



COMMUNITY SERVICE PROGRAMS OF WEST ALABAMA, INC.

Post-Purchase Non-Delinquency 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
- 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 the number on the attached business card. CSP looks forward to meeting and working with you.

- Copies of ALL monthly bills & expenses
- Pay stubs to cover most recent, consecutive 30 days
- Verification of unearned and/or other income (if applicable)
- 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 and Social Security Card

- \$17.50 fee for tri-merge credit pull (May pay by check, money order, or cash, exact change only. Make check payable to Community Service Programs of West Alabama, Inc.)

Disclosure Statement

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 HUD-certified housing counseling agency. Certification from HUD does not include recognition of any practice standards, nor necessarily imply the effectiveness of any counseling strategies. However, CSP provides assurance of professional conduct and contact information for making complaints to the Department of Housing and Urban Development (HUD).

The CSP Housing Counseling services are strictly to assist you in resolving your issues regarding housing and achieve your housing goals. CSP does not represent itself as legal or tax authorities.

Training:

The CSP Housing Counselors are certified by the National Association of Housing Counselors and Agencies (NAHCA) and/or NeighborWorks® Center for Homeownership Education and Counseling (NCHEC). These counselors are required to attend continuing education opportunities annually to maintain certification. The CSP Housing Counselors are certified to counsel in area of Homebuyer Education and Financial Literacy, Pre- and Post Purchase Homebuyer Counseling, Homeownership Maintenance (including foreclosure prevention), Maintaining Occupancy in Rental Units, and Services for Homeless.

Fees and Payment:

There are no fees associated with the CSP Foreclosure Prevention Counseling.

Applicant Rights:

- To choose a counselor that meets your needs.
- To know the method and course of counseling.
- To receive accurate information about the services.
- To be informed of confidentiality practices.
- To know the complaint process.
- To terminate services that are not satisfactory.

Signature

Date

Signature (co-applicant)

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).

_____ I/We give permission for the National Foreclosure Mitigation Counseling (NFMC), program administrators and/or their agents to pull my credit report up to two additional times between now and June 30, 2016 and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2016 for the purposes of program evaluation.

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, Bobby Miller, 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.

Signature

Date

Signature (co-applicant)

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

Client Name _____

Instructions

List current balances and account numbers for all debts. If you need additional space, please use a separate sheet.

Credit Card Debt

Creditor	Account Number	Balance	Monthly Payment	Current Y/N

Total Monthly Payment

Pay Day Lenders

Creditor	Account Number	Balance	Monthly Payment	Current Y/N

Total Monthly Payment

Other

Creditor	Account Number	Balance	Monthly Payment	Current Y/N

Total Monthly Payment

Total All Creditors

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