



# PROJECT FOR PRIDE IN LIVING

## 1:1 FINANCIAL SERVICES INTAKE FORM

Application Date:

### Individual #1

(Print first name) (MI) (Last)

Address:

City: State:

Zip: County:

Date of birth:

Home/Cell phone:

Work Phone:

Email:

Preferred contact method:

Preferred language:

### Individual #2 fHomebuyer co-applicant if applicable)

(Print first name) (MI) (Last)

Address:

City: State:

Zip: County:

Date of birth:

Home/Cell phone:

Work Phone:

Email:

Relationship to individual #1:

Gender (individual #2): Male Female Other

### Applicant #1 (only) please continue:

#### 1. How did you hear about us?

Mailer, Flyer, or Brochure

Newspaper

Agency & its name:

Friend or Relative

Internet

Lender / Mortgage Company

Took a workshop/program

Realtor

Other:

#### 2. Have you received financial services from another agency? (DMP, credit repair, financial lit, etc.) Yes No

If yes, please note the type and length of services:

#### 3. Race: (Check one for appl.#1 and fill in with one option for appl.#2 here if different)

Single race:

American Indian / Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Multiple Race:

American Indian / Alaskan Native & White

American Indian / Alaskan Native & Black

Asian & White

Black or African American & White

Native Hawaiian/Other Pacific Islander & Black

Other race: \_\_\_\_\_

#### 4. Your ethnicity: Hispanic or Latino Non-Hispanic

#### 5. What do you identify as your gender: Male Female Other

#### 6. Household size: # of dependent(s) under 18:

Dependent's  
Age/gender:

(Examples for 6-year-old male & 5-year-old female, enter "6M, 5F".)



## Financial Well-being Scale

Check as applied		I read this test.		My age is between 18-61.			
		Someone else read it to me.		My age is 62 or older.			
	<b>These statements describe me :</b> (Mark only one answer to each statement below.)	Completely	Very well	Somewhat	Xgt { little	Not at all	
1.	I could handle a major unexpected expense.						
2.	I am securing my financial future.						
3.	Because of my money situation, I feel like I will never have the things I want in life.						
4.	I can enjoy life because of the way I'm managing my money.						
5.	I am just getting by financially.						
6.	I am concerned that the money I have or will save won't last.						
	<b>These statements apply to me:</b> (check one)	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.						
8.	I have money left over at the end of the month.						
9.	I am behind with my finances.						
10.	My finances control my life.						
Financial Wellbeing Scale Score:							

## Financial Capability Scale

1.	Do you <u>currently</u> have a personal budget, spending plan, or financial plan?	Yes	No		
2.	How <u>confident</u> are you in your ability to achieve a financial goal you set for yourself today?	Not at all	Somewhat	Very	
3.	If you had an unexpected expense or someone in your family lost a job, got sick or had another emergency, how <u>confident</u> are you that your family could come up with money to make ends meet within a month?	Not at all	Somewhat	Very	
4.	Do you <u>currently</u> have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)?	Yes	No		
5.	Over the <u>past month</u> , would you say your family's spending on living expenses was <u>less than</u> its total income?	Yes	No		
6.	In the last <u>2 months</u> , have you been charged a late fee on a loan or a bill?	Yes	No		
Financial Capability Scale Score:					

## Banking information

1.	Do you have a checking account?		Yes	No	(If yes, next question. If no, go to 1B.)
	1A.	If you have, have you experienced a check bounced recently?	Yes	No	
	1B.	If you don't have one, did you have a checking account before?	Yes	No	(If yes, next question. If no, go to 2)
	1Ba	If you had one before, what is the reason you don't have one now?	In Chexsystem Not enough money High fee		Don't like dealing with banks Other reasons
2.	Do you have a savings account?		Yes	No	

**Budget**

Monthly Income		Amount	Monthly Income (continued)		Amount
Wages (after tax)			Worker's Compensation		
Self-employed/business (after exp's)			Veteran's Compensation		
SSI/SSDI			Rental Income		
SNAP/WIC			Interest/Investment Income		
Other public benefit			Income of other household members		
Alimony/child support			Other Income:		
Unemployment					
			Total Income=		
Monthly Expenses		Amount	Monthly Expenses		Amount
Housing			Health-Related		
Rent			Health Ins. (not deducted from paycheck)		
Renter's insurance			Dental Ins. (not deducted from paycheck)		
Mortgage(s)-primary residence			Life Insurance		
Home Equity Line of Credit(s)-Prim. Res.			Monthly medical and prescriptions bills		
Property Tax			Other:		
Other real estate			Health exp's total=		
Homeowner's Insurance			Credit card and other debt pmts		
Home Maintenance			Credit card(s)		
Other:			Student loans		
Housing total=			Consumer loans (includes payday/title loans)		
Utilities			Business loans		
Gas/Heating			Informal loans - family, friends, etc.		
Electric (Check box if included above. )			Other:		
Water			Credit card total=		
Sewer (Check box if included above. )			Personal		
Trash (Check box if included above. )			Cable	Internet	
Phone (landline)			Laundry	Dry Cleaning	
Cell Phone			Tobacco	Alcohol	
Other:			Clothing & accessories		
Utilities total=			Personal hygiene/toiletries/non-food supplies		
Foods			Beauty salon/Barber shop		
Groceries			Recreation activities/going out		
Other Food (dining out, school lunch, etc.)			Other:		
Foods total=			Personal exp's total=		
Transportation			Miscellaneous		
Vehicle(s) pmt (lease & purchases)			Charitable giving		
Gas			Gift		
Car Insurance			Newspapers/ Magazines		
Public Transportation			Pet care		
Car Maintenance/ Other			Allowances		
Trans. total=			Membership dues (health, licenses, etc.)		
Child/Dependent Related			Education (payment plan on tuition)		
Child Support			Average monthly financial fees		
Education(kids') -tuition, books, pictures, fee, etc.			Other:		
Childcare/Daycare			Misc. total=		
Other:			Total Monthly Expenses=		
Child related exp total=					
<b>Total Monthly Net Income</b>					<b>Amount</b>
Total Monthly Income					
Total Monthly Expenses					
<b>Total Monthly Net Income after expenses=</b>					

