



**POST PURCHASE COUNSELING – INTAKE FORM**

OFFICE USE ONLY     In- person     By telephone

**Instructions:** Please fill out as completely as possible. If you need additional space, please feel free to use the back side or make additional copies as necessary.

Today's Date \_\_\_\_\_

**Individual #1**

Name: \_\_\_\_\_  
(Please print) First MI Last  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Preferred Language: \_\_\_\_\_

**Individual #2**

Name: \_\_\_\_\_  
(Please print) First MI Last  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to Individual #1: \_\_\_\_\_

**Individual #1**

1. How did you hear about our services? (which one: \_\_\_\_\_)
- Mailer, Flyer, or Brochure     Newspaper     Agency
  - Friend or Relative     Internet     Realtor
  - Someone who took a workshop     Lender / Mortgage company     Other: \_\_\_\_\_

2. Race: (select one)

*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: \_\_\_\_\_

3. Your ethnicity:     Hispanic or Latino     Non-Hispanic

4. Number of people in household: \_\_\_\_\_

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

6. Are you a veteran?     Yes     No

7. Are you a single parent household?     Yes     No

8. Were you born outside of the U.S.?     Yes     No

9. Do you need an interpreter?     Yes     No

10. Your age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 11. Are you disabled?  Yes  No

12. Please check the highest education level you completed:

- Some high school                       Some college or trade school                       Bachelor's degree  
 High school diploma / GED                       Associates degree                       Graduate or professional degree

13. Marital Status:  Single  Married  Divorced  Widow

14. Active Military?  Yes  No

15. Income. Please include income for all individuals from all sources (*work, disability, child support, investment income, etc.*)

Name (person receiving income)	Income Source	Net Monthly Income (after taxes)
		\$
		\$
		\$
		\$

16. What was your household annual gross income (you can find this on last year's taxes)? \$ \_\_\_\_\_

17. How many children under 18 years of age in the household? \_\_\_\_\_

**Existing Mortgage(s)**

18.

Current Mortgage Info:	First Mortgage / CD	Second Mortgage / Lien
Mortgage Company:		
Closing Date (month/year):		
Amount of Original Mortgage:		
Original Term (# years) ex. 30 year, 15 year:		
Interest Rate:		
Fixed or Adjustable Interest Rate:		
Remaining Principal Balance:		
Monthly Payment (PITI):		
Annual Property Taxes (if not escrowed):		
Annual Homeowners Insurance (if not escrowed):		
Monthly Homeowners Association Fee:		
Pre-payment Penalty, if any:		

**Property**

19. Estimated Property Value: \$ \_\_\_\_\_

What type of Home? (circle):    Single Family    Townhouse    Duplex/4plex    Mobile home

Property Taxes Escrowed:  Yes  No    Total Yearly Amount: \_\_\_\_\_ Delinquent \$ \_\_\_\_\_

Homeowners Insurance Escrowed:  Yes  No    Total Yearly Amount: \_\_\_\_\_ Delinquent \$ \_\_\_\_\_

Homeowners Association:  Yes  No    Monthly Payment: \_\_\_\_\_ Delinquent \$ \_\_\_\_\_

Property Condition/Maintenance Issues?  Yes  No    Issues: \_\_\_\_\_

**Additional Information**

Please list any other relevant information or steps taken to resolve the situation:

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ACCAP  
Counseling Program  
**MONTHLY BUDGET**

Homeowner Name \_\_\_\_\_ Date \_\_\_\_\_ Co-Owner Name \_\_\_\_\_

\*Monthly Income: Net= take home pay Gross= salary paid before any deductions Every Other Week payroll= 26 paydays per year Twice a Month = 24 paydays per year

\*Calculating Monthly Income: \* Net or Gross Income x Paydays = Yearly Pay ÷ 12 = Monthly Net or Gross Income

*MONTHLY INCOME	NET	GROSS	Notes
INCOME			
INCOME			
FOOD ASSISTANCE			
MFIP			
CHILD SUPPORT			
HOUSE HOLD CONTRIBUTION / RENTER			
SSI / SSDI			
SOCIAL SECURITY			
PENSION			
OTHER			
<b>TOTAL NET / GROSS INCOME</b>			

Pg 1a. MONTHLY HOUSING EXPENSES			Notes
1ST MORTGAGE			
2ND MORTGAGE			
REALESTATE TAXES NOT ESCROWED			
PROPERTY INSURANCE NOT ESCROWED			
ASSOCIATION DUES			
<b>Total Housing Expenses</b>			

