



Financial Counseling and Education Intake Package

Check type of counseling desired:

Credit/Budget Counseling

(Credit Analysis, Budget Analysis, Credit Repair Assistance)

First Time Homebuyers Counseling

(Credit/Budget Counseling; Homeownership Class)

Thank you for your interest in A Shared Initiative Inc.'s financial counseling and education workshops. In response to your request for additional information regarding our services, we are sending you this intake package which includes: intake form, credit report authorization and privacy disclosure, and lending disclosure.

If you are attending our homeownership workshop you are required to complete a one-on-one counseling session with one of our certified housing counselors.

Please contact us at 504-733-7274 or by email at housing.counseling@asifcu.com to schedule your appointment.

Please bring the following documents to your appointment:

- Proof of Income – **30 days** (check stubs, benefit/award letters, etc.)
- Tax Return with W2 - **2 years** (tax transcript accepted in lieu of W2 & 1040)
- Bank Statements from the last **2 months** from all accounts (ALL PAGES)
- Driver's license, social security card, state id, passport, etc.

Counselor Name _____

Appointment Date & Time _____

A SHARED INITIATIVE, INC. (ASII) FEE SCHEDULE
Effective January 1, 2017

Counseling Category	Fee Amount (MONEY ORDER ONLY)**
Credit Counseling (ASI Members and Non-Members) - A credit counseling appointment is a counseling session that is held solely to inform the member or non-member on his/ her credit and budgeting. <u>This appointment is not attached to the First Time Homebuyer's Program.</u> The fee covers the counseling session only.	\$35
First Time Homebuyer's Workshop and Counseling Session Registration Fee (ASI Member-Individual) - The fee covers both the workshop and counseling session. All participants must meet with a counselor before attending the workshop.	\$75
First Time Homebuyer's Workshop and Counseling Session Registration Fee (ASI Member- Couple) - The fee covers both the workshop and counseling session. All participants must meet with a counselor before attending the workshop.	\$100
First Time Homebuyer's Workshop and Counseling Session Registration Fee (Non Member- Individual) - The fee covers both the workshop and counseling session. All participants must meet with a counselor before attending the workshop.	\$100
First Time Homebuyer's Workshop and Counseling Session Registration Fee (Non Member-Couple) - The fee covers both the workshop and counseling session. All participants must meet with a counselor before attending the workshop.	\$115
First Time Homebuyer's Workshop and Counseling Session Re-Entrance Fee - The fee covers both the workshop and counseling session of a participant who has an ASII First Time Homebuyer's Workshop certificate that has expired within the past 12 months.	\$75

Credit Counseling Questionnaire

Please fill out the questionnaire as completely and honestly as possible. This data is being compiled to help ASI Federal Credit Union improve loan products and service in the community.

1. How much debt (not including mortgage) would you estimate that you have?

less than 1000	1000-5000
5000-7500	10-20k
20-30K	30-40K
40-50K	More than 50K

2. What categories does your debt cover:

Credit Cards	Furniture Loans
Automobile	Business/SBA Loans
Installment Loans	Judgements/Garnishments

3. How old were you when you got your first credit card or line of credit?

18	26-30
19-21	31-35
22-25	35-40
40+	

4. How many credit cards do you currently have open?

1	4
2	5 or more
3	

5. What are the reason(s) for you having credit issues, if any

- Death in family (immediate) Unexpected expense (family member)
- Death in family (extended) Unexpected expense (personal)
- Illness (personal) Unexpected expense (family member)
- Illness (immediate) Overspending
- Illness (extended) Gambling
- Car Repair Divorce
- Home Repair Holiday expenses
- Unemployment Expenses greater than income
- School Expenses Inability to tell people "No"
- Other_____ (please specify)

6. How would you describe your feelings about your current financial circumstances

Highly Positive
Positive
Neutral
Negative
Highly Negative

7. What if any are these debts restricting you from doing what you desire to do? (choose as many as apply)

Continual Education or Professional Certification
Pursuing better job opportunities
Spending Time with Family
Delayed Purchases
Saving
Engagement/Marriage/Romantic Relationships