## Balance Sheet

Assets		Amount
Checking Accounts (balance carrying over each month)		
Savings Accounts		
Cash - not in any type of account		
Vehicle(s) -market value of cars, boats, bikes, et.		
Primary Residence-market value of residential house		
Real Estate - other than Primary Residence		
Investments - Stocks/Bonds/Mutual Funds/Retirement accounts		
College Savings Account (529 or other)		
Business Ownership		
Other: _____		
Asset Total=		
Liabilities		Amount
<b>Housing</b>		
Mortgage balance(s)		
Home equity line(s) of credit (portion used)		
Real estate balances-other than primary residence		
Housing Total=		
<b>Transportation (balances owed on cars, boats, etc.)</b>		
Vehicle 1 balance		
Vehicle 2 balance		
All other vehicle balances together		
Transportation Loans Total=		
<b>Credit Cards/ Other Loan Balances</b>		
Credit card (s)		
Student loans (s)		
Consumer loans (s)		
Business loan (s)		
Informal loan (s) - money owed to family, friends, etc.		
Credit Cards/ Loan Balances Total=		
<b>Unpaid Bills</b> (not in collections, balances owed if not made by current due date)		
Unpaid utilities (phone, electricity, gas, water, ect.)		
Unpaid rent		
Unpaid medical bills		
Money owed to banks and/or credit unions		
Other: _____		
Unpaid Bills Total=		
<b>Collections/Judgments</b>		
Medical collections		
All other collections		
Child support in arrears		
Back taxes owed		
Judgments(amount owed to creditors after court decisions)		
Collections/ Judgments Total=		
Total Liabilities=		
<b>Net Worth</b>		
Total Assets		
Total Liabilities		
Total Net Worth=		

## Vision/Goals

Answers to the following questions will help us understanding your financial capability, barriers and goals. Your financial capability, barriers and goals will be discussed as needed.

1. What are your short-term and long-term financial goals you are pursuing?  
*(If you are working toward home purchase, do share other financial goals before or post purchase as well.)*

2. What financial concerns, obstacles, or questions you may have regarding pursuing your financial goals?

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3. What outcomes or expectations do you hope to accomplish working with a financial coach/counselor?

# Credit Information Release Authorization

Full Name:

*First*

*MI*

*Last*

Date:

To assist Project for Pride in Living, Inc. (PPL) in its ability to provide me with financial coaching/counseling services, I hereby authorize PPL to obtain, free or paid for by PPL, my credit reports from TransUnion and/or from other credit bureaus, now and periodically every six (6) months for a period of not to exceed five (5) years from the date of this authorization. I understand all inquiries by PPL into my credit records constitute "soft inquiries" and will not adversely affect my credit or credit rating. While the credit reports and credit scores obtained by PPL on my behalf to provide me with financial coaching/counseling and to track my financial outcomes, I understand that I will not receive credit reports paid for by PPL. I also understand I may request credit counseling session on each of my credit report inquiries by PPL.

I further authorize credit transaction details release from banks or lenders when I utilize credit in pursuit of my goals during my enrollment for financial coaching/counseling for the purpose of understanding financial outcome.

I understand that I may withdraw from these authorizations and from financial coaching/counseling at anytime by simply notifying my assigned financial coach/homeownership advisor.

I also understand that credit information is sensitive and that there may be inherent risks to accessing such data; I have had the opportunity to ask my designated financial coach/homeownership advisor questions regarding such risks, and that all of my personal information will be held confidential by PPL and used only as authorized by me. And, I further understand that any question that I may have regarding the above will be answered by my designated financial coach/homeownership advisor of PPL.

Social Security Number:

Date of Birth:

Previous names or Alias:

If you had a foreclosure(s) in the last 7 years, enter the date (mm/yy) for the most recent one:

If you filed for a bankruptcy(ies) in the last 10 years, enter the date (mm/yy) for the most recent one:

Current Address:

*Number & street*

*Apt #*

*City*

*State*

*Zip Code*

Previous address if current address is less than 2 years:

*Number & street*

*Apt #*

*City*

*State*

*Zip Code*

By checking this check box I agree to the authorization stated above.

*Signature*

*Signature date*

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# Credit Information Release Authorization

Full Name:

*First*

*MI*

*Last*

Date:

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