

FINANCIAL COACHING

DOCUMENT CHECKLIST



PLEASE COMPLETE THE FOLLOWING AND SEND COPIES TO OUR OFFICE

FORMS CHECKLIST:

- COMPLETE THE ENCLOSED **INTAKE FORM** AS THOROUGHLY AS POSSIBLE (**3 PAGES**)
- READ AND SIGN THE **PROGRAM DISCLOSURE FORM (2PAGES)**
- READ AND SIGN THE ENCLOSED **FY 2017 HUD INCOME LIMITS**
- COMPLETE THE ENCLOSED **QUESTIONNAIRE**
- READ AND SIGN THE ENCLOSED **CREDIT REPORT AUTHORIZATION**
- READ AND SIGN THE **CONTRACT**
- COMPLETE THE **BUDGET FORM** (ESTIMATES ARE ACCEPTABLE)

DOCUMENT CHECKLIST:

- PROOF OF INCOME (ONE MONTH'S WORTH OF PAYSTUBS – 2 IF PAID TWICE A MONTH AND 4 IF PAID WEEKLY, MUST BE CONSECUTIVE)
- DOCUMENTATION OF OTHER INCOME (CHILD SUPPORT, DISABILITY, RETIREMENT, RENTAL)
- MOST RECENT UTILITY BILL
- TWO MONTHS OF BANK STATEMENTS (MOST RECENT)
- CREDIT REPORT
- LAST YEAR'S TAX RETURNS (ALL PAGES)

PLEASE FILL OUT THE INTAKE PACKET USING ADOBE READER OR BY HAND. DO NOT USE APPLE PREVIEW FOR MAC. IF YOU HAVE ANY QUESTIONS REGARDING THE INTAKE PACKET OR REQUIRED DOCUMENTATION, PLEASE CONTACT OUR INTAKE COORDINATOR AT 410-366-8550 EXT. 249.

PLEASE SEND THE PACKAGE TO ST. AMBROSE:

ATTENTION: HOUSING COUNSELING INTAKE

FAX: (410)366-8795

EMAIL: INTAKE@STAMBROS.ORG

OR

DROP YOUR DOCUMENTS OFF AT 321 E. 25TH STREET BALTIMORE, MD 21218

If you have been contacted by someone promising to help you with your mortgage for a fee or you feel that you may have been a victim of a scam please contact Maryland's Office of the Commissioner of Financial Regulation to file a complaint. It is illegal to collect upfront fees for foreclosure prevention in the State of Maryland. You can reach The Office of the Commissioner of Financial Regulation at: 410-230-6077.

FINANCIAL COACHING

INTAKE FORM

PLEASE COMPLETE AND RETURN



Date _____

APPLICANT

Name (first, middle initial and last name): _____

Address (number and street address): _____

City: _____ State: _____ Zip code: _____ County of Residence: _____

Home phone number: _____ Cell phone number: _____

Work phone number: _____ Email: _____

Preferred Method to Communicate: _____

Date of birth (MM/DD/YY): _____ Age: _____ Gender: _____ Male _____ Female

Are you English Proficient? _____ Yes _____ No

If no, what language do you speak? _____

Ethnicity (check one): _____ Hispanic _____ Non-Hispanic

Race (check all that apply):

_____ Black or African American

_____ White

_____ Black/African American & White

_____ Asian

_____ Asian & White

_____ American Indian/Alaskan Native

_____ Native Hawaiian/Other Pacific Islander

_____ American Indian/Alaskan Native & White

_____ American Indian/Alaskan Native & Black/African

American

_____ Other Multi-Racial

Are you foreign born? _____ Yes _____ No

Are you Active Military? _____ Yes _____ No

Are you a veteran? _____ Yes _____ No

Are you Disabled? _____ Yes _____ No

Do you have a Disabled Dependent? _____ Yes _____ No

What is the highest level of education you completed?

_____ College

_____ None

_____ High School/GED

_____ Other

_____ Junior College

_____ Primary

_____ Junior High School

_____ Unknown

_____ Vocational

CO-APPLICANT

Name (first, middle initial and last name): _____

Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Home phone number: _____ Cell phone number: _____

Work phone number: _____ Email: _____

Preferred Method to Communicate: _____

Date of birth (MM/DD/YY): _____ Age: _____ Gender: _____ Male _____ Female

Are you English Proficient? _____ Yes _____ No

If no, what language do you speak? _____

Ethnicity (check one): _____ Hispanic _____ Non-Hispanic

HOUSEHOLD INFORMATION

Number of people in your household: _____ Number of children (under the age of 18): _____

Ages of Dependents: _____, _____, _____, _____, _____, _____, _____, _____

Gross Annual Household Income: _____ Are you the head of your household? _____ Yes _____ No

