



HOUSING & CREDIT COUNSELING, INC.

Counseling Worksheet

PERSONAL INFORMATION

Last Name	First	Middle/Maiden	Birth Date	Social Security Number
Address No./Street	City	State	Zip Code	Residence Telephone
E-Mail Address				
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other				
Spouse Name	First	Middle/Maiden	Birth Date	Social Security Number

COMPOSITION OF HOUSEHOLD (IN ADDITION TO NAMES ABOVE)

Name	Age	Name	Age	Name	Age	Total Number _____
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	

INCOME PER MONTH

1) Name:

Gross Pay (Monthly)	Take Home Pay (Monthly)	Payroll Deduct Ins. \$ _____ Loans \$ _____ Savings \$ _____ Other \$ _____	Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ How long employed: _____
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2) Name:

Gross Pay (Monthly)	Take Home Pay (Monthly)	Payroll Deduct Ins. \$ _____ Loans \$ _____ Savings \$ _____ Other \$ _____	Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ How long employed: _____
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3) Other Employment – Name:

Gross Pay (Monthly)	Take Home Pay (Monthly)	Payroll Deduct Ins. \$ _____ Loans \$ _____ Savings \$ _____ Other \$ _____	Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Employer: _____ Position/Rank: _____ Telephone: _____ How long employed: _____
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4) Other Sources of Income – Name:

Child Support	\$ _____	Disability Comp	\$ _____	Total Household Income <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ _____</div>
Alimony	\$ _____	Scholarships/Grants	\$ _____	
Soc. Sec/Pension	\$ _____	Rentals/Boarders	\$ _____	
Welfare/Food Stamps	\$ _____	Allotment	\$ _____	
Unemployment	\$ _____	National Guard	\$ _____	

COUNSELOR USE ONLY

Date	HC	Y/N
Counselor	R	
Client #		
HUD	Y/N	
Case Status	CAUSE	

Referred By: _____

Life Insurance?	_____	Value \$	_____
Retirement/Savings?	_____	Value \$	_____
Ever Bankrupt?	_____	Year	_____
To HCCI Before?	_____	Year	_____

	CREDITOR NAME & ADDRESS	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT	# OF MONTHS DELINQ	COMMENTS SECURED OR CO-SIGN YES/NO	DMP	DMP REVISED
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
	TOTAL							
	SET UP FEE	<i>(CIRCLE ONE)</i> CASH CHECK						
	BUFFER							
	HCCI COUNSELING FEE	<i>(CIRCLE ONE)</i> CASH CHECK HUD WAIVE E.A.P. with DMP OTHER						
	MONTHLY MAINTENANCE							
	FIRST DEPOSIT							
	MONTHLY PAYMENT							

HOUSEHOLD EXPENSE SHEET

INSTRUCTIONS: Fill in your estimated monthly expenses in the first column.

MONTHLY EXPENSES	MONTHLY AMOUNT	AMOUNT BEHIND	
HOUSING			
Rent			
First Mortgage			
Second Mortgage			
Association Dues			
Property Taxes			
Lot Rent			
AUTOMOBILE			
Gasoline			
Maintenance – Oil/Lube/Tires			
Auto Tags/Inspection			
FOOD			
Groceries			
Meals Out			
School Lunches			
Food/Snacks at Work			
UTILITIES			
Electric/Gas/Oil/Propane			
Water/Sewer/Garbage			
Telephone/Cell Phone/Beeper			
Cable TV/Internet			
CLOTHING			
INSURANCE			
Automobile			
Medical			
Life			
Renters/Homeowners			
HEALTHCARE			
Drugs/Medication			
Office Visits/Deductible			
Dental			
Optical			
CHILDCARE			
Daycare/Babysitter			
Allowances/Kid's Stuff			
Diapers/Formula/Baby Supplies			
Child Support			
INSTALLMENTS			
Car Payment #1			
Car Payment #2			
Student Loans			
Tax Installments – State/Federal			
Other			
CHARITABLE DONATIONS			
Church/Charities			
EDUCATION			
School – Tuition/Supplies			
LEISURE			
Books/Newspapers/Magazines			
Movies/Sporting Events/Entertainment			
Gifts/Parties/Holidays/Cards			
Vacations/Travel			
Alcohol			
Cigarettes/Tobacco			
Hobbies/Clubs			
Lottery/Casinos/Bingo			
MISCELLANEOUS			
Work Tools/Clothes/Occupational Dues			
Home Maintenance			
Dry Cleaning/Laundry			
Home Cleaning Supplies			
Bus Fares/Ride Shares/Parking			
Personal Care – Shampoo/Toothpaste/Haircuts			
Bank Service Charges/Postage			
Pet Care/Vet/Food/Medications			
Lawn/Pool Maintenance/Home Security			
Savings/Reserve			
TOTAL			

