



# COMMUNITY SERVICE PROGRAMS OF WEST ALABAMA, INC.

## Post-Purchase Home Maintenance Counseling Checklist

Name \_\_\_\_\_

Appointment Date \_\_\_\_\_

It is important to be prepared and on time for the first appointment. For the first appointment, the following must be completed:

- Bring a copy of all documents listed below with the
- Complete and sign all documentation in this packet

Failure to do so will delay the completion of work that must be done at the first appointment. Another appointment will be scheduled. For any questions concerning this packet or to cancel and reschedule an appointment, please call (205) 469-0397. CSP looks forward to meeting and working with you.

- Copies of ALL monthly bills & expenses**
- Pay stubs to cover most recent, consecutive 30 days (if applicable, for all household members)**
- Verification of unearned and/or other income (if applicable, for all household members)**
  - Last two (2) years W-2s
  - Prior two (2) years Income Tax Returns
  - Prior two (2) months bank statements (checking and savings)
  - Insurance Declaration Pages (Home & Auto)
- Picture ID for head of household and Social Security Cards for all household members**
- Optional: \$26.41 fee for tri-merge credit pull (May pay by check, money order, or cash – exact change only. Make check or money order payable to Community Service Programs of West Alabama, Inc.)
- Proof of Ownership: Property Record Card from Tax Assessor's Appraisal Department OR proof of homeownership and proof of age of house**
- Other (if applicable): Completed/Signed Weatherization Application**







# COMMUNITY SERVICE PROGRAMS OF WEST ALABAMA, INC.

## Program Disclosure Form

**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:** Thank you for considering Community Service Programs of West Alabama, Inc. (CSP), to assist you with resolving your housing needs. We look forward to working with you. CSP wants to provide you with certain information in order to allow you to make an informed decision about participating in housing counseling.

CSP is a nonprofit, HUD-approved comprehensive housing counseling agency (HCA). We provide free education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, rental and homeless 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, but not limited to, the federal Fair Housing Act (42 USC 3600, et seq.). We are also a NeighborWorks® America Chartered Member. We have adopted and adhere to the National Industry Standards Housing Counseling Program Guidelines and Code of Ethics.

**As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

CLIENT AND COUNSELOR ROLES AND RESPONSIBILITIES	
COUNSELOR'S ROLES AND RESPONSIBILITIES	CLIENT'S ROLES AND RESPONSIBILITIES
<input type="checkbox"/> Reviewing client's housing goal(s) and finances; this would include your income, debts, assets, and credit history. <input type="checkbox"/> Preparing a Client Action Plan that lists the steps that client and the counselor will take in order to achieve clients housing goal(s). <input type="checkbox"/> Preparing a household budget that will help client manage debt, expenses, and savings. <input type="checkbox"/> Assigned counselor is not responsible for achieving client's housing goal(s), but will provide guidance and education in support of client's goal(s). <input type="checkbox"/> Neither our counselor(s) nor CSP employees, agents, or directors may provide legal advice.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Completing the steps assigned in the Client Action Plan. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Providing accurate information about the client's income, debts, expenses, credit, and employment. <input type="checkbox"/> Attending meetings, returning calls, providing requested paperwork in a timely manner. <input type="checkbox"/> Notifying CSP HCA or assigned counselor when changing housing goal. <input type="checkbox"/> Attending educational workshop(s) (i.e. pre-purchase counseling workshops) as recommended. <input type="checkbox"/> Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<p><b>Termination of Services: Failure to work cooperatively with the housing counselor and/or CSP HCA will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</b></p>	

Agency Conduct: No CSP HCA 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.

Agency Relationships: CSP HCA has financial affiliation or professional affiliations with HUD, NeighborWorks® America, USDA Rural Development, and banks including Bank of America, Wells Fargo, Cadence Bank, Renasant Bank, BBVA Compass Bank and Synovus Mortgage. As a housing counseling program participant, you are not obligated to use the products and services of CSP HCA or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: As a participant, you are not obligated to participate in other CSP HCA programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from other entities including the City of Tuscaloosa Housing Counseling Program, Federal Housing Administration (FHA) for first-time homebuyer loan programs, or Neighborhood Housing Services of Birmingham for other first-time homebuyer programs. You are entitled to choose whatever 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 CSP HCA.