Pg 1b. OTHER MONTHLY EXPENSES			Notes
ELECTRICITY-12 MO AVERAGE			
HEAT / GAS-12 MO AVERAGE			
WATER / SEWER / TRASH			
TELEPHONE: LAND LINE ( WITH INTERNET)			
CELL PHONE			
INTERNET			
CABLE/DISH			
FOOD / GROCERIES			
SCHOOL LUNCHES			
WORK RELATED FOOD EXPENSE			
AUTOMOBILE PAYMENT			
AUTOMOBILE PAYMENT			
GAS / OIL FOR AUTOMOBILE			
BUS FARE / PARKING (UNLESS DEDUCTED FROM PAYCHECK)			
CHILD CARE (UNLESS DEDUCTED FROM PAYCHECK)			
ALIMONY / CHILD SUPPORT (UNLESS DEDUCTED FROM PAYCHECK)			
STUDENT LOANS			
LOAN			
CHAPTER 13 TRUSTEE PAYMENTS / FED-STATE TAX PAYMENTS			
OTHER			
<b>Total Other Expenses</b>			

Pg 2a	MONTHLY EXPENSES			Notes
CREDIT CARD				
CREDIT CARD				
CREDIT CARD				
CREDIT CARD				
CREDIT CARD				
CREDIT CARD				
<b>2a. Total Card Debt</b>				
Pg 2b	PERIODIC EXPENSES			Notes
AUTO INSURANCE				
AUTO REPAIR / MAINTENANCE & REPLACEMENT-TIRES BRAKES ETC.				
LICENSE TABS-12 MO AVERAGED				
HEALTH INSURANCE (UNLESS DEDUCTED FROM PAYCHECK)				
DOCTOR / DENTIST/ RX / CO PAY				
LIFE INSURANCE (UNLESS DEDUCTED FROM PAYCHECK)				
HOUSE MAINTENANCE-GARDENING FLOWERS-GAS AND SML TOOLS				
HOUSEHOLD ITEM-REPAIR,REPLACEMENT,PURCHASES ETC.				
<b>2b. Total Periodic Expenses</b>				
Pg 2c	FLEXIBLE EXPENSES			Notes
SAVINGS-DEPOSITS (UNLESS DEDUCTED FROM PAYCHECK)				
EDUCATIONAL EXPENSE-LESSONS-SPORTS				
CLOTHING-AVERAGE MONTHLY OVER 12 MO.				
DRY CLEANING / LAUNDRY				
HOUSEHOLD SUPPLIES				
TOILETRIES / HAIRCUTS				
ENTERTAINMENT / EATING OUT / HOBBIES				
CLUB MEMBERSHIPS COSTCO / SAMS / AAA / AARP / HEALTH ETC.				
PET FOOD / VET CARE				
GIFTS / PRESENTS/ HOLIDAYS				
SMOKING / ALCOHOL / SODA				
ALLOWANCES-\$ FOR MISC.				
DONATIONS / TITHING				
<b>2c. Total Flexible Expenses</b>				
<b>TOTAL PAGE 2 a,b,c</b>				
				Notes
EXPENSES PAGE 1a (HOUSE PAYMENT (S), PITI & ASSOC)				
EXPENSES PAGE 1b (OTHER HOUSING MONTHLY EXPENSES)				
EXPENSES PAGE 2 a,b,c (CREDIT CARD,PERIODIC & FLEXABLE EXPENSES)				
TOTAL EXPENSES				
TOTAL NET INCOME				
NET SURPLUS / (LOSS)				
OTHER FINANCIAL INFORMATION	DATE	CHAPTER	DISCHARGE DATE / COMMENTS	
BANKRUPTCY				
JUDGEMENTS,LIENS(TAX,MECHANICS,ETC.)				

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_



## ANOKA COUNTY COMMUNITY ACTION PROGRAM, INC.

1201 89th Avenue NE • Suite 345 • Blaine, MN 55434 • Phone: 763-783-4747 • FAX: 763-783-4700 • TTY: 763-783-4724  
E-mail: accap@accap.org

### Housing Counseling Program Disclosure

*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 communicate with your Homeownership Advisor about arranging alternative accommodations.*

**About Us and Program Purpose:** ACCAP is a nonprofit, HUD-approved housing counseling organization. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, familial status, marital status, disability, status with regard to public assistance, sexual orientation or gender identity. We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.), title VIII of the Civil Rights Act, as well as the Human Rights Act.

