



Urban League of
Broward County

CLIENT NAME _____ PACKAGE RECEIVED _____

PACKAGE REVIEWED BY _____ 2nd REVIEW _____

Supporting Documents CHECKLIST

FORMS

_____ INTAKE _____ MEDIA/PHOTO _____ PRIVACY POLICY _____ CONFLICT OF INTEREST

_____ FINANCIAL DISCLOSURE _____ CREDIT AUTHORIZATION _____ HOME INSPECTION

_____ HOUSING COUNSELING PROGRAM AGREEMENT _____ AUTHORIZATION FORM

DOCUMENTS

_____ COPIES OF BANK STATEMENTS (MOST RECENT 3 MONTHS, ALL PAGES EVEN IF THERE IS BLANK)

_____ COPIES OF TAX RETURNS (LAST 2 YEARS OF TAXES WITH W-2)

_____ COPIES OF YOUR MOST RECENT PAYCHECK STUBS (FOR LAST 60 DAYS)

_____ COPY OF DIVORCE DECREE (IF APPLICABLE)

_____ COPY OF BANKRUPTCY DOCUMENTATION (IF APPLICABLE)

_____ COPY OF ALIMONY AND CHILD SUPPORT DOCUMENTATION (IF APPLICABLE)

_____ COPIES OF PAY STUB FROM 2ND JOB OR PROFIT & LOSS STATEMENT FROM SELF-EMPLOYMENT-IF APPLICABLE

_____ **CREDIT REPORT FEE \$24.55 (SINGLE) \$49.10 (COUPLE)-MONEY ORDER OR CASHIER'S CHECK

****Important:** If you choose. You may bring copies of your own credit reports (Equifax, Experian & Transunion. Reports Must include the score and should be no older than 30 days.

_____ COMPLETED BUDGET GUIDE

_____ COPY OF LEGIBLE AND VALID DRIVER'S LICENSE (or STATE ID)

_____ COPY OF CERTIFICATE OF COMPLETION – HBE

_____ COPIES OF UTILITY BILLS (electric, gas and/water)

_____ OTHER _____

OUTCOME: _____

DATE INITIAL SESSION SCHEDULED: _____



Urban League of
Broward County

Monthly Budget Guide

Name: _____

Date: _____

Housing

1st Mortgage/Rent _____
2nd Mortgage _____
Taxes & Insurance _____
Homeowner's Ins. _____
Real Estate Taxes _____
Repairs/Maint. Fee _____
Other _____

Utilities

Cable _____
Cellular Phone _____
Electricity _____
Gas _____
Internet Service _____
Telephone _____
Trash/Sanitation _____
Water _____

Food

Grocery _____
Eating Out _____
Lunches _____
Pets _____
Other _____

Transportation

Car Payment 1 _____
Car Payment 2 _____
Gas & Oil (for car) _____
Insurance _____
Repairs/tires _____

Clothing

Adult _____
Children _____
Laundry _____

Medical/Health

Dentist _____
Disability Ins. _____
Doctor Bills _____
Health Ins. _____
Optometrist _____
Prescriptions _____
Other: _____

Personal

Alimony _____
Children's Allowance _____
Cosmetics _____
Hair Care/Barber _____
Gifts _____
Life Insurance _____
Miscellaneous _____
Org. Dues _____
Subscription _____
Toiletries _____

School/Child Care

Baby Sitter _____
Day Care _____
Education _____
School Supplies _____
School Fee's _____
Transportation _____

Recreation

Entertainment _____
Vacation _____
Other _____

Debts

Card 1 _____
Card 2 _____
Card 3 _____
Card 4 _____
Student Loan _____
Other _____
Other _____

Tithe/Giving

Savings

Sources Of Income

Salary 1 _____
Salary 2 _____
Alimony _____
Child Support _____
Pension _____
Social Security _____
SSI _____
Other _____

Total Net Income

Minus -

Total Expenses

Plus or Minus

Signature _____



Urban League of
Broward County

Conflict of Interest Form

The **Urban League of Broward County** prohibits the following actions in order to prevent a conflict of interest in the provision of its housing counseling and education services.

