



“We Help With Housing”

Donna M. Blaze
Chief Executive Officer

Financial Capabilities Counseling Coaching Client Counseling Session Packet

IMPORTANT CLIENT NOTICE

All Clients must complete all pages in this packet and provide all requested documents before an appointment can be scheduled. Please return the completed packet and ONLY COPIES of required documentation to this agency either in person or by mail. We now have 3 counseling offices; please make sure you are submitting your counseling packet and supporting documents to the appropriate office location. If you are not sure which location to select please contact the agency before mailing or visiting the office to hand deliver. See office locations listed below.

PLEASE BE ADVISED THAT ALL COUNSELING PACKETS, FORMS AND FUTURE REQUESTS FOR MISSING AND/OR UPDATED DOCUMENTS WILL ONLY BE ACCEPTED VIA **MAIL OR HAND-DELIVERY**.

Monmouth County

AHA – Main Office
3535 Route 66
Parkway 100 Complex, Bldg 4
Neptune, NJ 07753
(732) 389-2958

AHA - HRRC
11 White Street
Eatontown, NJ 07724
(732) 982-5072

Ocean County

AHA - HRRC
1415 Hooper Ave, Ste. 301
Toms River, NJ 08753
(732) 256-8650

NOTE: If you have impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information and services about housing counseling, please speak with agency staff about arranging alternative accommodations.

Financial Capabilities Counseling & Coaching

In order to schedule a counseling session, all of the requested supporting documents listed below must be submitted prior to setting up an appointment.

AHA will order your credit reports the fee is \$24.55 per individual and \$49.10 per couple. Payment must be in the form of a money order or credit/debit payment only. You will be contacted to schedule an appointment once all of the requested information and/or payments have been received and processed.

Financial Capabilities Counseling Coaching Supporting Document Checklist

Please **ONLY** provide copies. Original documentation will **NOT** be accepted. AHA charges \$1 per page copied.

_____ Proof of primary residence at the time of Sandy (2012 bank statement, tax return, affidavit, etc)

_____ Most Recent Paycheck Stubs (*for last 30 days*) must be consecutive, for weekly last 4 pay periods and for biweekly last 2 pay periods.

_____ Proof of other household income: Child Support, Alimony, Social Security, Pension, etc.

_____ Past two (2) years Federal Income Tax Returns (**provide only if you are self-employed**)

_____ Bank Statements; 3 months saving & checking accounts (**all pages, including the blank pages**)

_____ Letter of Intent (Please briefly explain your financial goals and what you hope to learn)

_____ Credit Report Fee **\$24.55** per person or **\$49.10** per couple (**Includes all 3 reports & scores**)

_____ Budget Form on pages 6-7 (**must be completed**)

_____ Credit Authorization Form on page 8 (**must be completed and signed**)

_____ Disclosure Statement & Privacy Policy on page 9 (**must be signed**)

_____ Counseling Agreement on page 10 (**must be signed**)

_____ Consent for Release of Information on page 11

_____ Financial Capabilities Authorization Form on page 12 (**must be signed**)

_____ CFPB Financial Well-Being Questionnaire on page 13 (**must be completed**)

_____ Other: _____

NOTE: If you have impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information and services about housing counseling, please speak with agency staff about arranging alternative accommodations.

HEAD OF HOUSEHOLD*Please Print Clearly*Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Home: (____) _____ - _____ Email: _____

Mobile/Cell (____) _____ - _____ _____ - _____ - _____ /____/____ /____
*Social Security Number Birth Date***Race:** White Black American Indian Alaskan Native Asian Native Hawaiian Other Pacific Islander
 American Indian Alaskan Native /White Asian/White; Black/White Am. Indian/Alaskan Native/Black Other
(specify) _____ **Ethnicity:** Hispanic Non-Hispanic**Immigrant Status:** You are U.S. born and 1 or both of your parents are foreign born You are U.S. born but 1 or both
grandparents foreign born You are foreign born You, your parents and grandparents are all U.S. born**Marital Status:** Single Married Divorced Separated Widowed **Gender:** Male Female**Handicapped Household:** Yes No **Are you a Veteran?** Yes No**Current Housing Arrangement:** Rent Homeless Homeowner with mortgage Living w/ family not paying rent
 Homeowner with mortgage paid off **Annual Household Income:** \$ _____**Household Type:** Female headed single parent household Male headed single parent household Single adult
 Two or more unrelated adults Married with children Married without children Other**Family/Household Size:** _____ **How many dependents** _____ **what ages are they?** _____, _____, _____, _____, _____**Education:** High School Diploma GED Two-Year College Bachelor's Degree Master's Degree Doctorate Degree**Referred to by:** Public/Private Agency Staff/Board member Walk-In Friend/Family Other: _____**CO-HEAD OF HOUSEHOLD**Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Home: (____) _____ - _____ Email: _____