Home Ownership
Childrearing
Entrepreneurship
Moving
Retirement
Other _____ (please specify)

8. How would you rank your knowledge on credit?

Highly Knowledgeable
Knowledgeable
Proficient
Unknowledgeable
Highly Knowledgeable

9. How would you rank your knowledge on personal finance (spending, saving, and budgeting)

Highly Knowledgeable
Knowledgeable
Proficient
Unknowledgeable
Highly Knowledgeable

10. Do you feel a class or workshop would be helpful to inform you of the newest changes to the credit scoring model and best practices of personal finances?

Yes No

11. Is home-ownership a desire for you?

Yes No

12. What do you believe this program can offer you?

13. How did you hear about this program?

Website (ASI) Mailer
Website (ASII) Web Advertisement
Referral (ASI Staff) Referral (Freedom Loan Participant)

14. Would you be willing to share your story so that the program can receive funding to grow and expand this service?

Yes No

Budget

Below is everything you need to construct your own budget. Begin with listing your Income Sources and when you receive them and add up the total, then list every expense and when they occur. Subtract the two columns and write the surplus or deficit below.

$$\text{Total Income} - \text{Total Expenses} - \text{Debts} = \text{Net Income (or Deficit)}$$

Income		
Name	Amount	Date Received
Total		

Expenses		
Name	Amount	Due Date
Total		

Debts			
Name	Amount	Due Date	Total Due
Total			

Family/Household Size: _____ How many dependents (other than those listed by any co-borrower)? _____

What ages are they? _____

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Relationship	Age	Relationship	Age
--------------	-----	--------------	-----

Annual Family or Household Income: \$ _____

Education (please check one):

- Below High School Diploma
- Some College, never completed
- Bachelor's Degree
- High School Diploma or Equivalent
- Two-Year College
- Master's Degree
- Above Master's Degree

Referred to us by (please check all that apply):

- Print Advertisement
- ASI Federal Credit Union
- Government
- TV
- Realtor
- Staff/Board member
- Walk-In
- Friend
- Radio
- Newspaper Article

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

APPLICANT EMPLOYMENT – Last 2 Years

Primary Employer: _____

Title	Hire Date
-------	-----------

Street _____ City _____ State _____ Zip Code _____
Phone: (_____) _____ - _____

Part-Time or Full-Time (Please check one)

Gross Income (before taxes): \$ _____
Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title	Begin Date	End Date
-------	------------	----------

Street _____ City _____ State _____ Zip Code _____
Phone: (_____) _____ - _____

Part-Time or Full-Time (Please check one)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer:

Title	Hire Date
-------	-----------

Street _____ City _____ State _____ Zip Code _____
Phone: (_____) _____ - _____

Part-Time or Full-Time (Please check one)

Gross Income (before taxes): \$ _____
Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly

INCOME**Please Print Clearly**

Type of Income	APPLICANT Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony/ Child Support		
Social Security		
Pension Income		
Self-Employment Income		
Dependent SSI Income/ Disability Income		
Other Employment		

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

Paid To	Current Balance	Monthly Payment	Whose Debt? A=Applicant B= Co-Applicant C= Both

LIQUID FUNDS/SAVINGS/INVESTMENTS**Please Print Clearly**

Please list the approximate value of the following:

	APPLICANT	CO-APPLICANT
Checking Account		
Savings Account		
Cash on hand		
Retirement Account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (Please check one) Yes No

If yes, how much? \$ _____

ADDITIONAL INFORMATION

(Please check all that apply)

	APPLICANT		CO-APPLICANT	
Are you a Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a contract on a house at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you currently working with a real-estate agent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Most convenient time for an individual appointment?	<input type="checkbox"/> AM	<input type="checkbox"/> PM		

