



Welcome to Skyline Community Action Partnership

We are glad you are here. This is our housing counseling* client intake form that helps us prepare to serve your needs. If you have any questions about filling it out, please contact us by calling us at **540-948-3916**.

"I have come to Skyline CAP because . . .

These are the general categories of services we provide - please select the ones that best describe what you need:

- | | | |
|---|--|--|
| <input type="checkbox"/> I want to learn more about buying my 1st home
(First Time Homebuyer Counseling) | <input type="checkbox"/> I need to create a sustainable household budget
(Budget Counseling) | <input type="checkbox"/> I want to learn more about improving my credit score
(Credit Repair Counseling) |
| <input type="checkbox"/> I have an issue with my landlord/seeking to prevent eviction
(Rental Counseling) | <input type="checkbox"/> I want to learn more about how to be a successful renter
(Rental Counseling) | <input type="checkbox"/> I would like assistance moving into a rental unit
(Rental Counseling) |
| <input type="checkbox"/> I am a homeowner and want to learn more about maintaining my home
(Post-Purchase Counseling) | <input type="checkbox"/> I am a homeowner & behind on my mortgage payments
(Foreclosure/Mortgage Delinquency Counseling) | <input type="checkbox"/> I think I may have experienced housing discrimination
(Fair Housing Complaint) |

CLIENT INTAKE FORM INSTRUCTIONS:

1. Complete this 7 page intake form in its entirety.
2. Submit the intake form to Skyline CAP Housing Department by mail or in person at 45C Business Park Drive, Ruckersville, VA 22968; fax: 434-985-6035; or by email: housingcounselor.rl@skylinecap.org

***Housing Counseling provided by Skyline CAP only serves the counties of Greene, Madison, and Orange.**

Please Note: When accessing our services, if you need assistance due to a language barrier, mobility impairments, visual or hearing impairments or other disabilities please let us know so we can provide necessary accommodations.

Client #: _____ (for office use only)

Skyline CAP Housing Counseling Intake Form - Please Complete ALL Questions

Primary Applicant Information

First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____

City: _____ State: Virginia Zip: _____

Preferred Language: _____ Date of Birth (MM/DD/YYYY): _____

Social Security #: _____ Phone #: _____

Email: _____

Please check the best way to contact you: Email Phone Mail

How did you hear about Skyline CAP? _____

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

Check YES or NO for each question:

Do you have a Housing Choice Voucher? YES NO

Are you a citizen of the United States? YES NO

Are you disabled? YES NO

Do you have a disabled dependent? YES NO

Are you a veteran in active duty? YES NO

Are you a farmer? YES NO

Do you receive food stamps? YES NO

Health Insurance (check one):

Medicaid Other

Medicare None

Highest Level of Education (check one):

0-8 9-12 HS Grad.

Trade/Tech. School GED

Some college Associate's Degree

Bachelor's Degree Master's Degree+

Residency Type (check one): Rent Own Other: _____

If renting, have you ever paid rent late? YES NO If yes, when? _____

Time at Current Residence: _____ year(s) _____ month(s) Marital Status: _____

Co-Applicant (if applicable)

First Name: _____ M.I.: _____ Last Name: _____

Preferred Language: _____ Date of Birth (MM/DD/YYYY): _____

Social Security #: _____ Relationship to Applicant: _____

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

Check YES or NO for each question:

Are you a veteran or in active duty? YES NO

Are you disabled? YES NO

Are you a farmer? YES NO

Are you a U.S. citizen? YES NO

Time at above residence:

_____ year(s) _____ month(s)

List an option from above for each category:

Health Insurance: _____

Highest level of education: _____

Client #: _____ (for office use only)

INCOME (INCLUDE ALL HOUSEHOLD INCOME)

SOURCE OF INCOME* (CHOOSE FROM LIST BELOW)	START DATE	FREQUENCY OF PAY	GROSS PAY	NET PAY	EMPLOYER NAME (IF 1ST COLUMN IS EMPLOYMENT)	INCOME BELONGS TO

*Employment, unemployment, child support, SSI, social security, TANF, pension, or other (please describe)

LIABILITIES/DEBTS

(Ex. Car Loans, Student Loans, Credit Cards, Judgements, Collections, etc...)