Mobile/Cell (____) _____ - _____ _____ - _____ - _____ /____/____ /____
*Social Security Number Birth Date***Race:**
 White Black American Indian Alaskan Native Asian Native Hawaiian Other Pacific Islander
 American Indian Alaskan Native /White Asian/White; Black/White Am. Indian/Alaskan Native/Black
 Other (specify) _____ **Ethnicity:** Hispanic Non-Hispanic

Immigrant Status: You are U.S. born and 1 or both of your parents are foreign born You are U.S. born but 1 or both grandparents foreign born You are foreign born You, your parents and grandparents are all U.S. born

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

Gender: Male Female **Handicapped Household:** Yes No **Are you a Veteran?** Yes No

Education: High School Diploma GED Jr. College Bachelor's Degree Master's Degree Doctorate Degree

Relationship to Primary Client: Spouse Friend Mother Father Other: _____

HEAD OF HOUSEHOLD EMPLOYMENT — Last 2 Years

Please Print Clearly

Current Employer:

Employer _____ Title _____

Start Date ___/___/_____ Business Type: _____

Street _____ City _____ State _____ Zip Code _____

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

CO-HEAD OF HOUSEHOLD EMPLOYMENT — Last 2 Years

Current Employer:

Employer _____ Title _____

Start Date ___/___/_____ Business Type: _____

Street _____ City _____ State _____ Zip Code _____

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

CLIENT INCOME

Please Print Clearly

Type of Income	Head of Household Monthly Amount	Co-Head of Household Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)?

Yes No - If yes, how much? \$ _____

LIQUID FUNDS/SAVINGS/INVESTMENTS*Please Print Clearly**Please list the approximate value of the following:*

Checking account			
Savings account			
Cash			
CDs			
Securities (stocks, bonds, etc)			
Retirement account			
Other Liquid Funds			

LIABILITIES/DEBT*Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities. Both Applicants*

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>who's Debt? HH, Co-HH Or B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Head of Household

Date

Co-Head of Household

Date

Client Name: _____

Date: _____

Monthly Income		Gross	Net	Verification	
Person (A) Monthly Income	Employer	\$	\$		
Person (B) Monthly Income	Employer	\$	\$		
Other Employment Income		\$	\$		
Other Employment Income		\$	\$		
Social Security /SSI / SSDI		\$	\$		
Child or Spousal Support		\$	\$		
Unemployment Compensation		\$	\$		
Workers Disability Compensation		\$	\$		
Veterans Benefits		\$	\$		
Retirement Benefits		\$	\$		
Household Members Over Age 18 Wages		\$	\$		
Food Stamps		\$	\$		
Child care assistance		\$	\$		
Housing assistance		\$	\$		
Other		\$	\$		
TOTAL HOUSEHOLD INCOME		\$	\$		
Monthly Expense		Current	Delinquency	Balance	Sandy
Fixed Expenses					
Housing					
Mortgage					
Property Taxes (if not escrowed)					
Homeowners Insurance(if not escrowed)					
Flood Insurance					
Rent					
Renter's insurance					
Gas /Heating source					
Electricity					
Telephone: Land Line, Cable, Internet					
Telephone: Cell					
Water/sewer					
Transportation					
Gas					
Car Payment					
Public Transportation or Taxi					
Parking and Tolls					
Insurance					
Maintenance /repairs					
Insurance					
Health (medical & dental, if not payroll deducted)					
Life					
Disability					
Childcare					
Childcare or Babysitters					

Monthly Expense	Current	Delinquency	Balance	Sandy
Child Support or Alimony				
<i>Fixed Expenses Sub-Total</i>				

Flexible Expenses

Groceries				
School Lunches				
Work-Related (<i>lunches and snacks</i>)				

Housing

Home Maintenance				
Other:				

Medical

Doctor				
Dentist				
Prescriptions				
Other:				

Clothing

Clothing				
Laundry and Dry Cleaning				
Other:				