Privacy Policy: I/we acknowledge that I/we received a copy of CSP HCA's Privacy Policy.

\_\_\_\_\_  
*Initials*

Errors and Omissions and Disclaimer of Liability: I/we agree CSP HCA, 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 CSP HCA counseling; and I hereby release and waive all claims of action against CSP HCA and its affiliates. I have read this document and understand its contents. I am signing this document 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, CSP HCA, 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 CSP HCA grantors such as HUD or NeighborWorks® America.



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**I/we acknowledge that I/we received, reviewed, and agree to CSP HCA's Program Disclosures.**

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Participant Signature

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Date

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Participant Signature

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Date

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Counselor's Signature

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Date



# Privacy Policy

**PRIVACY POLICY:** Our agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. The following are examples of how this data may be used:

## **ALL APPLICANTS**

1. To assist us in our work with you, our staff may seek supervision/consultation with professional colleagues within the agency and, where appropriate and necessary, with other resources in the community.
2. For the purpose of evaluating our services, gathering valuable research information and designing future programs, we may use aggregated case file information. Your anonymity will be maintained through the use of your Applicant number or by using aggregate data in all circumstances.

## **COUNSELING ONLY**

3. For counseling only Applicants, we will confirm with your creditors if asked:
  - a. Verification of appointment
  - b. Date of counseling
  - c. Disposition: i.e.,
    - i. Applicant will handle affairs on their own
    - ii. Pending action

## **MORTGAGE DEFAULT/DEBT MANAGEMENT**

4. For Applicants needing our intervention on your behalf through Mortgage Default or Debt Management, we will disclose the following information to your lender/creditors:
  - Your address and home phone number, if published
  - Total debt information
  - Income, net and gross
  - Living expenses
  - A list of your creditors
  - Personal information concerning your financial circumstances, but not lifestyle or personal habits
  - Place of employment will be verified only
5. We collect nonpublic personal information about you from the following sources:
  - Information we received from you on our applications or other forms you provide;
  - Information about your transactions with us, your creditors, or others, and;
  - Information we receive from a credit reporting agency.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR SIGNATURE BELOW PERMITTING US TO DO SO, OR when our staff has been served by a valid subpoena.**

The following **PRIVACY POLICIES** detail circumstances under which we will release your information to a third party:

6. We may disclose some or all of the information that we collect, as described below, to creditors, or third parties who need this information in order for us to assist you after a counseling session. Information includes but is not limited to:

- Information we receive from your applications or other forms, such as your name, address, social security number, assets, and income;
  - Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
  - Information we receive from a credit reporting agency, such as your credit history.
7. We may disclose all of the information that we collect, as described above, to creditors and related financial institutions who need this information in order to put you on a debt management plan (DMP) or mortgage workout.
  8. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information. However, several of our grantors require that we provide some nonpublic information about you in order to provide proof of counseling services provided and outcomes achieved.
  9. Unless earlier revoked by Applicant, this authorization will expire upon completion and closing of the Applicant's case.

I, \_\_\_\_\_, have read and understand the Privacy Policy of Community Service Programs of West Alabama, Inc. and understand my non-public information may be released to appropriate individuals or agencies as necessary to assist me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (co-applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date



## Authorization to Access Credit Report Information

I/We hereby authorize Community Service Programs of West Alabama (CSP), Inc, to access my/our credit information stored at one or more credit repositories.

I fully understand the following: (Please initial)

\_\_\_\_\_ This will appear on my credit bureau report as an inquiry.

\_\_\_\_\_ The Credit Bureau Repositories will NOT allow a copy of this report to be given to me personally, but I/we may request a copy from the repositories.

\_\_\_\_\_ CSP does not guarantee the accuracy of the information reported on the credit report nor the analysis done by the counselor.

\_\_\_\_\_ I/We agree that any disputes regarding the accuracy or completeness of said information will be directed to the source Repository (Transunion, Experian, Equifax).

