



AMERICAN CREDIT COUNSELING INSTITUTE

OFFICE 1-888-212-6741, FAX (610) 933-5180 Email: americanci@verizon.net Website: www.americanci.org
Mailing address: 603 Swede Street Norristown PA 19401

Thank you for choosing American Credit Counseling Institute (ACCI). ACCI is a 501 (c) 3 non-profit agency contracted by the Pennsylvania Housing Finance Agency (PHFA) to do education and counseling for Pennsylvania residents. We do not charge our clients for counseling services regarding mortgage delinquencies and many of our other services. We seek funds from federal and state programs, private foundations, and business and private donors. Our housing counselors are certified to provide education, coaching, and housing counseling services. Our housing counselors travel to our different offices to take care of our clients' appointments. Therefore, if you need to cancel or reschedule an appointment, please contact us as soon as possible so that the counselor does not make the trip to the office in vain.

You have asked for our help, but we will need your cooperation to be able to do a good job. We are asking you to complete this questionnaire so that we have information to assess your situation and help you find possible choices. Whether it is that you are confronting mortgage difficulties or you are seeking education to improve your credit or budget or for education about buying a home, obtaining information about your situation is critical. Please take your time to complete this form and bring it to your appointment, unless you are instructed to submit it earlier. It is an important tool and will be requested at the beginning of your interview.

Please **complete this questionnaire and bring it along with clear copies of your documents (enumerated on page 2) to your appointment.** The more complete this form is, the better. Changes can be made during the interview, but we need you to supply all the information that you have available. For your documents, we need that you bring copies. We cannot make copies of all your documents during the interview. You are required to supply clear copies for your file. If you received an Act 91, you will apply for HEMAP. A complete application package with ALL the documents increases the likelihood of being approved for HEMAP. For more information about our agency and services, and a list of our counselors' names, cell numbers, and email addresses, and please visit our website at www.americanci.org.

Cordially,
Robert W. Ewing
Executive Director

Our offices' addresses are:

Norristown	603 Swede St Norristown PA 19401	1 block from the Montgomery County Court. Second door from the corner of Swede and Marshall. Easy public transportation. Parking in back of bldg.
Pottstown	100 Porter Rd. Suite 108 Pottstown PA 19464	1 st floor of a 2 story building walking distance from the Pottstown hospital. Free ample parking. Handicap accessible.
Upper Darby	6800 Market St. Upper Darby PA 19082	1 st floor of a 5 story building almost across the street from the 69 th street train station. Metered parking 45 min = 25 cents (max 3 quarters)
Warminster	586 W. Street Road Warminster PA 18974	First office inside Elite Real estate building between Dunkin Donuts and Burger King. Close to York St. Free parking front & back of bldg.

Due to the nature and length of the interview, we prefer that you do not bring kids. Some interviews last over two hours. We need your full attention during the interview.



Included with this form, you will find a list of what you need to bring to your appointment. **Bring as many documents as you can, but do not miss or reschedule your appointment because you lack a few documents. Any missing document, you will have the opportunity to mail it later.**