Education

Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons (<i>sports, dance, music</i>)				
Other:				

Donations

Religious or Charity				
Other (<i>if not payroll deducted</i>):				

Miscellaneous

Birthdays				
Pet Care or Supplies				
Entertainment (<i>concerts, sports, movies etc</i>)				
Barber or Beauty Shop				
Other:				

Flexible Expenses Sub-Total

Monthly Debts

Student Loan				
Credit Card (<i>monthly minimum*</i>)				
Credit Card (<i>monthly minimum*</i>)				
Medical Bills				
Personal Loan				
Payday Loan(s)				
Rent to Own Contract				
Income Tax Payment Plan				
SBA Loan				
Other:				

Monthly Debts Sub-Total

CREDIT REPORT/CREDIT CARD AUTHORIZATION

NAME: _____
FIRST MIDDLE LAST

SPOUSE: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY STATE ZIP

Social Security # ____/____/____ Date of Birth ____/____/____

Spouse Social Security # ____/____/____ Spouse Date of Birth ____/____/____

I (WE) hereby give permission to pull my (our) credit report for the purposes of my (our) counseling assistance in regards to my home or my loan through the Affordable Housing Alliance.

All information will be kept confidential between my Counselor and me. I further understand that Affordable Housing Alliance will be held harmless for information received in this credit report. I hereby authorize the release of your information to the program monitoring organization of NJHMFA, including but not limited to Federal, State and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes.

Both Signatures are required if joint report is requested.

Signature Date

Spouse Signature Date

IMPORTANT INFORMATION IF YOU WANT TO PAY BY CREDIT CARD

If you are planning on paying for the credit report fee by credit card (\$13.25 if there is one person on the mortgage, \$26.50 if there are two) you must sign below and make a legible copy of the credit card you want to pay with on a separate sheet of paper (Visa or Master Card only). If we do not have a signature below and a copy of the credit card, we will not be able to pull the report. We will not accept credit card information over the phone.

Owner Signature

Co-Owner Signature



Affordable Housing Alliance's SANDY HOUSING RECOVERY RESOURCE CENTER

11 White Street
Eatontown, NJ 07724
(732) 982-5072

1415 Hooper Avenue, Suite 301
Toms River, NJ 08753
(732) 256-8650

Disclosure Statement & Privacy Policy

In addition to providing comprehensive housing counseling services for homebuyers, homeowners and renters, the Affordable Housing Alliance offers the following services and programs: administrative agent services for municipalities; ownership, management and developer of affordable for-sale and rental housing; administration of utility assistance programs; administration of housing rehabilitation programs; administration of matching savings account programs; provision of pre-purchase, post-purchase and rental workshops;

Financial support for the Affordable Housing Alliance's Housing Counseling Program is currently being provided by the following industry partners:

- US Department of Housing and Urban Development (HUD)
- Department of Community Affairs (DCA)
- New Jersey Housing Mortgage Finance Agency (NJHMFA)
- Congressional funds through NFMC Program
- Federal Home Loan Bank (FHLB)
- Bank of America

Housing Counseling clients are not obligated to use any products or services offered by this agency, its affiliate or partners. The Affordable Housing Alliance will provide information on alternative products and services, if requested by the client due to any conflict of interest concerns. Clients should consider a variety of resources and options and upon evaluation, select the resources that best meet their needs.

The Affordable Housing Alliance is committed to assuring the privacy of clients. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Within the organization, we restrict access to nonpublic personal information to only those employees who need to know the information to provide services to you. We maintain physical, electronic and procedural safeguards to protect your information. Information will only be released to those institutions, companies or agencies who our agency believes can provide assistance to you, or who require it as a condition of the grant awards which make our services possible. We may use anonymous aggregated case file data for the purposes of evaluating our services.

Signature: _____ Date: _____
Home owner

Signature: _____ Date: _____
Co- Home owner

www.housingall.org

“The Alliance mission is to improve the quality of life for all New Jersey residents by developing and preserving affordable housing, by providing services to maintain housing affordability, by providing housing education, and by helping communities meet their legal and moral housing obligations.”