The **Urban League of Broward County** will ensure and monitor that the agency, its staff, or any member of their immediate family must not take any action that may result in, or create the appearance of: administering the housing counseling program for personal or private gain; providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency's ability to ensure compliance with HUD program requirements, or to serve the best interests of its clients.

Individual directors or employees, or family members of the **Urban League of Broward County** may not accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, real estate sales agents, or brokers.

A director, employee, officer, contractor, or agent of **Urban League of Broward County** shall not refer clients to mortgage lenders, brokers, builders, or real estate sales agents in which the officer, employee, director, his or her spouse, child, or general partner has a financial interest, neither may they acquire the client's property from the trustee in bankruptcy or accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, or real estate sales agents or brokers.

A director, employee, officer, contractor, agent, his or her spouse, child, general partner, or organization in which he or she serves as employee (other than with the **Urban League of Broward County**), or with whom he or she is negotiating future employment, may not have a direct interest in the client as a landlord, broker, or creditor, or originate, have a financial interest in, service, or underwrite a mortgage on the client's property, own or purchase a property that the client seeks to rent or purchase, or serve as a collection agent for the client's mortgage lender, landlord, or creditor.

I have read and received a copy of the **Urban League of Broward County** Conflict of Interest Policy Statement.

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____



Financial Support Disclosure Statement Form

The **Urban League of Broward County** offers the following services and programs to our clients:

- **Pre-Purchase Workshop**-An educational overview of the home buying process.
- **Non-Delinquency Post Purchase Workshop**-Educate homeowners on various topics of continuing to be a successful homeowner
- **Resolving/Preventing Mortgage Delinquency Workshop**-Education on resolving/preventing mortgage delinquency
- **Financial Literacy Workshop**-Financial Education
- **Pre-Purchase Counseling**-Provide one-on-one counseling sessions.
- **Mortgage Delinquency and Default Resolution Counseling**-Providing mortgage delinquency/resolution options
- **Home Improvement and Rehabilitation Counseling**-Provide resources to homebuyers
- **Rental Housing Counseling**-Provide resources to assist in locating rental properties
- **Services for Homeless Counseling**-Provide resources to locate housing
- **Financial Management/Budget Counseling**-One-on-one counseling on budgeting and money management

Financial Support for **Urban League of Broward County** Counseling Programs is currently being provided by the following industry partners:

- National Urban League
- Chase
- HUD
- Wells Fargo
- Bank of America
- Freddie Mac
- Citi
- Metlife
- National Foreclosure Mitigation Counseling
- TD Bank
- Florida Housing Finance Corporation
- United way of Broward County
- **Urban League of Broward County's** Housing Counselors do not make any recommendations about products or services, clients are free to choose lenders, loan products and homes or abstain from doing so, and that receiving counseling is not contingent on the use of any product or service offered by the **Urban League of Broward County** or its Industry partners.
- **Urban League of Broward County** is not involved in providing real estate and/or mortgage services and no fee or commission is received in addition to the Housing Counselor's salary.
- Clients are not obligated to receive any other services from **Urban League of Broward County** or its exclusive partners.
- Clients are entitled to receive any of the counseling services listed above.



**Urban League of
Broward County**

- Alternative services, programs and products may be found by seeking help from another HUD-Approved agency found at <http://hud.gov/offices/hsg/sfh/hcc/hcs.cfm>.

Client (s):

Signature: _____

Print Name: _____

Date: _____

Signature: _____

Print Name: _____

Date: _____

Housing Counselor:

Printed Name: _____

Signature: _____ **Date:** _____



Urban League of
Broward County

Privacy Policy

Urban League of Broward County 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), that is, direct us not to make those disclosures.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.

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/coaching 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.

Signature: _____
Print Name: _____
Date: _____

Signature: _____
Print Name: _____
Date: _____

☐ I choose to **opt out** of having my information shared with a third party.



