

1:1 FINANCIAL SERVICES INTAKE FORM

Application Date:

Individual #1				Individual #2 fHomebuyer co-applicant if applicable)						
(Pi	rint first name)	(MI)	(Last)		(Print f	irst name)		(MI)	(Last	·)
Add	ress:				Address	s:				
City	:		State:		City:				State:	
Zip: County:			Zip:		County	:				
Date of birth:				Date of	birth:					
Hon	ne/Cell phone	:			Home/0	Cell phon	ie:			
Wor	k Phone:				Work P	hone:				
Ema	ail:				Email:					
Pref	erred contact r	nethod:			Relatio	nship to i	ndividu	al #1:		
Pref	erred languag	je:			Gender	(individua	l #2):	Male	Female	Other
<u>Appl</u>	icant #1 (only) please contir	iue:							
1.	How did vou	hear about us'	?							
	-	Flyer, or Broch		Newspape	er	Ag	gency &	its name):	
	Friend o	r Relative		Internet	Lender / Mortgage Company					
	Took a v	workshop/prog	ram	Realtor		O1	ther:			
2.	Have you rece	eived financial	services from	another ag	encv? (D	MP. credit	t repair.	financial I	it, etc.) Ye	es No
	•	note the type		_	(=	,			.,	
2	Page: (Charles	one for anni #1 ar	d fill in with one	antion for ann	1 #2 boro i	f different)				
		one for appl.#1 ar	ia iiii in with one	орион юг арр		iple Race	7.			
	Single race:	an Indian / Ala	skan Native		American Indian / Alaskan Native & White American Indian / Alaskan Native & Black					
	Asian	arr maiarry 7 na	Sharr rative							
		u Africa a Amaa	:			Asian	& White			
		or African Amer				Black	or Africa	an Americ	can & White	
		Hawaiian or Ot	her Pacific Isl	ander				•	Pacific Islar	
	White					Other	race: _			
4.	Your ethnicity	/: Hispanio	or Latino	Non-His	panic					
5.	What do you	identify as you	ır gender:	Male	Fema	ale	Other			
6.	Household s	ize: # c	of dependent(nder: for 6-year		5-year-old female	

Information about Individual #1 (continued):

7.	Are you a veteran?	Yes No		8. Are you	a single pare	nt household?	Yes	No
9.	Were you born outsi	ide of the U.S.?	Yes	No 10.	Do you need	an interpreter?	Yes	No
11	Your age:	12. Are yo	u disabled?	Yes	No			
1 3.	Please check the hi	ighest educatio	on level vou co	mpleted:				
	Some high sch			llege or trade	e school	Bachelor's degr	ee	
	High school di	ploma / GED	Associate	e's degree		Graduate or pro	ofessional	degree
4 1	Marital Ctatus	Single Man	wied Diver	d \\/: d	1F	Active Militer O	Vac	N.a
⊥ 4.	Marital Status: S	Single Mar	ried Divor	ced Wid	OW 15.	Active Military?	Yes	No
(If y	ou are not currently w	vorking toward	home purchas	e, skip #16 a	and go to #17	<i>.</i>)		
1 6.	First Time Homebuy	er? Yes	No 16.a. \	Will you be a	first generati	on homebuyer?	Yes	No
17.	Income. Please incl	ude income fo	r all individuals	s in your hou	sehold from a	all sources:		
	First name Er	mployer/source	e Pay freq	Start I	Date	Gross/mo	Net/	mo
1.								
2.								
3. ⁄/								
 18.	What was your hous				 this on last ve	ear's taxes)? \$		
<u>1</u> 9.	Have you experience	ed a home fore	closure or ban	kruptcy with	in the past 3 y	years? Yes	No	
	If yes, provide brief of	details:						
20.	Current housing:	Rent	21. If rent: H	low long hav	e you live at tl	ne residence?	swer in yr. a	and ma)
		Own Staying with fa	amilv/friends				Swer III yr. e	and mo.)
		Transitional h	• •		How mu	ıch is rent? \$		
(If yo	ou are not currently w	orking toward	home purchase	e, skip to nex	ct page.)			
22.	Did you complete a I	Home Stretch v	workshop or Fr	amework co	urse online?	Yes No		
	If yes, location/webs	site & date:	·					
23.	<uj applied="" for<="" th="" y="" you=""><th>r a mortgage lo</th><th>oan or have you</th><th>ı signed a pı</th><th>urchase agree</th><th>ement? Yes</th><th>No</th><th></th></uj>	r a mortgage lo	oan or have you	ı signed a pı	urchase agree	ement? Yes	No	
	, ,		•					
(If yo	ou answered "yes" to q	uestion #23, ple	ease fill in your i	new property	information be	elow.)		
	Purchase property ac	ddress:						
	r drondee property at	aa1000.						
	City:		State:	Zip:	Purch	ase price: \$		
	Loan amount: \$		Loan inte	rest rate:	% C	closing date:		
	Lender (Bank or othe	ers):		Loan prog	ram (FHA, VA,	RD, etc.):		
	(======================================	- /		2 P. 08		- , - , -		
			"				"""""" F	Rci g'4 qh'7

Financial Well-being Scale

Choo	ok as applied	I read this test.		My age is between 18-61.						
Check as applied		Someone else read it to me.		My age is 62 or older.						
	These statements describe me: (Mark only one answer to each statement below.)		Completely	Very well	Somewhat	Xgt { little	Not at all			
1.	I could handle	e 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 my money.									
5.	I am just getting by financially.									
6.	I am concerned that the money I have or will save won't last.									
	These st	tatements apply to me: (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.		vith my finances.								
10.	My finances of	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 confident 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				
	confident 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		
	Fil	nancial Capabili	ty Scale Score:		

