






Main Office
3158 West St.
Weirton, WV 26062
304.797.7733

Moundsville Office
700 First St.
Moundsville, WV 26041
304.845.8269

Newell Office
1151 Washington St.
Newell, WV 26050
304.459.4010

Wintersville Office
200 Luray Dr.
Wintersville, OH 43953
740.314.8258

www.changeinc.org   
CHANGE, Inc. is an equal opportunity provider & employer.

Housing Counseling Cost of Service*

- Home Buyer Education Workshops (*in person group sessions*)
 - **\$100.00** (*Paid Prior to workshop when available*)
- **Online** Home Buyer Education Workshop in partnership with **eHome America** (*cannot waive cost, select one on one counseling if your income falls within the family guidelines*)
 - **\$100.00** Home Buyer education
 - **\$30.00** Money Management
 - **\$50.00** Post Purchase Counseling
- One on One Counseling with Housing Counselor (*Rental, Money Management, post purchase counseling*)
 - **\$30.00** (*Paid Prior to Counseling Appointment, physical application completed and provided*)
 - **FREE** (*if customer portal is used and completed prior to appointment*)
- Foreclosure Prevention Counseling
 - **Free** (*Must complete physical application with third party agreement*)
- Tri Merged Credit Report (*waived if you provide your own credit report*)
 - **\$50.00** single report
 - **\$92.00** joint report
- *The above services may be provided at no cost with proof of financial hardship. (Except for the online courses and credit reports) See chart below, and will change annually per poverty level.*

<i>Family Size</i>	<i>Monthly Gross Income</i>	<i>Annual Gross Income</i>	
1	\$2,430	\$29,160	
2	\$3,287	\$39,440	
3	\$4,143	\$49,720	
4	\$5,000	\$60,000	
5	\$5,857	\$70,280	
6	\$6,713	\$80,560	
7	\$7,570	\$90,840	
8	\$8,427	\$101,120	

Annual Income Guidelines 2023 (200% Federal Poverty Level)

Intake Date ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div>	Staff Completing Intake _____
---	--------------------------------------

Address / Demographics

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Mailing Address	_____ _____ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> CITY STATE ZIP CODE </div>	Physical Address	_____ _____ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> CITY STATE ZIP CODE </div>
Phone	Home- (____) ____ - ____ Cell- (____) ____ - ____ Work- (____) ____ - ____ X____	Message	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- _____ <input type="checkbox"/> Block from Search
SS#	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div> <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
		Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Health Insurance	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Military Status	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

Household Type	<input type="checkbox"/> Single Person (living alone) <input type="checkbox"/> Single Person (living with partner) <input type="checkbox"/> Single Person (living with others) <input type="checkbox"/> Two Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	Housing	<input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
Grandparent(s)		Unknown	
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR	<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old	

Income	
Monthly Income Sources for Household Member	<input type="checkbox"/> No Financial Resources <input type="checkbox"/> Employment Earnings..... \$_____00 <input type="checkbox"/> Other Income Sources <input type="checkbox"/> TANF..... \$_____00 <input type="checkbox"/> SSI..... \$_____00 <input type="checkbox"/> SSDI..... \$_____00 <input type="checkbox"/> VA Service-Connected Disability Compensation \$_____00 <input type="checkbox"/> VA Non-Service Connected Disability Pension \$_____00 <input type="checkbox"/> Private Disability Insurance..... \$_____00 <input type="checkbox"/> Worker's Compensation..... \$_____00 <input type="checkbox"/> Retirement Income from Social Security..... \$_____00 <input type="checkbox"/> Pension..... \$_____00 <input type="checkbox"/> Child Support..... \$_____00 <input type="checkbox"/> Alimony or other Spousal Support..... \$_____00 <input type="checkbox"/> Unemployment Insurance..... \$_____00 <input type="checkbox"/> EITC..... \$_____00 <input type="checkbox"/> Other..... \$_____00
Housing Choice	<input type="checkbox"/> Non-Cash Benefits <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other
Housing Choice Public Housing Permanent Sup HUD-VASH Childcare Vouch Affordable Care Other	Total Monthly Income..... \$ 0.00

Employment	
Work Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes or no, what is her/his status? <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)
Unemployed (shc	Current Employer Name: _____ Employed Since: ____/____/____ MM DD YYYY 2nd Current Employer Name: _____ Employed Since: ____/____/____ MM DD YYYY

CHANGE, INC. FAMILY MATRIX SURVEY

Choose the statement that best describes your current situation for each category.

