

Greenville County Human Relations Commission
Initial Intake Form for New Clients



COVID-19 Mortgage Relief

Name: _____ Date of Birth: _____
 (First/Middle Initial/Last) (Last four of SS#)

Spouse's Name: _____ Date of Birth: _____
 (First/Middle Initial/Last) (Last four of SS#)

Address: _____ Apt: _____

City/State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Referred by: _____

Gender: Male Female Size of Household Number of Adults (18 and over) _____ Number of Children _____

Marital Status: Single Married Divorced Widow/Widower Separated Ethnicity: Hispanic Not Hispanic

Race: American Indian/Alaskan Native Asian Black/African American White

Multiple Races: American Indian/Alaska Native and White Black/African American and White Asian and White
 American Indian/Alaska Native and Black/African American Other Multiple Race (specify) _____

Female Head of Household: Yes No Senior Citizen (55 or older): Yes No Veteran: Yes No

Disable (optional): Yes No Type of Disability (optional): Physical Mental Chronic

Highest Education Level: Less than high school High school diploma GED Vocational Certificate
 Some college, no degree Associates degree Bachelor's degree Master's degree Above Masters

Household Income

Gross monthly income # 1 \$ _____ list income source _____ (salary, child support, SSI, SS, Pension, etc.)
 Gross monthly income #2 \$ _____ list income source _____ (salary, child support, SSI, SS, Pension, etc.)

Total Gross Monthly Income \$ _____ Employer name _____

Are you currently banking with a Credit Union or Bank? Yes No Are you currently saving on a regular basis? Yes No

Health Insurance Coverage: Adult: Yes No Don't Know Refused Children: Yes No Don't Know Refused

Current housing status: Live with parents Renting Homeowner Shelter/Homeless Other

Landlord name _____ Mortgage company name _____

Date of occupancy or purchase date _____

Are you interested in purchasing a home in Greenville City? Yes No

Have you experienced any form of HOUSING DISCRIMINATION in the last six months? Yes No

For Mortgage Delinquency/Default/Foreclosure Clients ONLY:

1) Lender Name _____ 2) Loan account number _____

- Reduction in income
- Medical Issues
- Death of family member
- Poor budget management skills)
- Increase in expenses
- Business venture failed
- Loss of income
- Divorce/Separation
- Increase in loan payment
- Other _____

Client Acknowledgment

I certify that the information given above is correct and true to the best of my knowledge. I understand that information I have provided is confidential and will only be used for the purposes of client tracking and record-keeping, and will NOT be distributed to any third party without my express written consent.

Client Signature: _____ Date: _____

COVID-19 Mortgage Questionnaire

Please fill this form out in its entirety to ensure quicker processing

- 1) Please list the name of your mortgage loan servicer and your loan number:
- 2) Do you currently have your payments deferred with your mortgage loan servicer?
- 3) How much is your monthly payment?
- 4) When was the last payment made? Include month, date and year.
- 5) Whose name(s) are on the mortgage?
- 6) ...Who lives in the home? List names of all adults and minors.
- 7) Is your loan a
 - Fannie mae loan
 - Freddie mac loan
 - HUD loan
 - VA loan
- 8) Have you had your loan modified in the past 12 months?
- 9) What is your interest rate?
- 10) How much is your yearly homeowner's insurance premium?
- 11) Is your reason for defaulting related to COVID-19? Please explain how.
- 12) If your hardship occurred before March 24th 2020, in a couple of sentences, please explain why your mortgage defaulted.

CLIENT COUNSELING AGREEMENT

COUNSELING CONSTANT AND AGENCY RELEASE: I agree to participate in counseling to achieve my housing and financial goals with Greenville County Human Relations Commission (hereafter referred to as GCHRC or the Human Relations Commission). I understand and grant permission for GCHRC staff to discuss information with me including, but not limited to, my credit history, personal budget such as income and spending habits, employment, or related family problems. I also understand and grant permission for GCHRC staff to share this information with other firms or agencies as it may be necessary to assist me and that NO INFORMATION will be shared with ANY party unless it is necessary and relevant to my situation. I authorize GCHRC to discuss any information with third parties as deemed necessary by staff to secure my full legal rights in attempting to secure or improve my housing. I understand, agree, and authorize GCHRC to release credit, financial, employment, and other information to other agencies or firms as may be essential in reaching a solution to my housing objectives.