Please (check one): _____ Married _____ Separated _____ Unmarried (single, divorced or widowed)

Household Type (please circle the most accurate):

- 1. Female headed single parent household
- 2. Male headed single parent household
- 3. Single adult
- 4. Two or more unrelated adults
- 5. Married with children
- 6. Married without children
- 7. Other

Are there non-dependents who will be living in the home? Yes No

If yes, please list below:

Relationship Age

Relationship Age

Referred to by (please circle all that apply): _____

- Print Advertisement
- Bank
- Government
- TV
- Realtor
- Staff/Board member
- Walk-In
- Friend
- Radio
- Newspaper Article

**FINANCIAL COACHING
PROGRAM DISCLOSURE FORM**



PLEASE READ, SIGN AND RETURN

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.

About Us and Program Purpose: St. Ambrose Housing Aid Center, Inc. (St. Ambrose) is a nonprofit, an affordable housing developer, and HUD-certified comprehensive housing counseling agency. Our housing counseling program provides education workshops and a full spectrum of housing counseling including:

- Pre-purchase counseling
- Pre-purchase homebuyer education workshops
- Financial, budgeting and credit workshops
- Mortgage delinquency and default resolution counseling
- Resolving and preventing mortgage delinquency workshops
- Rental Housing Counseling

We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

Privacy Policy: St. Ambrose Housing Aid Center, Inc. respects the privacy of its clients and seeks to maintain their personal and financial information as confidential. All records dealing with specific client information is treated as confidential. Confidential information includes client's name, address, phone number, and email address. However, statistical material that does not identify with any individual or family is not classified as confidential. Statistical information includes service provided by the agency, race, gender, income, education, household size, age, and military status. This statistical data is compiled without the use of confidential information and shared with funders, board members, and government agencies to help improve program performance.

____/____ Initials

Privacy Policy: I/we acknowledge that I/we received a copy of St. Ambrose's Privacy Policy.

Agency Relationships: St. Ambrose has financial affiliations with HUD, NeighborWorks® America, Housing Partnership Network, City of Baltimore, Baltimore County, State of Maryland, Maryland Legal Services Corporation, Abell Foundation, O'Neill Foundation, and banks including Bank of America, TD Bank, Ocwen, Wells Fargo, and PNC Bank.

Agency Conduct: No St. Ambrose employee, officer, director, contractor, volunteer, 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 agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

_____ Initials

As a housing counseling program participant, you are not obligated to use the products and services of St. Ambrose or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: St. Ambrose has a housing development program, however, you are not obligated to participate in this or other St. Ambrose programs and services while you are receiving housing counseling from our agency. You are entitled to choose whatever real estate developer, real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by St. Ambrose and its exclusive partners and affiliates.

Errors and Omissions and Disclaimer of Liability: I/we agree St. Ambrose, 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 St. Ambrose counseling; and I hereby release and waive all claims of action against St. Ambrose 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.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, St. Ambrose, 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 St. Ambrose grantors such as HUD or NeighborWorks® America.

I/we acknowledge that I/we received, reviewed, and agree to St. Ambrose's Program Disclosures.

Customer Signature

Date

Customer Signature

Date

Housing Counselor Signature

Date

FY 2018 HUD Income Limits

Income Limits Effective: April 1, 2018
 State: Maryland
 County: Baltimore City and surrounding Counties
 Area Median Family Income: \$94,900
 Source: U. S. Department of Housing and Urban Development



In determining the appropriate income range for your family/household, select the nearest gross income below that is anticipated to be received during the coming 12 month period. **Please check the box below that accurately indicates the annual (gross) income range of your household.**

Number of Family/Household Members →	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Over 80%	\$50,351 or above	\$57,551 or above	\$64,751 or above	\$71,901 or above	\$77,701 or above	\$83,451 or above	\$89,201 or above	\$94,951 or above
50%-80% of median (low/moderate income)	\$33,251-\$50,350	\$38,001-\$57,500	\$42,751-\$64,750	\$47,451-\$71,900	\$51,251-\$77,700	\$55,051-\$83,450	\$58,851-\$89,200	\$62,651-\$94,950
30%-50% of median (low/moderate income)	\$19,951-\$33,250	\$22,801-\$38,000	\$25,651-\$42,750	\$28,451-\$47,450	\$30,751-\$51,250	\$33,741-\$55,050	\$38,061-\$58,850	\$42,381-\$62,650
Up to 30% of median (extremely low income)	\$19,950 or below	\$22,800 or below	\$25,650 or below	\$28,450 or below	\$30,750 or below	\$33,740 or below	\$38,060 or below	\$42,380 or below

I hereby certify that the above information provided is my current annual family/household income. (remember to check the appropriate box) The income above is subject to verification and the Federal False Claims Act, 31 U.S.C. §3729 et. seq.