Urban League of
Broward County

INTAKE FORM

PERSONAL INFORMATION:

*Participant's Name: _____ Age: _____ DOB: _____ Gender: _____

*Education (Circle One): Primary, Jr. High, High school/GED, Jr. College, College, Grad School, Vocational, Other

*Co-Applicant's Name: _____ Age: _____ DOB: _____ Gender: _____

*Education (Circle One): Primary, Jr. High, High school/GED, Jr. College, College, Grad School, Vocational, Other

Is the *co-applicant* here with *you* today attending the workshop? ☐ YES ☐ NO

Is the *Co-Applicant* your: (Circle One)

Husband, Wife, Brother, Sister, Mother, Father, Girlfriend, Boyfriend, Other Relative, Friend

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

EMAIL ADDRESS: _____

Does the co-applicant reside with you? ☐ YES or ☐ NO (If NO, please indicate address)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

*Participant's Martial Status ☐ Married ☐ Single

*Participant's Current Residence ☐ Rent ☐ Owns Property ☐ Other

How did you hear about this program? (Check One)

☐ External Agency ☐ Lender ☐ Urban League ☐ Realtor ☐ Walk-in ☐ Word of Mouth

Are you or your children receiving any TANF benefits? (Circle one)

Foodstamps

Medicaid

Cash Assistance

Are you proficient in English (Y/N) _____ Do you speak another language? _____

Do you require accommodation for a disability? If so what: _____

*Number of people in Household:	Number of Children:
*Monthly Household Income: \$	*Annual Household Income: \$

I need assistance with (Check all that applies)

Credit Counseling		Down Payment Assistance		Foreclosure Prevention	
Homebuyer Education		Managing Money		Mortgage default/Early delinquency	
Homeowner Services		Rental Assistance		Other:	

*US Veteran? ☐YES or ☐NOAre you a dependent of a US Veteran? ☐YES or ☐NO**EMPLOYMENT HISTORY/Information:****Applicant** - Are you currently employed? ☐YES or ☐NO

Employer _____	Title: _____
How Long: _____	Work # _____

Co-Applicant - Are you currently employed? ☐YES or ☐NO

Employer _____	Title: _____
How Long: _____	Work # _____

Answer the following Questions:

Ethnicity (Place X in box below)							
Black/Non Hispanic		American Indian /Alaskan Black		Asian		Hispanic	
Black/African American & Hispanic		American Indian /Alaskan Hispanic		Asian & Hispanic		Hispanic & Black	
Black/African American & White		American Indian /Alaskan White		Asian & White		Hispanic Black & White	
Native Hawaiian /Pacific Islander		Native Hawaiian /Alaskan Native		White Non Hispanic		Other Specify:	
Other Multiple Race /Non Hispanic				Other Multiple Race /Hispanic			

By signing this document: I authorize the Urban League of Broward County to review my file with community lending partners. I further agree to indemnify and hold harmless the Urban League of Broward County, its' agents and employees from all claims, actions and judgments. It is also understood that the Central County Community Development Corporation is a subsidiary of the Urban League of Broward County. Development of affordable housing is a project of the Urban League and its' subsidiary the Central County Community Development Corporation. Participation in Urban League of Broward County programs does not require purchase of housing or any product or services developed by the Urban League and or its' affiliates or partners.

Signature _____

Date _____

Co Applicant Signature (if applicable) _____

Date _____



Urban League of
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CREDIT REPORT AUTHORIZATION

Name: _____

First

Middle

Last

Spouse Name: _____

First

Middle

Last

Address: _____

Social Security # _____ / _____ / _____

Date of Birth: _____ / _____ / _____

Spouse Social Security# _____ / _____ / _____

Date of Birth: _____ / _____ / _____

I (**WE**) hereby give permission to pull and/or review my (our) credit reports for the purpose of my (our) application for assistance in regards to my home through the **Urban League of Broward County**. I (We) also understand that there is a fee of \$24.55 for a single credit report or \$49.10 for a joint credit report.

All information will be kept strictly confidential between my counselor and me. I further understand that the **Urban League of Broward County** will be held harmless for information received in this credit report.

