



HAMPTON ROADS COMMUNITY ACTION PROGRAM

CLIENT ID _____

Once your application is received, a Housing Counselor will contact you to schedule an appointment. To help us to better serve you, please ensure that you have completed all questions and signed all forms included in this packet.

Primary Applicant Information (Head of Household please complete all sections.)

Last Name _____ First Name _____ MI _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____ Birthdate (mm/dd/yy) _____ Age: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Email: _____ Best Contact Method: _____

ADDITIONAL INFORMATION:

Applicant Gender: _____ Race: _____ Ethnicity Hispanic? YES NO

Marital Status: _____ Preferred Language: _____

Country of Origin: _____

Are you receiving case management or supportive services from agencies or organizations? YES NO

If yes, are you willing to share information to the Housing Counselor/Case Manager? YES NO

Head of Household: Highest Education Completed: _____ Head of Household: Enrolled in School? _____

Employment: Full-Time Part-Time Unemployed Retired Self-Employed Other _____

Seasonal Migrant Worker

Are you a U.S Citizen? YES NO

Military background? Active duty Veteran None

Do you have a disability? YES NO

Please check all services you receive:

Food Stamps WIC Medicaid Medicare Health Insurance TANF

Housing Choice Voucher Public Housing

Residence Type: OWN RENT HOMELESS OTHER _____

Total number of people living in the household: _____ (#Adults-Over 18) _____ (#Children-18 & under) _____

How long have you lived at current residence? _____ Years _____ Months



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Please provide the following information if you have children living with you. If you need additional space, an extra sheet of paper will be provided.

Name of Child(s)	Gender	DOB/Age	Race

If renting, have you ever paid rent late? YES NO If yes, When? _____
When did you move in? _____

Do you know your credit score? YES NO If yes, please share: _____

Do you or have you owned Real Estate property in the last 3 years? YES NO

What is your current rent/mortgage amount? \$ _____

What is the mortgage type? _____

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

Are you under contract to purchase a home? YES NO If yes, Closing Date? _____

If yes, what is the property address? _____

If no, do you expect to put an offer on a home in the next 30 days? YES NO

If seeking Default/Foreclosure Counseling, please complete following section:

Is property in Active Foreclosure? YES NO Foreclosure Sale Date: _____

1st Mortgage Lender: _____ 2nd Mortgage Lender: _____

1st Mortgage Account# _____ 2nd Mortgage Account# _____

Mortgage Property address if different from above: _____



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INCOME (Include ALL Household Income)
(Employment, Public Benefits, Self-Employment, Pensions etc.)

Person Receiving Income	Employer/Source of Income	Monthly Income (Gross/Net)	Yearly Income (Gross/Net)	Pay Frequency	Start Date of Employment
Example: Jane Doe	Walmart	1,589.00	21,000	Monthly	

LIABILITIES/DEBTS
(Car Loans, Credit Cards, Judgments, Collections, etc.)

Creditor & Debt Type	Balance Remaining	Monthly Payment	# of Months Behind
Example: Credit Union	8,800	213.42	21,000 Monthly



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Housing Counseling Program Service Disclosure

The purpose of this form is to disclose the rights/obligations of clients and staff associated with the HRCAP Comprehensive Housing Counseling Program.

- I understand that, clients receiving counseling under the HRCAP Comprehensive Housing Counseling program will receive professional educational presentations from experts in their appropriate fields. HRCAP will select professional/business presentations that meet client educational needs
- I understand that, clients are under no obligation to use these professionals/businesses as the sole source for services.
- I understand that the Housing Counseling staff will remain professional and respectful at all times. As a client, I will ensure that I am respectful and courteous towards the Housing Counselor and staff.
- I understand that, clients are free to contact additional experts/businesses to provide additional information. 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.
- I understand that, clients are free to select and enter into agreements with the services that best meet their individual needs.
- I understand that, clients are solely responsible for selection of their own realtor, loan officer, home inspector and/or settlement agent/attorney.
- HRCAP will conduct business that does not interfere with an individual's right to select his/her own representation for business purposes.
- HRCAP will not use forceful tactics limiting the client's ability to choose their own parties to enter into contracts with.
- I understand that, representatives or monitors from partner agencies such as VHDA (Virginia Housing Development Authority) and HUD (Housing & Urban Development) may review client files for program monitoring and auditing purposes on an annual basis. Files may review for program compliance in whole or in part three years following the close-out of my file.
- I understand and give permission for HRCAP to submit client-level information in Counselormax and/or EmpowOr for case management.

Print Client Name

Signature

Date

Print Client Name(Co-Applicant)

Signature

Date

Housing Counselor Name

Signature

Date



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HRCAP Confidentiality Statement and Privacy Policy

Types of information that we gather about you:

- Information we receive from you orally, 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
- Information we receive from a credit reporting agency, such as your credit 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 757-643-4086 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).

Please CHECK the appropriate box:

I have read the above agreement and **I DO NOT** wish to opt out at this time.

I have read the above agreement and **I WANT TO** opt out at this time.

ACCEPTED AND AGREED:

By: _____ Date: _____

By: _____ Date: _____

For all application types you must complete a written declaration of the need for services and a Spending Plan. Please contact your counselor if a Spending Plan is not attached to your application.

If you are seeking assistance with Financial Management, please complete a Financial Assessment as well. Please contact your counselor if a Financial Assessment is not attached to your application.