HOUSING INFORMATION:

Rent Family
 Own/Buying Other

 House Mobile Home
 Townhouse Apt.
 Room Duplex
 Are You Current?
 Yes No
 Months Behind: _____
 Amount Behind: _____

HOME LOAN INFORMATION:

Conventional FHA
 VA Other _____
 Value of Home _____
 Mortgage Bal. _____
 Interest Rate _____

 Mortgage Paid to (↗) _____

 2nd Mortgage Paid to (↗) _____
 2nd Mortgage Bal. _____

VEHICLE INFORMATION:

(1) Year _____ Make _____
 Payment _____
 Mileage _____
 Balance _____
 Condition: Good Fair Poor

 (2) Year _____ Make _____
 Payment _____
 Mileage _____
 Balance _____
 Condition: Good Fair Poor

Additional Vehicles:

OTHER ASSETS:

Snowmobile RV
 Tractor Boat
 ATV Motorcycle
 Other _____

TOTAL EXPENSES AFTER BUDGETING



1195 SW Buchanan, Suite 101, Topeka, Kansas 66604-1183 (Main Office)
Phone: (785) 234-0217 or (800) 383-0217
FAX: (785) 234-0237 • E-Mail: hcci@hcci-ks.org • Website: www.hcci-ks.org
Satellite Offices: Lawrence, Kansas (785) 749-4224,
Manhattan, Kansas (785) 539-6666 and

STATEMENT OF COUNSELING SERVICES

Please read carefully so you understand the counseling process. Check next to each statement to indicate understanding of that item. Client #

As a member of the National Foundation for Credit Counseling (NFCC) serving Kansas since 1985, our agency complies with NFCC's high standards for quality credit counseling and financial education. This agency is accredited by the Council on Accreditation (COA), an independent third party organization that reviews and monitors parties that provide social services. We are a non-profit agency in accordance with Section 501©3 of the Internal Revenue Code. Nothing herein shall apply to actions or claims under the provision of the United States Bankruptcy Code, 11 U.S.C. § 101, et seq.

I understand that HCCI will provide a confidential, comprehensive personal money management interview for a fee of \$45 for an individual or couple. For housing counseling services related to pre-purchase and loss mitigation a counseling fee will not be assessed. Reverse mortgage counseling sessions have a fee of \$125.

I understand that this fee may be reduced if my household meets specific guidelines, and if I so request. If I qualify under these guidelines, the agency will provide services regardless of my ability to pay. All fees collected help HCCI continue to provide these services.

I understand that HCCI supports and delivers a variety of counseling and education services on family money management, budgeting, and the prudent, intelligent use of credit. Assessments are responsive to cultural factors brought to the attention of the counselor to support the achievement of agreed upon goals.

I understand that HCCI provides housing counseling and education services to inform and prepare the client for achieving and maintaining homeownership. Clients for this service receive counseling and education regarding home financing that address: a. appropriate types and sources of mortgage loans; b. understanding how lenders evaluate credit and determine mortgage readiness; c. how to avoid predatory loans; d. resources available to assist with home purchases; e. what to do if the loan is denied; and f. loan closing costs and procedures.

I understand the interview will be conducted by a certified consumer credit counselor, certified housing counselor or qualified professional counselor. All counseling sessions, not conducted by a certified counselor, will be reviewed by a certified counselor.

I understand that HCCI counselors are not attorneys and that if I need legal representation or advice, I should seek the services of an attorney. While he/she has expertise in helping those with financial problems, he/she cannot provide legal advice. This session is designed to provide you with information and alternatives. It is not intended to take the place of a consultation with an attorney to explore your legal rights and options.