List of documents necessary for your appointment

- ❑ **1. LETTER OF CIRCUMSTANCES** – explain why you fall behind in your mortgage.
For the rest of the following documents, **we need clear copies** – we will keep them
Do **NOT** staple the copies.
- ❑ **2. ACT 91 NOTICE if you have one** and any other notices of delinquency or foreclosure.
ALL PAGES of the **Act 91** are necessary. Also all court foreclosure documents, if applicable.
- ❑ **3. Documents and/or receipts** to support your allegations of hardship (to support the allegations on the Letter of Circumstances above) if available.
- ❑ **4. PROPERTY DEED if available** (this can be obtained from your County Courthouse)
- ❑ **5. PAY STUBS** - Three or four most recent consecutive pay stubs for all working household members. *We need to document at least one month of earnings.*
- ❑ **6. VERIFICATION OF OTHER INCOME** - (Unemployment Comp., Workmen’s Comp., child support, alimony, Public Assistance, Social Security, rent, pensions, etc.).
- ❑ **7. FEDERAL INCOME TAX RETURNS** for the past **2 years SIGNED** (copies can be obtained by calling the IRS at 1-(800) 829-1040 and ask for Form 4506T). **3 years if self-employed**
- ❑ **8. W-2 and/or 1099 forms** for last 2 years for all members of the family
- ❑ **9. MONTHLY STATEMENTS** for loans & credit cards/charge accounts (account numbers & balances are needed).
- ❑ **10. CHECKING & SAVINGS ACCT. STATEMENTS.** The most recent 2 months – **ALL** pages, even if they are blank. 4 most recent months for self-employment or rental income.
- ❑ **11. VERIFICATION of stocks, bonds, retirement accounts, IRA’s, 401-Ks, CDs, etc.**
- ❑ **12. UTILITY BILLS** – copies of recent utility bills.
- ❑ **13. SOCIAL SECURITY NUMBERS and PHOTO ID** for every person on the mortgage.
- ❑ **14. LISTING AGREEMENT** (if property is currently on the market)
- ❑ **15. MORTGAGE DOCUMENTS.** The document needs to state: the interest rate, balance owed, and account number. You can find that information on different documents, such as the **Monthly Mortgage Statement** (get the most recent), **Original Mortgage paperwork** (unless changed) or the **End of Year escrow analysis** (that is the statement the bank sends you when the mortgage payment changes – usually once a year – it states *the interest rate*, the *balance owed* on the mortgage, new payment, etc.) We need one mortgage document for each **and** every mortgage (if more than one mortgage).
- ❑ **16. HOMEOWNERS INSURANCE POLICY** – the Declaration Page
- ❑ **17. PROOF OF REAL ESTATE TAXES** (if not escrowed by mortgagee). Copies of tax bills can be obtained from your county and township government offices).

We need clear copies – do not bring originals of your documents unless you do not need them to be returned. However, if you want us to make copies for you, there will be a charge of \$1.00 per copy with a minimum cost for you of \$20.00 payable by a money order made out to *American Credit Counseling Institute* and brought with you the day of your appointment – we will give you a receipt. If you want us to make copies for you, we will keep your originals. Copies will be made **AFTER** the interview and returned to you at a later date (usually within 10 business days). The \$20.00 is not a fee, we are passing part of our cost to you and more than the cost of the paper, ink, etc., it is the time involved. We really want you to bring us copies to save time during the interview.

If you are receiving this form via email, please complete the information below. Mark your calendar.
Rescheduling is not always easy; please do your best to keep your appointment.

Date and time of your appointment	
ACCI office - for your appointment - See page 1 for information & address	

ACCI Client Intake Form

Complete and bring this form to your appointment

Your Name:

Form with three boxes for Last, First, and MI.

Your residential address:

Form with boxes for House #, Street Name, City, State, Zip code, and County.

Is above, the same address of the house with mortgage difficulties? Yes No.

If not, what is the address of the property with mortgage problems:

Why are you not living in the property?

If you do not live the property, are you planning on moving back into the property? Yes No. If, yes, give us an estimated date:

Is the home with mortgage difficulties located in a rural area? Yes No .

If you live in the property with mortgage problems, how long have you lived there? year(s) months.

How long have you lived in the state of Pennsylvania? years and months .

Your mailing address if different from the residential address above:

Home telephone: () - Work telephone: () -

Cell: () - Email:

Gender: Male Female Date of birth: / / SS# - -

Ethnicity: Are you Hispanic or Latino descendant ? Yes No

Race: White Black or African American Asian Black/African American & White

American Indian/Alaskan Native American Indian/Alaskan Native & Black Asian & White

Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White Other

Marital Status: Unmarried Married Divorced Separated Widowed

Continue to next page.