CREDITOR	DEBT TYPE	REMAINING BALANCE	AMOUNT OF MONTHLY PAYMENT	# OF MONTHS BEHIND

Do your liquid assets* exceed \$10,000? YES NO

If seeking Foreclosure/Mortgage Delinquency Counseling:

Do you have property in active foreclosure? YES NO

If yes, please list the foreclosure sale date: _____

*Liquid assets are defined as cash on hand, money in a savings, checking, or money market account or any investments that can be turned into cash without penalty (i.e. stocks, bonds, etc.).

DEPENDENTS IN HOUSEHOLD

Complete this table for every household member that is NOT listed on page 2

*REFER TO PAGE 2 FOR HEALTH INSURANCE OPTIONS

FULL NAME (FIRST/LAST)	DATE OF BIRTH	AGE	GENDER	RACE	RELATIONSHIP TO PRIMARY APP.	TYPE OF HEALTH INSURANCE*

Are all dependents in the table above... ? (check one)

Hispanic

Non-hispanic

Client #: _____ (for office use only)

What is your current rent/mortgage monthly amount? _____

Do you or have you owned any real estate property in the last 3 years? YES NO

Are you under contract to purchase a home? YES NO If yes, closing date? _____

...and property address? _____

If not, do you expect to put an offer on a home in the next 30 days? YES NO

Have you attended any homeownership classes? YES NO If yes, when? _____

Have you attended any classes with Skyline CAP? YES NO If yes, when? _____

Do you know your credit score? YES NO If yes, what is it? _____

We find it helps to know what other organizations our clients are working with. This allows us to provide better service and avoid making repeat referrals. Please check which of the following organizations you have worked with or are currently working with.

Madison DSS

GRACE

Orange DSS

Foothills Housing Network (FHN)

Greene DSS

Habitat for Humanity

MESA

The Haven

JABA

HUD

Legal Aid

VHDA

Other (please list): _____

Who may we thank for referring you to Skyline Community Action Partnership?

If you are working with a mortgage lender please provide their name and company:

If you are working with a real estate agent please provide their name and company:

Client #: _____ (for office use only)



45C Business Park Drive Ruckersville, VA 22968
Phone: 540-948-3916 Fax:434-985-6035

AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

I certify that all of the information I have provided is correct and true to the best of my knowledge. I understand that the information obtained is to be used in assessing my eligibility for programs at Skyline CAP. I understand that false or misleading information will affect my ability to access Skyline CAP's programs. I understand that the completion of this form in no way guarantees assistance with housing and pulling this credit report will result in an inquiry listed on my credit report.

By signing below, I hereby authorize Skyline Community Action Partnership to obtain a credit report in my name. This also authorizes Skyline Community Action Partnership, including staff members and any authorized representative or associated agency of Skyline Community Action Partnership, to receive information or make inquiries on my financial information including, but not limited to, my mortgage, income, employment, credit report, and all creditors. This also authorizes Skyline Community Action Partnership to receive information or make inquiries on my housing service providers and/or any fair housing office. I understand that any discussion or release of information is solely for the purpose of coordinating the service I have requested. This authorization expires in 12 months after date of signature.

Primary Applicant:

Co-Applicant (if applicable):

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Today's date: _____

Today's date: _____

Address: _____

Address: _____

Social Security #: _____

Social Security #: _____

Date of Birth: _____

Date of Birth: _____

If seeking Mortgage Delinquency/Foreclosure Counseling:

1st Mortgage Lender: _____

2nd Mortgage Lender: _____

1st Mortgage Account #: _____

2nd Mortgage Account #: _____

Mortgage property address if different than address listed above: _____

Skyline Community Action Partnership is a HUD Approved Housing Counseling Agency & Equal Housing Opportunity Organization