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HAMPTON ROADS COMMUNITY ACTION PROGRAM
Housing and Financial Literacy Services
392 Maple Ave, Newport News VA 23607
757-643-4086

Client Authorization to Release Information

I certify that all of the information provided is correct and true to the best of my knowledge. I understand that false or misleading information will affect my ability to access HRCAP Housing Counseling Program Services. I understand that the information obtained is to be used in assessing my eligibility for programs in the HRCAP Housing Counseling Program and that the completion of this form in no way guarantees assistance with housing services. I authorize HRCAP Housing Counseling Program staff to request information from other individuals and organizations in order to help meet my housing/financial needs. I authorize HRCAP Housing Counseling Program staff to give information concerning my financial or personal situation to mortgagees, landlords, creditors or other involved parties when HRCAP staff is in negotiation with others on my/our behalf.

I understand that HRCAP receives funding from such agencies as the U.S. Department of Housing and Urban Development (HUD), Virginia Housing Development Authority (VHDA), Neighbor Works America, the Department of Housing and Community Development (DHCD), local governments, foundations, etc. or their representatives for purposes of program monitoring, compliance and evaluation. I also, certify that I acknowledge that such agencies monitor the performance of HRCAP and in doing so my file may be released in whole or in part for their review. I understand that program administrators/funders and/or representatives may follow up with me between now and three years following the close-out of my file for monitoring purposes.

This Authorization expires in 12 months (*Unless another date is specified*): _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Loan Number and/or Social Security Number: _____ / _____

List all Household Members to be included in this Authorization:

(Use a separate sheet for additional members)

Print Client Name

Signature

Date

Print Client Name(Co-Applicant)

Signature

Date

Counselor Name

Counselor Signature

Date



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Hardship Statement/Self-Declaration

Client Name _____

Please use the space below to describe your need for services and the circumstances that caused your delinquency or current situation. (Use additional paper if needed.)

Client Signature _____ Date _____

Counselor/Case Manager Initial _____



Hampton Roads Community Action Program Housing Services

Plan of Action

Client Name: _____ File Number: _____

Best Contact #: _____ Counseling Type: _____

Please take a few moments to complete the information below. Describe the steps you plan to take to resolve your current situation and meet your personal goals. If you need assistance, please contact your Housing Counselor at 757.643.4086.

Client's Goals: Please list your short-term and long-term goals. The goals you list do not have to be housing related.

CLIENT GOALS

1. To complete Housing Counseling Application and follow-up with my counselor as needed.

(Office Use/Date: _____)

2. _____

3. _____

4. _____

Documents listed below to be furnished by client for following appointment on: _____

Client's Signature

Date



Maximizing Opportunities,
Transforming Lives

Household Budgeting Worksheet

Print Client Name: _____ Date: _____

Indicate # of people in household: _____ Adults _____ Children

Make sure that you include all take-home income and expenses as accurately as possible. The information you provide will be used to compute your household budgeting plan. Try not to inflate the numbers, but do not underestimate either. If a monthly expense is automatically deducted from your take-home income, do not enter it below.

Monthly Take-Home Income

Salary/Wages	\$ _____
Salary/Wages (Spouse)	\$ _____
Social Security	\$ _____
Military Pay	\$ _____
Pension Plan/Retirement	\$ _____
Interest Income	\$ _____
Alimony/Child Support	\$ _____
Real Estate (Rent)	\$ _____
Dividends (Investments)	\$ _____
Unemployment/Food Stamps	\$ _____
Royalties/Other Income	\$ _____
Total Income	\$ _____

Flexible Expenses

Household Items	\$ _____
Groceries	\$ _____
Clothing	\$ _____
Laundry/Dry Cleaning	\$ _____
Telephone (Home)	\$ _____
Cellphone	\$ _____
Internet Service	\$ _____
Cable TV/Satellite	\$ _____
Electric	\$ _____
Gas/Oil	\$ _____
Water/In-Home Service	\$ _____
Trash	\$ _____
Auto Gas/Maintenance	\$ _____
Auto Insurance	\$ _____
Health & Dental Insurance	\$ _____
Life & Disability Insurance	\$ _____
Homeowners/Renters Insurance	\$ _____
Education (Tuition, Supplies)	\$ _____
Personal Care (Hair, Nails, etc.)	\$ _____
Medical Care (Prescriptions, etc.)	\$ _____
Child Care (Nanny, Day Care)	\$ _____
Children Activities (Sports, etc.)	\$ _____
Alimony/Child Support	\$ _____
Entertainment (Movies, bowling, etc)	\$ _____
Dining Out	\$ _____
Homeowner Dues	\$ _____
Subscriptions	\$ _____
Health Club Memberships	\$ _____
Contributions/Donations/Gifts	\$ _____
Other Expenses (Misc.)	\$ _____
Total Expenses	\$ _____

Fixed Expenses

Rent (Apartment, etc.)	\$ _____
1 st Mortgage/Taxes/Insurance	\$ _____
2 nd Mortgage/Taxes/Insurance	\$ _____
Trailer Park Space Rent	\$ _____
Student Loans	\$ _____
Auto Loans/Leases	\$ _____
Recreation Toys (Watercraft, etc.)	\$ _____
Past Due Taxes	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Personal Loan	\$ _____
Personal Loan	\$ _____
Medical/Dental Bills	\$ _____
Other Secured Debts	\$ _____
Other Secured Loans	\$ _____
Other Unsecured Loans	\$ _____
Total Debt	\$ _____

Total Take-Home Income	\$ _____
Total Fixed Expenses	\$ _____ (minus)
Total Flexible Expenses	\$ _____ (+ equals)
Your Disposable Income or Deficit	\$ _____
Note: If you have a deficit, you should seek the help of a counselor to help reduce your expenses as well as create a workable budget for you and your family.	

Client 1 Signature: _____

Client 2 Signature: _____

Housing Counselor Signature: _____