HO-Page 1

For office use:

Date/time in Out HCO # HUD# AMI% Dt shrd with PFHA

Household Type: Married with dependents Married w/o dependents Two or more unrelated adults
 Female headed single parent household Male headed single parent household Single adult

Citizenship: US Citizen Permanent Resident Non-Permanent Resident

Foreign Born: Yes No Where were you born (country of birth)? _____

Number of Dependents: _____ **Household Size (# of People):** _____

Ages of your dependents _____

Are you disabled? Yes No **Are you a Veteran?** Yes No

Education: No High School Diploma High School Diploma or GED Some College – Never Completed
 Associates Degree Bachelor’s Degree Master’s Degree Doctoral Degree

What is the primary language spoken in your home? _____

EMPLOYMENT INFORMATION: Are you currently working? Yes No

Name and address of your employer: _____

Type of work you do (title or position): _____

Date you began working there: _____ Monthly gross income \$ _____

If less than 5 years at your current job **OR** if you are currently working at more than one place, please complete the Employment History & Income Verification below.

Employment History & Income Verification (for the last five years). Indicate date employment began and date ended: Type “*Not ended*” if you are still working at the particular place.

Employer's name and address	Beginning date	Ending (type not ended, if applicable)	Position (title)	Reason for leaving (if applicable)	Gross pay per month	Net pay per month

More information about the Property in foreclosure (or with mortgage problems):

Monthly mortgage payment amount _____ Mortgage balance _____
Number of Months behind (if applicable) _____ Amount in arrears (estimate if necessary) \$ _____

Mortgage Loan Number _____ Interest rate _____

Current mortgage servicer name and address _____

Type of loan (conventional, FHA, VA. etc., if known) _____

If you are behind in your mortgage payment please explain the reason(s):

Please explain why did you fall behind in your mortgage payments or why you may fall behind, if you are current). What of the following caused your mortgage delinquency?

Mark all that apply by adding the date next to the issue that applies to you (or most recent applicable date).

Health problems: _____ Marital difficulties/separation or divorce _____

Unemployment: _____ Loss of a job: _____ Loss of business _____

Death in the family: _____ who died? _____

Reduction of income _____ Increase in expenses _____ Excess debts _____

Other (explain) _____

Give your explanation on a separate sheet of paper; sign and date it, and submit it with this form. That would be the Letter of Circumstances (sometimes called hardship letter) mentioned on the list of documents that you need to bring to your appointment. The Letter of Circumstances may begin stating something like the following:

I (or we in the case of more than one people) fell behind in my (our) mortgage payments because of circumstances beyond my (our) control. My (our) problem (problems) began on _____ (date) when _____ (explain what happened). In the case of more than one event, indicate date and details for each event.

See sample letter below:

I fell behind in my mortgage payments because of circumstances beyond my control. My problem began on January 31, 2013, when I was laid off from work. I have been collecting unemployment, but the amount is not enough to cover all my household expenses and my full mortgage payment. With my savings and unemployment I paid my mortgage until March 1st of 2013. My unemployment will continue for a few more months and I am actively searching for a new job and have gone through a number of job interviews. Therefore, I expect to be offered a position soon and will be able to resume paying my mortgage. I am also saving some money from the mortgage payments that I have not made so far and currently have \$600. I need help to pay the arrears and mortgage until I find a job.

Cordially
Jane Doe

NOTE: Above letter is for guidance. We need your own letter with your own explanations. **We must have a letter of circumstances in your file.** Your letter should include details regarding what do you need and how do you expect to resolve your mortgage problems. The letter must be dated and signed. It should be as specific as possible, since this letter is very important in determining your eligibility for loan assistance.

Co-Borrower (if applicable) or spouse's information (if married – even if he/she is not on the mortgage).