Banking information

1.	Do y	Do you have a checking account?			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					(If yes, next question. If no, go to 2)
	I ID.	checking account before?		Yes	No	(If yes, flext question. If flo, go to 2)
		1Ba If you had one before, what is the reason you don't have one now?		In Chexsystem Not enough money		n Don't like dealing with
						noney banks
	reason you don't have one now!		High	fee	Other reasons	
2.	2. Do you have a savings account?			Yes	No	_

Aonthly Income	A ma a unt	Monthly Income (continued)	A ma a un t
Monthly Income Wages (after tax)	Amount	Monthly Income (continued) Worker's Compensation	Amount
Self-employed/business (after exp's)		Veteran's Compensation	
SSI/SSDI		Rental Income	
SNA P/WIC		Interest/Investment Income	
Other public benefit		Income of other household members	
Alimony/child support		Other Income:	
Unemployment			
		Total Income=	
Nonthly 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 Internet	
Trash (Check box if included above.) Phone (landline)		Laundry Dry Cleaning	
Cell Phone		Tobacco Alcohol	
Other:		Clothing & accessories	
Utilitiestotal=		Personal hygiene/toiletries/non-foodsupplies	
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)			
Gas		Gift	
Car Insurance		Newspapers/ Maganzines	
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:			
Child related exp total=		Total Monthly Expenses=	
		1 - :	
otal Monthly Net Income		Amount	
Total Monthly Income			-
Total Monthly Expenses			

Balance Sheet

Assets	Amount					
Checkii	ng Accounts (balance carrying over each month)					
Savings	Accounts					
Cash - r	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					
	nents - Stocks/Bonds/Mutual Funds/Retirement accounts					
	College Savings Account (529 or other)					
	ss Ownership					
Other:	2 O Williamp					
Other.		Asset Total=				
Liabilitiaa						
Liabilities		Amount				
Housin						
	Mortgage balance(s)					
	Home equity line(s) of credit (portion used)					
	Real estate balances-other than brimary residence					
	Housing Total=					
Transpo	ortation (balances owed on cars, boats, etc.)					
-	Vehicle 1 balance					
	Vehicle 2 balance					
	All other vehicle balances together					
	Transportation Loans Total=					
Credit (Cards/ Other Loan Balances					
	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=					
Unnaid	Bills (not in collections, balances owed if not made by current due date)					
Cripara	Unpaid utilities (phone, electricity, gas, water, ect.)					
	Unpaid rent					
	Unpaid medical bills					
	Money owed to banks and/or credit unions					
	Other:					
	Unpaid Bills Total=					
Collect	ions/Judgments					
Conce	Medical collections					
	All other collections					
	Child support in arrears					
	Back taxes owed					
	Judgments (amount owed to creditors after court decisions) Collections/ Judgments Total=					
	, ,	4-1-1-1-1141				
N1 1 347	10	tal Liabilities=				
Net Worth						
Total A						
Total Li	abilities					
Total Net Wo	orth=					

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

Credit Information Release Authorization

Full Name:			D	ate:				
First	MI	Last						
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 transacti during my enrollment for financial								
I understand that I may withdraw by simply notifying my assigned fi				g/counseling at anytime				
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	r:	Dat	e of Birth:					
Previous names or Alias:								
If you had a foreclosure(s) in the	last 7 years, enter the d	ate (mm/yy)	for the most red	cent one:				
If you filed for a bankruptcy(ies)	in the last 10 years, ente	r the date (m	m/yy) for the m	ost recent one:				
Current Address:								
Number & street	Apt#	City	State	Zip Code				
Previous address if current addr	Previous address if current address is less than 2 years:							
Number & stree	et Apt #	City	State	Zip Code				
By checking this chec	By checking this check box I agree to the authorization stated above.							
Signature			Signature date	9				

Credit Information Release Authorization

Full Name:				ate:			
	First	MI	Last				
services, I hereby autrom other credit burd the date of this authowill not adversely affo behalf to provide me	eaus, now and periodica orization. I understand a ect my credit or credit ra with financial coaching orts paid for by PPL. I a	ree or paid for ally every six (6) all inquiries by F ating. While the g/counseling an	by PPL, my cr months for a p PPL into my cre credit reports d to track my f	redit report period of not edit records of and credit so inancial outo	coaching/counseling as from TransUnion and/or to exceed five (5) years from constitute "soft inquiries" and cores obtained by PPL on my comes, I understand that I will seling session on each of my		
	edit transaction details r for financial coaching/				e credit in pursuit of my goals ng financial outcome.		
	ay withdraw from these y assigned financial coa			cial coaching	g/counseling at anytime		
also understand that credit information is sensitive and that there may be inherent risks to accessing such data; have had the opportunity to ask my designated financial coach/homeownership advisor questions regarding such isks, 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 inancial coach/homeownership advisor of PPL.							
Social Sec	curity Number:		Date of	f Birth:			
Previous names or A	Alias:						
If you had a foreclos	sure(s) in the last 7 year	rs, enter the dat	e (mm/yy) for t	the most rec	ent one:		
If you filed for a ban	kruptcy(ies) in the last 1	LO years, enter t	the date (mm/)	y) for the mo	ost recent one:		
Current Address:							
Number	& street	Apt#	City	State	Zip Code		
Previous address if	current address is less	than 2 years:					
N	umber & street	Apt #	City	State	Zip Code		
By checkin	By checking this check box I agree to the authorization stated above.						
Signature			S	Signature date	1		