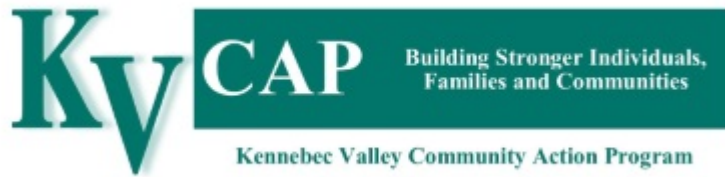
Progress/Status Code

- Mortgage Ready
 NR-within 3 months
 ST-3 to 6 months
 LT-6+ months

Next Appointment _____

Customer Signature _____ Date _____

Counselor Signature _____ Date _____



Supporting Document Checklist

Please provide the following documentation prior to scheduling your counseling session for review and assessment of your situation.

If you have any questions concerning the information requested, please contact us.

- _____ Bank Statements
- _____ Most Recent Paycheck Stubs, award letters for SS or SSI
- _____ Credit Card and Installment Loan Statements or Payment Books
- _____ Bankruptcy Documentation (if applicable)
- _____ Current monthly expenses (utilities, insurance, groceries, etc)
- _____ Proof of other household income (if applicable)
- _____ All mortgage and loan documentation on property
- _____ All documentation regarding foreclosure

Lynne Choate
Housing Services Specialist
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