I understand that support for agency services comes through area United Ways, HUD, client counseling fees, contracts, community contributions and volunteer services. Most of our funding comes from voluntary contribution from creditors who participate in Debt Management Plans (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund our agency. These contributions are usually calculated as a percentage of payments that are made through a DMP— up to fifteen percent (15%) of each payment received. However, creditors included in a DMP will always be credited with one hundred percent (100%) of the amount that is paid to through us. We will work with all creditors regardless of whether they contribute to our agency.

I understand that I will participate in developing a written assessment and action plan outlining my individual situation and offering appropriate prioritized solutions. The action plan contains: a. a preliminary evaluation of the request or need for services, including identifying information; b. a summary of the my financial situation including assets, liabilities, income, living expenses, debt, and housing; c. my goals and responsibilities; d. a statement describing the array of options available, including bankruptcy, as applicable; and e. referrals made for other services, as applicable. Assessments include a review of my housing status, including an affordability analysis and any potential threats to safe and adequate housing.

Counseling and education services offer the full range of options, and include information about: a. negotiating directly with creditors on payment or interest rate relief; b. changing buying habits; c. strategies for saving money; d. custom designed payment plans; and e. advantages of and challenges with all options, including bankruptcy, DMPs, and self-administered payment plans. Receipt of financial counseling and education services does not guarantee participation in a DMP. If a DMP is an option, I will receive complete details of the operation requirements, and responsibilities. I understand that DMP's are not suitable for all clients.

I understand that HCCI counselors will provide relevant, non-biased referrals to a network of community resources and service providers when additional services are needed. I have the option to use or refuse any referrals.

I understand that at some point in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the agency's services.

I hold the agency, its employees, agents and volunteers harmless from any claim, suit action or demand of myself, my creditors, or any other person resulting from suggestions or counseling.

I understand that in the event that I am dissatisfied, I can utilize the Complaint Resolution Process.

I have read and understand the disclosures made above. I acknowledge that I have received a copy and read HCCI's Client Bill of rights, Complaint Resolution Process, and Non-Discrimination Policy. ___ Yes

Client

Counselor

Co-Client

Date

Client Bill of Rights

We pledge that our clients have the right:

- To prompt counseling services for managing money based on their financial situation;
- To treatment with dignity and respect;
- To be actively involved in the comprehensive assessment of their financial situation including an appropriate action plan;
- To express dissatisfaction through a Complaint Resolution Process;
- To discontinue their relationship with our agency at any time;
- To ask questions and to have concerns addressed.
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Complaint Resolution Process

We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines.

Step One: Try to resolve the issue with the staff member involved giving him or her specific information about your complaint.

Step Two: If Step One is not possible or the issue is not resolved to your satisfaction, write or call the Chief Operating Officer at 1-800-383-0217.

Step Three: Agency may request a meeting with you (telephone or in-person) or seek more information from a staff person. The agency will respond within 15 days.

Step Four: If your issue is still unresolved, you may appeal directly to the President/CEO. After additional fact finding, this individual will provide a concluding decision to you within 15 days.

Non-Discrimination Policy

Our agency services all members of the community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or services with respect to race, religion, color, gender, national origin, or disability.



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Privacy Policy

Housing and Credit Counseling Inc is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "personal financial information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors and possibly others with your specific authorization. Your anonymity will be maintained through the use of your client number or by using aggregate data in all circumstances.

We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregate data in all circumstances.

In all other situations, your information may be released to appropriate individuals or agencies **only upon your written request or when our staff has been served by a valid subpoena.**

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

1. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.
2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors, or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
4. We may disclose all of the information that we collect, as described below, to creditors and related financial institutions who need this information in order to put you on a debt management program (DMP).
5. 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.
6. 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.
7. We may disclose the following kinds of nonpublic personal information about you:
 - Information we receive from you on 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.

RELEASE: I hereby authorize Housing and Credit Counseling, Inc. to release all non-public information it obtains about me to (1) my creditors and (2) any third parties necessary to resolve the matter(s) discussed during my counseling session.

I further RELEASE and authorize all of my creditors to provide non-public information about me to Housing and Credit Counseling, Inc.

Signature _____ Date _____

Signature _____ Date _____