***BUDGET COUNSELING:*** Managing debt, money management, saving and financial planning.

***FAIM:*** Enables persons with low wage jobs to build assets through savings. You save earned income which is matched by funds that work toward homeownership, continuing education, or micro business.

***Financial Wellness:*** In depth, comprehensive program designed to increase successful homeownership and household stability through intensive financial empowerment and homeowner training.

***Home Buyer Education:*** A course designed to prepare you for the process of purchasing a home.

***Homebuyer Counseling:*** Homeownership Advisors work one-on-one with you to look at what you can afford, explain mortgage terms, and how to prepare and what to expect at closing. They'll help analyze your current financial situation, review your credit report and assist in overcoming barriers to help you become mortgage-ready.

***Refinance Counseling with or without a Special Mortgage:*** Individual financial counseling and confidential review required when there is a special mortgage or anyone needing help with analyzing cost/benefit to refinancing.

***Foreclosure Counseling:*** Assists homeowners who have fallen behind or are in danger of falling behind on their mortgage. Homeownership Advisors guide homeowners through workout options relevant to their particular situation. In cases where foreclosure is unavoidable, Homeownership Advisors help organize an effective exit strategy.

**Organization Conduct:** No ACCAP employee, director, volunteer, contractor or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our organization's compliance with federal or state regulations and our commitment to serving the best interests of our clients.

**Organization Relationships:** ACCAP has financial affiliation or professional affiliation with the US Department of Housing and Urban Development (HUD), Minnesota Housing Finance Agency, Minnesota Homeownership Center, Greater Minnesota Housing Fund, United Way, Fannie Mae and Wells Fargo Home Mortgage.

**It is our duty to inform you that ACCAP can and may receive payment from you for the following services:** Homebuyer education, refinance counseling, back to work counseling and soft pull credit reports You are NOT obligated to receive, purchase or utilize any of these services in order to receive Housing Counseling Services. If you choose to utilize any of these services, ACCAP will disclose any associated fees prior to your commitment. You further understand that the above described fee may be paid by you and may be included in your loan amount or real estate purchase agreement. You are not obligated to receive any services offered by our organization or exclusive partner(s).

Alternative Services, Programs, and Products & Client Freedom of Choice: You are not obligated to participate in any mortgage and/or home buying program to receive housing counseling services from our organization. You are encouraged to seek alternatives for any products or services discussed. Our organization is required to provide you with information on other affordable mortgage products and/or real estate services available in our area. It is your responsibility to ensure that you are receiving the best mortgage product and/or real estate services for your individual or family needs.

Referrals and Community Resources: You may be provided information regarding local and regional services available to meet a variety of needs, including but not limited to, utility assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. ACCAP will also provide information identifying alternative organizations that provide services, programs, or products identical to those offered by ACCAP and its exclusive partners and affiliates. ACCAP will also provide referrals to various lenders and realtors upon request.

Quality Assurance: In order to assess client satisfaction and ensure compliance with grant funding requirements, ACCAP, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with ACCAP funders such as HUD, the Minnesota Homeownership Center, Minnesota Housing Finance Agency.

Errors and Omissions and Disclaimer of Liability: I/we agree ACCAP, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in ACCAP counseling; and I hereby release and waive all claims of action against ACCAP and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

**I/we acknowledge that I/we received, reviewed, and agree to ACCAP Program Disclosure.**

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Client Signature/Date

Signature/Date

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Please print Client Name(s)

If Program Disclosure was given verbally:

Homeownership Advisor Signature \_\_\_\_\_

Date Program Disclosure Given \_\_\_\_\_



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E-mail: [accap@accap.org](mailto:accap@accap.org)

### **Combined Privacy Act Notice and Tennessee Warning**

We at ACCAP value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding collection and disclosure of personal information. The following programs are funded in part by state, federal government agencies and local agencies:

- Financial Wellness Counseling
- Financial Fitness Education
- Homeownership Capacity
- Homebuyer Education (Home Stretch);
- Homebuyer Counseling;
- Post Purchase and/or Refinance Counseling;
- Foreclosure Counseling.

These agencies receive the information described below.