His/her Name:

Last	First	MI

Home Tel: (____) _____ - _____ Work Tel: (____) _____ - _____

Cell: (____) _____ - _____ Email: _____

D.O.B: ____/____/____ SS# ____-____-____ Gender: Male Female

Ethnicity: Is he or she Hispanic or Latino descendant ? Yes No

Race: White Black or African American Asian Black/African American & White
 American Indian/Alaskan Native American Indian/Alaskan Native & Black Asian & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White Other

Foreign Born: Yes No Where was he/she born? _____

Citizenship: US Citizen Permanent Resident Non-Permanent Resident

Marital Status: Unmarried Married Divorced Separated Widowed

Relationship to you: Spouse/Partner Child Sibling
 Parent Relative by Marriage Other _____

Does he/she live with you? Yes No

Does he/she contribute to the mortgage or rent payment? Yes No

Is he/she disabled: Yes No Is he/she a Veteran: Yes No

Education: No High School Diploma High School Diploma or GED Some College – Never Completed
 Associates Degree Bachelor's Degree Master's Degree Doctoral Degree

Does he/she have separate dependents? Yes No If so how many? ____ Ages _____

Is he/she currently working? Yes No

Answer questions below (on this page – page 6) if he/she contributes to the mortgage or rent payment.

Name & address of employer: _____

Type of work (title or position) _____

Date he/she began working there: _____ Monthly gross income \$ _____

If there are other people contributing to your household expenses, please complete the information below:

Name of contributor	Relationship to you	His/her address, if different than yours	Source of income: work, pension, welfare, etc.	Amount of his/her monthly contribution to your household

Other sources of income for you or the co-borrower:

List all other income, such as rental income, pensions, Social Security, interest payments, cash assistance, food stamps income, child support, alimony, boarders, etc.

Name of source	Monthly amount	Description or comments

Additional Information about the Property in foreclosure (or with mortgage problems):

Type of property: Single home (detached) Duplex or twin Row house Condominium

Townhouse Date of Purchase: ____/____/____ Original Purchase Price: \$_____.

Is it located in a rural area? Yes No.

Conditions of the property: Excellent Good Fair Poor

Estimate of Current Value of your home: \$_____

Do you have a Second Mortgage or Line of Credit? Yes No.

If yes, complete the following: Name of servicer or mortgage company _____

Loan number _____ Amount of monthly payment _____

Are you behind on the second mortgage or line of credit? Yes No

How many months behind? _____

How much money are you behind on the second mortgage or line of credit (include any late fees, etc.)? _____

The **next page** is for the detailed monthly expenses in your household. We need monthly figures for all your house expenses. *Do not include property taxes and hazard insurance if they are included in your mortgage monthly payment. This is very important information; please take your time to fill out the form and be as accurate as possible.*

Household Monthly Expenses

Indicate the normal **monthly amount** of cost for each applicable expense. **This page is very important.**

Note: Annual or quarterly expenses need to be divided accordingly to obtain average monthly figures.

HOUSING EXPENSES		MONTHLY LIVING EXPENSES			
Mortgage (1 st)	\$	Groceries and toiletries	\$	Co-pays	\$
Mortgage (2 nd)	\$	Lunches/eating out	\$	Day Care & kids' tuition	\$
Real Estate/Property Taxes*	\$	Pet Care(vet & food)	\$	Meals out & meal orders	\$
Hazard Insurance*	\$	Haircuts/barber/nails	\$	Entertainment-other (movies, night clubs, etc.)	\$
Mortgage Insurance*	\$	Tobacco/alcohol	\$	Newspaper/magazines/lottery tickets/gambling, etc.	\$
Condo/HOA fees	\$	Church tithing	\$	Clubs memberships and Gifts	\$
Electric	\$	Donations	\$	Payroll deductions	
Gas for cooking	\$	Laundromat & Dry Cleaning	\$	Medical Insurance (payroll deducted)	\$
Heating fuel	\$	Cell Phone (s)	\$	Dental Ins. (payroll deducted)	\$
Water	\$	Home Phone line	\$	Life Insurance (payroll deducted)	\$
Sewer	\$	TV Cable/satellite	\$	Payroll deduction union dues	\$
Trash	\$	Internet Fees	\$	Pension Contributions	\$
Child Support **	\$	Home care/maintenance	\$	Payroll deducted IRA and/or 401K Contribution	\$
Children clothing	\$	Auto Insurance	\$	Payroll deducted loans	\$
Clothing for adults	\$	Gasoline/oil	\$	Other expenses monthly expenses & other monthly payments - explain (<u>not</u> long term debts. For long term debts, use next page.	
Other expenses or notes/comments: ** Child Support about refers to the amount you pay in child support, if any.		Car repair/inspections	\$		\$
		Bus/train/parking/tolls	\$		\$
		Private medical Insurance (not payroll deducted)	\$		\$
		Prescriptions /pharmacy	\$		\$
		Medical supplies	\$		\$

Add any additional expenses or explanations in the notes & comments space above, in the space below or on a blank sheet of paper.