AUTHORIZATION

I authorize A Shared Initiative Inc. (ASII) to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) exchange/release information from my records in order to assist me in resolving a mortgage default or delinquency issue;
- (c) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (d) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Applicant

Date

Co-Applicant

Date



Referred to us by (please check all that apply):

- Print Advertisement ASI Federal Credit Union Government TV Realtor
 Staff/Board member Walk-In Friend Radio Newspaper Article

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

CO-APPLICANT EMPLOYMENT – Last 2 Years

Primary Employer: _____

Title _____ **Hire Date** _____

Street _____ **City** _____ **State** _____ **Zip Code** _____

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please check one)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Previous Employer: _____

Title _____ **Begin Date** _____ **End Date** _____

Street _____ **City** _____ **State** _____ **Zip Code** _____

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please check one)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer:

Title _____ **Hire Date** _____

Street _____ **City** _____ **State** _____ **Zip Code** _____

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please check one)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly



CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct A Shared Initiative, Inc. (hereinafter "ASII") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by ASII. I understand and agree that ASII intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/ or to engage in post-purchase counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial information that I have supplied to ASII in connection with such evaluation. Authorization 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.

In addition, in connection with evaluating my financial readiness to purchase a home, I
 authorize
 do not authorize

ASII to share with counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying ASII in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date

Date

Privacy Policy

A Shared Initiative, Inc. (ASII) 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 expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. 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 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; and
- 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 of your nonpublic personal information to third parties (such as your creditors), direct us not to make those disclosures.
- 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 504-940-5553 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.



Lending Disclosure

The housing counseling services provided by ASI FCU and ASII receive grant support from the National Federation of Community Development Credit Unions, a HUD Approved National Housing Counseling Intermediary. The source of these grant funds is the U.S. Department of Housing and Urban Development (HUD) Comprehensive Housing Counseling Program. In addition to the funding from this grant, ASII receives financial support from ASI FCU.

The counseling services provided by ASII are compliant with all HUD regulations, policies and procedures regarding housing counseling programs, and are designed to serve the best interests of our counseling clients. Regardless of any advice or recommendations provided by our housing counselors, participants are free to choose any lender, lending product, realtor, real estate agency, and home.

Name (print)

Name (print)

Signature

Signature

Date

Date

A Shared Initiative Inc. (ASII) PHOTO RELEASE

_____ grants to A Shared Initiative Inc. (ASII) (the "Housing Agency") the, with respect to information concerning me, including: my name, the fact that I received counseling from the Housing Agency, any photographic depiction of me, my likeness or any photograph, and any information provided the absolute and irrevocable right and permission:

To use, re-use, reproduce, broadcast, publish, edit or prepare derivative works, in whole or in part, individually or in conjunction with other information or photographs, on any of Housing Agencies' or partners or affiliates web sites, social media, YouTube or in any other public or private medium and for any purpose whatsoever, including (but not limited to) education, promotion, advertising, videos and other marketing (the "Permitted Uses");

To use my name, likeness, images, or any statements in connection therewith if Housing Agency so chooses. I hereby waive any right that I may have to inspect or approve the finished product or products, advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release and discharge Housing Agency its agents, employees, officers, successors or assigns from any and all claims and demands I may now or hereafter have arising out of or in connection with the Permitted Uses of the Profile, including, without limitation, any and all claims for the right of privacy, publicity, libel or slander and any and all claims and/or demands for royalties associated therewith.

This Consent and Release shall also inure to the benefit of the legal representatives, licensees and assigns of Housing Agency as well as the persons who recorded or otherwise assisted in the publication of the Permitted Uses of the Profile. I am over the age of eighteen. I have read the foregoing and fully understand the contents hereof.

The Housing Agency will use the entrant's Personal Information only for identified purposes, and protect the entrant's Personal Information in a manner that is consistent with the Housing Agency's Privacy Policy as provided.

Dated: _____ Member #: _____

NAME: _____ Signature: _____

NAME: _____ Signature: _____