#### **Social Security Numbers**

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in the above referenced programs if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

#### **Other Private Data**

Under Minnesota Statutes, your name and address may be public data. All other data we may ask about you is private data on individuals. Agreeing to share your public data is mandatory for participation in the above referenced programs. Sharing your private data is not mandatory for participation in the program. However, if you do not provide private information (such as income, debts, and assets) services to you may be more limited.

We collect private data for the purposes of service delivery, program management, compliance, monitoring, research, and program evaluation.

We collect your private information from the following sources:

- Information we receive from you on applications or other forms,
- Information about your transactions with us, and
- Information we receive from a consumer credit reporting agency...

We may disclose private information about you which may include your name, address, social security number, employer, assets, debts, income, credit bureau reports, your credit history and your creditworthiness.

We may disclose your private information to the following entities or their representatives identified below or to other entities properly authorized under law to review it.

- Staff at this organization and its partners operating in this program who need it to work on your case;



- Staff of the HECAT funders: Minnesota Housing Finance Agency, Family Housing Fund, Greater Minnesota Housing Fund, and the Minnesota Homeownership Center;
- Staff of the United States Department of Housing and Urban Development (HUD);
- Staff of the Homeownership Capacity funder: Minnesota Housing Finance Agency.

By signing below you agree to allow us to collect and share information as described above; please indicate your approval with your signature, below.

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

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

**Verbal acknowledgement is acceptable if information was provided to client in non-face-to-face session.**

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained in this document and understood its nature and intended use of the released information.

\_\_\_\_\_  
 Client Name Homeownership Advisor/Coach's Signature Date

**NOTE:** A copy of this notice with Homeownership Advisor/Coach's signature has been mailed to the client.

# Anoka County Community Action Program Homeownership Advisor – Client Agreement

## Homeownership Advisor Roles & Responsibilities

- Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.
- Preparing a client action plan that lists the steps that you and your Homeownership Advisor will take in order to achieve your housing goal.
- Preparing a household budget that will help you manage your debt, expenses, and savings.
- Presentation of reasonable options available based on your current situation.
- Your Homeownership Advisor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.
- Neither your Homeownership Advisor nor [Organization Name], employees, agents, contractors, or directors may provide legal advice.
- Offer referrals to needed resources.
- Provide services confidentially, honestly and respectfully.

## Client Roles & Responsibilities

- Providing accurate information about your income, debts, expenses, credit and employment.
- Attending meetings, returning calls, and promptly providing requested paperwork.
- Completing the steps assigned to you in your Action Plan.
- Notifying [Organization Name] or your Homeownership Advisor when changing your housing situation or goal.
- Attending educational workshops (i.e. Homebuyer Education) as recommended.
- Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

**Termination of Services:** Failure to work cooperatively with your Homeownership Advisor and/or ACCAP will result in discontinuation of counseling services. This includes but is not limited to, missing three consecutive appointments.

## Signatures

\_\_\_\_\_

Client

\_\_\_\_\_

Date

\_\_\_\_\_

Client

\_\_\_\_\_

Date

\_\_\_\_\_

Homeownership Advisor/Coach

\_\_\_\_\_

Date



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CREDIT REPORT AUTHORIZATION

NAME \_\_\_\_\_  
FIRST MI LAST

SPOUSE \_\_\_\_\_  
FIRST MI LAST

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I (We) hereby give permission to pull my (our) credit report for the purposes(s) of financial counseling and education. Through the Homeownership Program at Anoka County Community Action Program. All information will be kept confidential between the Homeownership Program counseling staff and me (us). I further understand that ACCAP will be held harmless for information received in this credit report.

Both signatures are required if joint report is requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_



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Fax # \_\_\_\_\_ Loan Servicer \_\_\_\_\_ Loan # \_\_\_\_\_

Property Address: \_\_\_\_\_ last 4 of SS# \_\_\_\_\_

ACCAP Counselor: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize information to be discussed regarding my situation between the Anoka county Community Action Program, Minnesota Home Ownership Center, Mortgage Company, Mortgage Servicer, the Owner of the Mortgage Loan (such as Fannie Mae or Freddie Mac), Law Firms, Minnesota Housing Finance Agency, HUD, or any other Human Service Agencies in Anoka County that may benefit my situation or help resolve the current situation. I am aware of collaboration between agencies to resolve mortgage foreclosure and that information may be reported as demographics at a later date.

Any information I do not wish to have shared I will indicate in writing on this release. My information is confidential and is being release on my behalf to cure my mortgage default or financial situation.

All information collected will be treated with confidentiality.

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date