(See next page for information regarding **payments to credit cards, installment loans** etc.)

Long term debts: Fill in the name of those creditors where you have balances. Examples listed are a sample of those accounts to be considered. Include all your long term debts, such as student loans, medical bills, credit cards, etc. If you have debts for which you are **not** making payments at this moment, list the creditor and the balance owed, but type ZERO for the **Required Minimum Payment**.

- | | | |
|--|------------------------------|--------------------------|
| Credit Cards | IRS Debts for past years | Personal Loans |
| Department Stores | Legal Fees | Delinquent Medical Bills |
| Auto Loans | Delinquent Real Estate Taxes | School Loans |
| Credit Unions | Bankruptcy Trustee Payments | Unsecured Loans |
| Delinquent State or Local Tax Payments | | Fines owed |

Account Name- Indicate the name of the lender (bank or financial institution) Ex: VISA-PNC Bk	PURPOSE: car loan, student loan, medical bill, delinquent tax, credit card, etc.	Required Minimum Monthly Payment	Balance (amount owed)	Arrears owed (number of months you have not paid x the minimum monthly amount). Amount behind, if known.
		Total monthly Payments:	Total Balances: \$	

Add any additional expenses or explanations in a blank sheet of paper

Liquid assets (assets that you can cash out in a matter of days) such as **savings in the bank, checking balance**, certificate of deposits, 401K (if you are allowed to take all or part of it), cash in your hands, etc.

Type of asset (checking account, savings, 401K, etc.)	Financial Institution holding the money, like Wells Fargo, etc.	Current balance
		\$
		\$
		\$
		\$

Other information: Please answer all the questions below

1. Did you receive services from a Home Counseling Agency before? Yes No.

Note: Having received services from another agency before does not necessarily mean that you cannot receive additional services from our agency, but we need the information to determine what additional services you may qualify for.

(a) Did you visit that agency's office? Yes No.

(b) If you visited the agency's office, indicate the date of your last visit. _____

Name of the Home Counseling Agency: _____

Address and telephone number of the agency, if known: _____

(c) Did you bring your mortgage to current (up to date) after your counseling efforts with the agency you visited? Yes No. If not, what was the outcome (results) of the housing counseling efforts? Briefly explain what happened after your interview with that agency.

(d) Did you fall behind on your mortgage again after the previous counseling? Yes No.
When and why?

2. Below are questions about some different programs that you may be familiar with or have applied for in the past. Please answer the questions and type "N/A" for the answers that do not apply.

(a) Home Emergency Mortgage Assistance Program (HEMAP)

___ Did you apply for HEMAP in the past? Yes No.

If, yes, indicate the date of your HEMAP application (estimate if necessary): _____

What was the decision on that HEMAP application? Was it approved? Yes No.

If you were approved for HEMAP, are you still receiving HEMAP money? Yes No.

What was the amount that you were awarded (or received) from HEMAP (if any): _____

(b) Emergency Home Loan Program (EHLA)

___ Did you apply for EHLA in the past? Yes No.

Date of your EHLA application (estimate if necessary): _____

(c) Loan Modification, also known as HAMP (Home Assistance Modification Program)

___ Did you ever apply for a loan modification? Yes No.

Were you ever approved for a loan modification? Yes No. If yes, indicate the date of your last

(most recent) loan modification approval (estimate the date if necessary): _____

Did you become delinquent in your mortgage payment after the loan modification? Yes No.

How many months are you behind in your mortgage now? _____ (number of months)