 Client's Name (Please Print)

 Client's Name (Please Print)

 Client's Signature

 Date

 Client's Signature

 Date

For Office Use Only:
 The above information has been reviewed to determine applicant's eligibility for assistance.

Staff name _____ Staff Signature _____ Date _____

Title _____

FINANCIAL COACHING

CREDIT REPORT AUTHORIZATION

PLEASE COMPLETE AND RETURN



Name: _____
First Middle Last

Spouse: _____
First Middle Last

Address: _____

City State Zip

Social Security Number: _____ - _____ - _____

Spouse Social Security Number (if both named on mortgage): _____ - _____ - _____

Date of Birth: ____/____/____

Spouse Date of Birth (if both named on mortgage): ____/____/____

Please check one of the following and sign below:

_____ I (We) hereby Give permission to pull my (our) credit report for the purposes of my (our) application for assistance in regards to my home or my mortgage loan.

_____ I (We) Do Not Give permission to pull my (our) credit report.

Both signatures required if joint report is requested:

Signature

Date

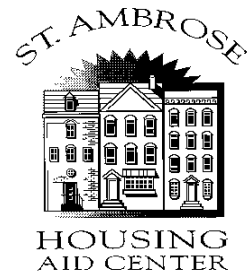
Signature

Date

FINANCIAL COACHING

CONTRACT

PLEASE READ CAREFULLY, SIGN AND RETURN TO ST. AMBROSE



By participating in our coaching program we hope to stabilize your housing whether you are a renter, a homeowner or a potential homeowner.

We will do this by providing the following services:

- 1) Provide the education you need to make proactive choices that will put you on more solid financial ground
- 2) Help you build the habits and strategic mindset necessary for becoming well-informed and secure in your housing
- 3) Prepare you to set and reach financial goals that don't just focus on making it to the next day, but also envision a life of long-term stability.

As a result, there are certain responsibilities that will be expected of you as you enter coaching.

You must be willing to:

- 1) Engage in activities such as tracking your spending and creating a budget that you will adjust when necessary
- 2) Make short-term and long-term financial goals that aim for a life of financial security and peace of mind
- 3) Receive feedback on your financial behaviors and financial goals
- 4) Work on changing those behaviors that may be causing you financial trouble when necessary
- 5) Reflect on your current financial values and behaviors with an eye on maintaining good financial habits into the future

I agree with the aforementioned standards and am willing to participate in the financial coaching process.

Signature: _____

ST. AMBROSE HOUSING AID CENTER MONTHLY BUDGET FORM



PLEASE COMPLETE AND RETURN

Monthly Fixed Expenses

Housing Payment	\$ _____
Gas and Electric	\$ _____
Heating/Oil	\$ _____
Water and Sewer	\$ _____
Car Payment	\$ _____
Car Payment	\$ _____
Auto Insurance	\$ _____
*Life Insurance	\$ _____
*Medical Insurance	\$ _____
*Savings	\$ _____
*Investments	\$ _____
*Retirement	\$ _____
Alimony/Child Support	\$ _____
Total	\$ _____

Creditors

Name	Monthly Payment	Total Balance
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

Monthly Flexible Expenses

Groceries	\$ _____
Food away from home	\$ _____
Gas	\$ _____
Transportation costs	\$ _____
Auto Mechanic	\$ _____
Toiletries/Hair Care	\$ _____
Medical (prescriptions)	\$ _____
Day Care/Babysitting	\$ _____
Tuition/Education	\$ _____
Cable/Phone/Internet	\$ _____
Dry Cleaning	\$ _____
Cigarettes/Alcohol	\$ _____
Lottery	\$ _____
Clothing/Personal items	\$ _____
Church/Charity	\$ _____
Cost for children	\$ _____
Cell Phone	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Total	\$ _____

Monthly Net Income

	Borrower 1	Borrower 2
Salary	_____	_____
Alimony/Child Support	_____	_____
Rental Income	_____	_____
Social Security	_____	_____
Pension Income	_____	_____
Public Assistance	_____	_____
Self-employment income	_____	_____
Dependent SSI	_____	_____
Disability Income	_____	_____
Other	_____	_____
Total	_____	_____

Surplus/Deficit

Total Living Expenses (fixed and flexible)	_____
Total Credit Expenses	_____

Total Expenses	_____
Total Net Income:	_____

Surplus or Deficit

(Subtract Total Expenses from Total Net Income) _____

***These items should be listed when they are not taken out of your pay checks.**