Applicant \_\_\_\_\_

Co-Applicant \_\_\_\_\_

SS# \_\_\_\_\_

SS# \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_



RE: Account Number \_\_\_\_\_

**(To be completed by staff)**

Borrower's Name \_\_\_\_\_

Address \_\_\_\_\_

### Authorization To Release Information

I am currently working with Community Service Programs of West Alabama, Inc. I hereby authorize you to release any and all information concerning my financial information to Community Service Programs at the counselors' request.

- I give Community Service Programs, Inc., permission to share my personal & financial information with outside resources that the counselor feels would be helpful in resolving my housing crisis or need (i.e. lenders, investors, realtors and/or credit counselors.) I understand that I am not obligated to use any of the services offered to me.
- I understand that Community Service Programs of West Alabama, Inc. is a HUD approved non-profit agency and, as such, may be required to provide upon request personal and financial information related to my case to outside agencies (i.e., HUD, NeighborWorks®, National Foreclosure Mitigation Counseling and other grantors).
- This document may be reproduced, photocopied, or facsimile and the copy shall be as effective as the original letter that was executed on the undersigned date.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Last 4 Digits of Social

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Printed Name of Co-Applicant

\_\_\_\_\_  
Last 4 Digits of Social

\_\_\_\_\_  
Date

I hereby certify this to be a true and correct copy of the original.

\_\_\_\_\_  
Counselor's Signature  
Community Service Programs of West Alabama, Inc

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Name

\_\_\_\_\_  
Title



## Client Complaint/Grievance Procedure

All of our clients are entitled to be treated with respect and dignity, to ask questions and to be actively involved in the assessment and resolution of their need(s). If at any time a client is dissatisfied with the services provided by Community Service Programs of West Alabama (CSP), Inc., a complaint or grievance may be filed, as outlined below:

1. Speak to the staff person involved with the complaint/grievance. Attempt to resolve the matter directly with the staff member involved.
2. If it is not possible to speak with the staff person or the complaint is not resolved, request assistance from the specific department manager or any departmental manager on duty.
3. If the complaint/grievance is still not resolved, contact the Executive Director, Cynthia Burton at 601 Black Bears Way, Tuscaloosa, Alabama 35401 or at (205)752-5429, extension 231.
4. A written response will be provided to the client within seven (7) business days from the receipt of the complaint.
5. If the client feels that the matter has not been resolved by the Executive Director, he/she may write directly to CSP's Board President, Freddie Washington, at 601 Black Bears Way, Tuscaloosa, Alabama, 35401, no later than seven (7) days after receiving the written response from the Executive Director. The Board President, at the next regularly scheduled meeting of the Board of Directors, will address the grievance with the appropriate committee and a written response will be issued within seven (7) days of board meeting. The decision of the Board of Directors is the final stage of CSP's grievance procedure.

(NOTE: Client should be aware that most grievances will likely be resolved in a timely manner at the Executive Director level. Any complaints relating to delivery of services must be addressed within the appropriate funding/program cycles).

6. If deemed necessary, the client may seek legal redress in the applicable Court of law once the grievance process has been exhausted.

By signing below, I agree that I have read and understand the grievance process.

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Signature

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Date

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Signature (co-applicant)

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Date



# General Information Worksheet

Complete as much information as possible. Please print neatly.

PERSONAL INFORMATION				
Last Name	First	Middle/Maiden	Date of Birth	Social Security Number
Spouse Last Name	First	Middle/Maiden	Date of Birth	Social Security Number
Address No. / Street		City, State, Zip Code		County
Referred by:			Race:	Residence Telephone
Email				Cell Phone

INCOME PER PAY PERIOD (ONE CHECK) – APPLICANT				
Gross Income			Employer	
Payroll deductions			Position/Rank	
Amount		Amount		
			Telephone	Ext
			Total Net Income \$	

INCOME PER PAY PERIOD (ONE CHECK) – CO-APPLICANT				
Gross Income			Employer	
Payroll deductions			Position/Rank	
Amount		Amount		
			Telephone	Ext
			Total Net Income \$	