Skyline Community Action Partnership Housing Counseling Service Disclosure

1. Skyline Community Action Partnership is here to assist you with referrals and information about your borrowing options and identified housing counseling activities. While affordable homes, lending products and other forms of assistance might be available through Skyline Community Action Partnership, the applicant is under no obligation to utilize these additional services. **We do not give legal advice.** If we refer you to another agency or organization, you should independently determine whether that agency or organization can address your concerns. We are not responsible for the services provided to you by others.
2. I understand that Skyline Community Action Partnership receives funds from entities such as the U.S. Dept. of Housing and Urban Development (HUD), Virginia Housing Development Authority (VHDA), and/or local governments, foundations, etc., or their agents for purposes of program monitoring, compliance and evaluation. In addition, the agencies and organizations which provide funding to Skyline Community Action Partnership are often required to monitor our performance in accordance with their funding agreements. This monitoring may require that we release client files, in whole or part for their review. In order to release the client information to these agencies or organizations, we must have a signed Authorization Form from our clients.
3. I give permission for program administrators/funders and/or their agents to follow up with me between now and three years following the close-out of my counseling file for the purposes of program evaluation.
4. I understand and give permission for Skyline Community Action Partnership to: (1) submit client-level information to EmpowOR database, (2) allow any funders listed above to open files to be reviewed for program monitoring and compliance purposes, & (3) allow any funders listed above to conduct follow up with client related to program evaluation, if they choose to.

Skyline Community Action Partnership Privacy Policy

Skyline Community Action Partnership is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to 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. Your “nonpublic personal information,” such as your total debt information, income, living expense, and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Authorization Form. All funding sources routinely require compliance monitoring and access to client files. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information we gather about you:

- Information we receive from you orally, on applications or other such forms, such as your name, address, social security number, assets, and income
- Information about your transaction with us, your creditors, or others, such as your account balance, payment history, parties to transaction and credit card usage
- Information we receive from a credit reporting agency, such as your credit card history

You may opt-out of certain disclosures:

- You have the opportunity to “opt out” of disclosures (direct us not to make those disclosures) of your non-public personal information to third parties such as your creditors.
- If you choose to “opt out”, we will not be able to answer questions from your creditors. If at any time you wish to change your decision with regard to your “opt out,” you may call us at 540-948-3916 and do so.

Release of your information to third parties:

- So long as you have not opted out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).

Within the organization, 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.

ACCEPTED AND AGREED:

By: _____ (signature) Date: _____

By: _____ (signature) Date: _____

Skyline CAP Staff:

By: _____ (signature) Date: _____

Client #: _____ (for office use only)

SKYLINE CAP HOUSEHOLD SPENDING PLAN

Indicate # of people in household:

Full Name (Print) _____

_____ Adults

_____ Children

NET MONTHLY INCOME

Income Source 1: _____
Income Source 2: _____
Income Source 3: _____
Total Income (A): _____

FLEXIBLE EXPENSES

Savings: _____
Groceries: _____
Lunch (work/school): _____
Eating Out: _____
Entertainment/Hobbies: _____
Laundry/Dry-cleaning: _____
Cleaning Supplies: _____
Clothing: _____
Gasoline/Bus/Taxi: _____
Newspaper/Magazines: _____
Alcohol/Cigarettes: _____
Church/Charity: _____
Tuition/Books: _____
Barber/Beauty Shop: _____
Auto Maintenance: _____
House Maintenance: _____
Doctor/Dentist/Pharmacy: _____
Pets: _____
Parking/Tolls: _____
Lottery/Bingo: _____
Other: _____
Total Flexible (D): _____

FIXED EXPENSES:

Rent/Mortgage: _____
Electric: _____
Gas/Oil: _____
Water/Sewer: _____
Home Phone: _____
Cell Phone: _____
Internet/Cable: _____
Trash Pickup: _____
Medical Insurance: _____
Auto Insurance: _____
Life Insurance: _____
Renters Insurance: _____
Child Support/Alimony: _____
Child Care: _____
Homeowners Assoc.: _____
Other: _____
Total Fixed (B): _____

ALL MONTHLY EXPENSES

FIXED (B): _____
CREDITOR (C): _____
FLEXIBLE (D): _____
Total Expenses (E): _____

CREDITOR PAYMENTS:

Installment Loan: _____
Automobile Loan: _____
Automobile Loan: _____
Credit Card Payment: _____
Credit Card Payment: _____
Credit Card Payment: _____
Other: _____
Total Payments (C): _____

Subtract Expenses from Income (A - E):

TOTAL INCOME (A): _____
TOTAL EXPENSES (E): - _____
DIFFERENCE + or - _____

Note: If you have accounted for all of your expenses, including savings, your difference should be \$0.00. If you come up with a positive number, you may want to consider allocating the extra money toward your debt and/or savings. If you come up with a negative number, you are spending more than you make. Review the spending plan thoroughly to examine where you can trim your

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Counselor Signature*: _____

Date: _____

**By signing, I hereby certify that I have reviewed the above spending plan with applicant(s) and concur that it is reasonable.*