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Counseling Agreement

1. I/We understand that the Affordable Housing Alliance provides homeownership counseling after which I will receive a written action plan consisting of recommendations for handling my finances, including referrals to other agencies as appropriate. I understand that I am not obligated to use any of the services offered to me.
2. I understand that the Affordable Housing Alliance receives *state* funds through the **NJ Housing Mortgage Finance Agency (NJHMFA), HUD/Comprehensive Housing Counseling Program, NeighborWorks America (NWA), Federal Home Loan Bank (FHLB), Department of Community Affairs (DCA) and Congressional funds through the National Foreclosure Mitigation Counseling Program (NFMC)**. As such, Affordable Housing Alliance is required to share some of my personal information with administrators from **NJHMFA, HUD, DCA, NWA, FHL B and NFMC** or their agents for purposes of program monitoring, compliance and evaluation. This includes submitting client-level information to the data collection system for this grant, opening files to be reviewed for program monitoring and compliance purposes, and conducting follow-up with client related to program evaluation
3. Furthermore, Affordable Housing Alliance is required to keep a copy of my file for HUD auditing purposes so documents cannot be returned.
4. I agree to provide honest and complete information to the best of my ability whether verbally or in writing.
5. **I agree to provide any requested information by the deadline given to me by the counselor, which is usually 24 hours prior to the bank's deadline. I understand that failure to provide the information in that timeframe may adversely affect the review of my file by the lender and lead to the review being closed. I understand that the counselor is here to assist me but that it is ultimately my responsibility to provide any requested documents to the party requesting them (ie. the lender, their attorneys, the courts).**
6. I give permission for program administrators and/or their agents to review my credit report and give authorization for program administrators and/or their agents to follow-up with me for the purposes of program evaluation if necessary.
7. I acknowledge that I have received a copy of the Affordable Housing Alliance's Privacy Policy.
8. 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.
9. Failure to follow up with my counselor or respond to their communication attempts will result in my file being closed.
10. I agree to provide a copy of the servicer's workout agreement to the Affordable Housing Alliance before mailing back to the servicer the signed documents. **I am aware that counseling services are free of charge, but if I do not provide a copy of the workout agreement to the counselor then I am subjected to pay for services rendered by the agency for which an amount will be determined by the counselor based on an hourly rate.**
11. I understand that I may revoke my consent to these disclosures by notifying the Affordable Housing Alliance in writing after finalizing counseling.

Signature: _____ Date: _____
Home owner

_____ Date: _____
Co- Home owner

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Consent for Release of Information

By signing this form authorizes Affordable Housing Alliance (afterwards referred to as The Organization) to share and receive certain personal information collected about you or your family with other disaster relief agencies, voluntary organizations and government agencies active in disaster recovery. The Organization needs to share and receive this information in order to coordinate available disaster relief services and assistance from multiple relief organizations and to determine eligibility for available assistance. All organizations participating in disaster recovery are committed respecting your privacy and using information only to coordinate and provide disaster relief assistance.

Consent and Release

I, _____, hereby authorize The Organization to share and receive any of my information, including but not limited to my name, address, personal information, relevant disaster recovery information and the type of assistance I am receiving with/from government agencies, and/or disaster relief and voluntary organizations in order to coordinate available service and assistance. I understand that I may revoke this consent at any time by contacting Affordable Housing Alliance in writing. The Organization will comply with your request except when the action has already been taken to obtain and/or release such information. My signature on this release indicates that I have read the above or had it read to me and that I understand the terms and conditions. I have also had the opportunity to ask any questions. Additionally, I acknowledge that by signing this release I am signing on behalf of any children/minors that live in my house and are under the age of eighteen (18).

Optional

I decline to permit sharing of any information with the following agencies/ organizations/ individuals: _____

Please note that while Affordable Housing Alliance will honor your request to not share information with the above referenced entities, this may limit the amount/type of assistance you may receive or hinder your ability to be properly evaluated for available programs.

Signature of Head of Household

Date

Signature of Co-Applicant

Date

Signature of Affordable Housing Alliance Representative

Date

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FINANCIAL CAPABILITES COUNSELING/COACHING AUTHORIZATION FORM

1. I understand that the Affordable Housing Alliance (AHA) 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 AHA is a sub-grantee that submits client-level information to New Jersey Housing Mortgage and Finance Agency (NJHMFA) relating to the Project Reinvest: Financial Capability grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.
3. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
4. I give permission for NJHMFA and/or 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 AHA's Privacy Policy.
6. 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. 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.

Client's signature _____ Date _____

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CFPB FINANCIAL WELL-BEING SCALE

Questionnaire

NAME OR NUMBER

Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me