Notes

OTHER INCOME	Total \$
Source	Amount

Garnishment/Judgments	Total \$
Source	Amount

Client Name \_\_\_\_\_

Instructions: Fill in your estimated monthly expenses in the column marked "estimate". For your expenses, use recent monthly bills to average your expenses

**COMMENTS**

Monthly Living Expenses		ESTIMATE					
<b>Fixed Expenses</b>						<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
Rent or Mortgage Payment	\$	\$	\$	\$	\$	<input type="checkbox"/> Single	<input type="checkbox"/> Widow
Second Mortgage	\$	\$	\$	\$	\$	<input type="checkbox"/> Renting	<input type="checkbox"/> Buying
Real Estate Taxes Due Date: _____	\$	\$	\$	\$	\$	<input type="checkbox"/> Own	<input type="checkbox"/> Other
Renter/ Homeowner Insurance	\$	\$	\$	\$	\$	Mortgage Paid to _____	
Car Payment #1	\$	\$	\$	\$	\$	2nd Mortgage Paid to _____	
Car Payment #2	\$	\$	\$	\$	\$	Is Rent or Mortgage Delinquent?	
Childcare	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tax Installments	\$	\$	\$	\$	\$		
Child Support	\$	\$	\$	\$	\$		
Savings	\$	\$	\$	\$	\$		
<b>Total Fixed Expenses</b>	\$	\$	\$	\$	\$		
<b>Flexible Expenses</b>							
Groceries / Toiletries	\$	\$	\$	\$	\$	<b>VEHICLE INFORMATION</b>	
Meals Out	\$	\$	\$	\$	\$	Vehicle #1 _____	
School Lunches	\$	\$	\$	\$	\$	Make	Year
Electricity / Oil / Gas	\$	\$	\$	\$	\$	Model _____	
Water / Sewage / Garbage	\$	\$	\$	\$	\$	Payment Due Date	Balance
Telephone / Mobile Phone / Beeper	\$	\$	\$	\$	\$	Condition: Good Fair Poor	
Family Clothing	\$	\$	\$	\$	\$	Vehicle #2 _____	
Occupational Expenses	\$	\$	\$	\$	\$	Make	Year
Dry Cleaning / Laundry	\$	\$	\$	\$	\$	Model _____	
Gasoline	\$	\$	\$	\$	\$	Payment Due Date	Balance
Bus Fare / Ride Shares / Parking	\$	\$	\$	\$	\$	Condition: Good Fair Poor	
School - Tuition / Supplies	\$	\$	\$	\$	\$		
Barber /Beauty Shop	\$	\$	\$	\$	\$		
Books / Newspaper / Magazine	\$	\$	\$	\$	\$		
Movies / Sporting Events / Entertainment	\$	\$	\$	\$	\$		
Gifts / Parties / Holidays	\$	\$	\$	\$	\$		
Cigarettes / Tobacco / Alcohol	\$	\$	\$	\$	\$		
Baby Sitter	\$	\$	\$	\$	\$		
Hobbies / Club Dues	\$	\$	\$	\$	\$	Payment Due Date	Balance
Medical /Dental/Optical/Medication	\$	\$	\$	\$	\$	Condition: Good Fair Poor	
Church / Charities	\$	\$	\$	\$	\$		
Pet Care	\$	\$	\$	\$	\$		
Home Maintenance	\$	\$	\$	\$	\$	<b>DEPENDENTS</b>	
Lawn / Pool Maintenance / Home Security	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cable TV	\$	\$	\$	\$	\$	# _____	
Vacations / Travel	\$	\$	\$	\$	\$		
<b>Total Flexible Expenses</b>	\$	\$	\$	\$	\$		
<b>Periodic Expenses</b>						No. of federal Tax Exemptions Claimed: _____	
Property Taxes	\$	\$	\$	\$	\$		
Life Insurance	\$	\$	\$	\$	\$		
Health & Accident Insurance	\$	\$	\$	\$	\$		
Auto Insurance	\$	\$	\$	\$	\$	<b>Total Expenses</b>	
Car Maintenance /Oil /Lube /Tires	\$	\$	\$	\$	\$		
<b>Total Periodic Expenses</b>	\$	\$	\$	\$	\$		