****Both Signatures are required if Joint report is requested.***

Signature

Date

Signature

Date

☐ ***I Do Not consent to have my credit report pulled***



Urban League of
Broward County

AUTHORIZATION FOR RELEASE

I (We) hereby authorize Urban League of Broward County to release/exchange information from my records in order to assist me in resolving a mortgage default and/or obtaining financing or grant benefit.

This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in resolving a mortgage default/financing/or grant benefit. Examples of such entities include mortgage servicers, mortgage investor, public agencies, and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. The information release/exchange will be restricted to Intake application and specific financial data, such as income, budget, debt and mortgage details provided to you.

I (We) understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

I (we) hereby acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire in 120 days from the date show below. I also acknowledge that a copy of this form is valid as the original.

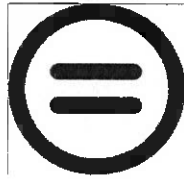
Applicant (Print) _____ Date _____

Applicant (Signature) _____

Co-Applicant (Print) _____ Date _____

Co-Applicant (Signature) _____

Housing Counselor (Signature) _____ Date _____



Urban League of
Broward County

MEDIA/PHOTO FORM

The Urban League of Broward County would like your permission to use a photograph of you for publication and/or publicity purposes.

My signature below gives the Urban League of Broward County full authorization to use a photograph of me for promotional purposes at any time and/or following my participation in an Urban League of Broward County program.

☐ **I Do consent for use of photographs**

Participant's Name _____

*Authorized Signature _____

Date _____

**If under 18, consent and authorized signature must be given by a parent or guardian.*

☐ **I Do Not consent for use of photographs**

Participant's Name _____

*Authorized Signature _____

Date _____



Urban League of
Broward County

Date: _____

IMPACT SURVEY

Thank you in advance for completing this survey. ULBC seeks to deepen its impact with families in Broward County. The purpose of this form is to provide us with information to better serve you. Please complete the survey and someone from our team will get back to you.

First & Last Name:	Phone:
Address:	Email:
Who referred you?	Do you have any children? If yes, how many?

	Yes	No	Programs
Education Needs			
Do you have a child in 3rd - 11th grade who earns a B+ or better in all of their subject areas?			NAS
Do you have junior or senior in high school who needs more information about college?			NAS
Do you have a child who is 17 years of age or younger that has been arrested?			HYT
Are you a parent that would like education on supporting your child with social and academic skills?			NAS, CPI
Job Needs	Yes	No	Programs
Have you been actively looking for a job?			CWF, UTJP, CORE
Are you collecting unemployment?			CWF, UTJP
Do you desire job training or a certification?			CWF, UTJP, CORE
Are you able to work?			CWF, CORE
Have you been out of work for more than 6 months?			CWF, UTJP, CORE
Would you like help with resume writing and/or interview skills?			CWF, CORE, UTJP
Housing / Financial Stability Needs	Yes	No	Programs
Would you like to know how to manage your money better?			CWF
Would you like help on improving your credit?			CWF
Do you want to learn how to save money?			CWF/IDA
Are you interested in home ownership?			Housing
Are you looking to buy a house within the next year?			Housing
Are you behind in your mortgage payments or do you fear you will fall behind?			Housing



Are you avoiding calls from your lender?			Housing
Are you a homeless veteran or an immediate family member of a homeless veteran?			SSVF
Are you a veteran or an immediate family member of a veteran behind in rent?			SSVF
Health Needs	Yes	No	Programs
Are you or anyone in your family pregnant, or parenting a child from ages of 0 - 3?			TOTTS
If so, are you concerned about your care or the care of your child?			TOTTS
Have you or someone you care about been diagnosed with diabetes or other chronic disease?			Living Well
Are you looking for ways to be healthier?			Living Well
Small Business	Yes	No	
Would you like to start your own business?			IDA, EC
Do you have a business that you would like to grow?			IDA, EC
Do you have a business plan?			IDA, EC
Other Needs	Yes	No	Programs
Are you an Ex-Offender?			
Are you registered to vote?			
Are you interested in volunteering with the Urban League of Broward County?			YPN, Living Well, IDA
Are you in need of basic computer skills?			
Are you interested in rental assistance?			