AFFILIATED BUSINESS ENTITY, ORGANIZATION, AND AGENCY DISCLOSURE: I understand that the Human Relations Commission and its representative employees provide and make available a wide array of affordable housing opportunities and lending products, including where applicable, various down payment assistance programs and numerous other forms of housing assistance services. I also understand that some of the before mentioned products and/or services may be provided directly and indirectly through affiliated or partnership entities, organizations and /or agencies. I understand that I have the right to select the housing services and products of my own choosing and that I am under no obligation to utilize the offerings of such firms.

PRIVACY POLICY: The Human Relations Commission collects nonpublic information about you from information that you provide to us on applications, information from your transactions with us or others, and from consumer credit reporting agencies. We do not disclose nonpublic information to anyone except as permitted by law. We restrict access to nonpublic information to those employees who need to know that information in order to provide assistance and counseling services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic information. Please be assured confidentiality is important to us and your information is safe.

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE: I understand that GCHRC will not always access my credit report for every type of service that is provided, but when credit reports are obtained they are a "soft pull" inquiry. If it is necessary to access my credit report I hereby authorize and instruct GCHRC to obtain and review my credit report from any or all credit bureaus. I understand that my credit report will be obtained from a Credit Reporting Agency (CRA) chosen by GCHRC. I understand and agree that GCHRC intends to use my credit report(s) for the purpose of evaluating my financial readiness to purchase a home and to assist in building and improving my creditworthiness. Authorizations is further granted to the Credit Reporting Agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report. This authorization is in compliance with 15 U.S.C. 1681b(a)(2). **THE CREDIT REPORT IS PROVIDED "AS IS" AND THERE IS NO REPRESENTATION WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT. I ALSO RELEASE GCHRC AND ANY CHOSEN CRA FROM ALL LIABILITY FOR ANY LOSS RESULTING FROM THE INACCURACY, INVALIDITY, OR INCOMPLETENESS OF THE REPORT.** In addition, in connection with determining my ability to obtain a loan I authorize GCHRC to share with potential mortgage lenders my credit report and any information that I have provided, including any computations and assessment that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible. I understand this authorization and disclosure has no expiration but I may revoke my consent at any time by notifying GCHRC in writing.

FOR NFMC CLIENTS ONLY: I understand that GCHRC provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate. I understand that GCHRC receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance, and evaluation. I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.

Client's Name (Printed)

Spouse's Name (Printed)

Client's Signature

Date

Spouse's Signature

Date

Last four number of Social Security # Date of Birth

Last four number of Social Security # Date of Birth

Start Your Budget

Name: _____

Date: _____

The worksheet below is a sample budget that can help you manage how much you spend each month.

Monthly Income	Monthly Total
Paychecks (i.e. take home pay from full-time, part-time and independent work)	\$
Child Support/Alimony	\$
Other income (i.e. Social Security, Assistance program and Unemployment)	\$
Total monthly income	\$

Monthly Expenses	Monthly Total
Savings	
Emergency Fund	\$
Retirement, college fund, or major purchase	\$
Housing	
Rent or mortgage	\$
Renter's insurance or homeowner's insurance	\$
Health / Medical	
Co-Payments	\$
Prescriptions / Medicine	\$
Gym membership	\$
Food	
Groceries	\$
Utilities	
Water	\$
Electricity	\$
Gas	\$
Phones (mobile and home)	\$
Internet	\$
Cable TV	\$
Trash	\$
Transportation	
Car Loan or public transportation	\$
Gas for car	\$
Car Insurance	\$
Car Maintenance	\$
Family	
Child Care, clothing, school supplies, gift	\$
Household supplies	
Laundry mate or Laundry Detergent	\$
Credit Cards	
	\$
Eating Out	
Fast Food, sit down restaurant, take out	\$
Child Support/Alimony	
	\$
Church/Charity	
	\$
Loans	
Personal, student	\$
Personal Maintenance	
Nails, Hair, Eyelashes, Barber	\$
Personal Vices	
Spirits, Alcohol, Cigarettes, Vaping,	\$
Personal Luxuries	
Lottery Tickets, Gambling	\$
Other	
	\$
Other	
	\$
Total monthly expenses	\$

$$\boxed{\$ \quad} - \boxed{\$ \quad} = \boxed{\$ \quad}$$

Income Expenses Remaining

If your income is more than expense, you can add more to savings.
If your expenses are more than income, reduce unnecessary expenses.

Third party authorization

To whom it may concern,

I, _____, am giving permission for any and all information regarding my mortgage loan to be released to my HUD housing counselor, _____, from The Human Relations Commission via telephone or electronically. My Loan number is _____ and my property address is _____.

The last 4 digits of my social are _____.

Thank you,

X _____