EMPLOYMENT

- ☐ Full-time employment paying above minimum wage with benefits, including health insurance. (10)
- ☐ Full-time employment paying above minimum wage with at least one benefit. (8)
- ☐ Full-time employment paying minimum wage, with benefits. (6)
- ☐ Full-time employment paying minimum wage, without benefits. (5)
- ☐ Retired with pension. (5)
- ☐ Part-time or seasonal employment with benefits. (4)
- ☐ Part-time or seasonal employment without benefits. (3)
- ☐ Unemployed, but have work history or skills. (2)
- ☐ Unemployed, with no work history or skills. (1)
- ☐ Physically or Mentally unable to maintain employment, but receiving benefits. (4)
- ☐ Physically or Mentally unable to maintain employment, and not receiving benefits. (0)

EDUCATION

- ☐ Doctorate, Masters, Bachelors or Associates Degree, or National Recognized License/Certificate. (10)
- ☐ Post high school vocational, non-college business, technical or professional education. (8)
- ☐ High School Diploma and some College Credits. (8)
- ☐ High School Diploma or GED. (6)
- ☐ No Diploma or GED, but have reading, writing and basic math skills. (4)
- ☐ Some reading, writing and basic math skills. (1)
- ☐ No reading, writing and/or basic math skills. (0)

HOUSING

- ☐ Own Home, Condominium, or Co-Op Home. (10)
- ☐ Non-subsidized Rental Housing. (8)
- ☐ Subsidized Section 8 Rental Housing or Public Housing. (6)
- ☐ Transitional Housing. (4)
- ☐ Owned or Subsidized Housing which is unsafe and/or unaffordable. (3)
- ☐ Temporary Shelter. (3)
- ☐ Living with relatives or friends. (2)
- ☐ Homeless. (1)
- ☐ Homeless by choice. (0)

EMERGENCY SERVICES

- ☐ Able to meet financial obligations with no assistance. (10)
- ☐ Able to meet financial obligations with no assistance for over one year. (8)
- ☐ Able to meet financial obligations with occasional assistance (once a year). (6)
- ☐ Frequent use of emergency assistance on order to met financial obligations (twice a year). (4)
- ☐ Regular use of emergency assistance on order to met financial obligations (more than twice a year). (2)

TRANSPORTATION

- ☐ Always have transportation needs met through public transportation, car or regular ride. (10)
- ☐ Most times have transportation needs met through public transportation, car or regular ride. (8)
- ☐ Sometimes have transportation needs met through public transportation, car or regular ride. (6)
- ☐ Rarely have transportation needs met through public transportation, car or regular ride. (4)
- ☐ Do not have transportation needs met through public transportation, car or regular ride. (0)

PLEASE TURN OVER FOR REMAINING QUESTIONS

NUTRITION

- ☐ Able to purchase food of choice and meet nutritional needs of family. (10)
- ☐ Able to purchase limited food and meet nutritional needs of family. (8)
- ☐ Able to purchase food that meets nutritional needs of family, with occasional use of Food Banks. (6)
- ☐ Use Food Banks and Food Stamps to purchase food. (4)
- ☐ Do not receive Food Stamps or have access to food banks, and do not meet nutritional needs of family. (2)

HEALTH

- ☐ Have insurance/medical card, income to cover deductibles/co-pays, and receive preventive care. (10)
- ☐ Have insurance/medical card, but neglects health due to lack of funds for out-of-pocket expenses. (8)
- ☐ Have insurance/medical card, but need education to adequately provide health care to dependents. (6)
- ☐ Only children have insurance/medical card. (4)
- ☐ No insurance/medical card, and income not sufficient to cover health needs. (2)

CHILD AND DEPENDENT CARE

- ☐ NO CHILD/DEPENDENT (NA)
- ☐ Child/dependent enrolled in unsubsidized, licensed care facility of choice. (10)
- ☐ Child/dependent receiving in home services to meet needs. (10)
- ☐ Child/dependent enrolled in subsidized, licensed care facility of choice. (8)
- ☐ Child/dependent enrolled in subsidized, licensed care facility, with limited choice. (7)
- ☐ Child/dependent receiving in home services to meet most needs (7)
- ☐ Family requires regularly scheduled counseling or parenting classes to maintain family functioning and participates voluntarily. (6)
- ☐ Family has been ordered to participate in regularly scheduled counseling or parenting classes by CPS, juvenile probation, or other court order and participates as required. (5)
- ☐ Child/dependent provided care by family member or friend some of the time. (4)
- ☐ Child/dependent on waiting list for enrollment in licensed facility or in home services. (4)
- ☐ Child/dependent not enrolled or on waiting list for licensed care facility. (2)
- ☐ Child/dependent enrolled in unregulated or unlicensed care facility. (0)
- ☐ Child/dependent not enrolled or on waiting list for in home services. (0)

FOR AGENCY USE ONLY

INCOME

- ☐ 200% poverty or greater (10)
- ☐ 175-200% poverty (8)
- ☐ 150-175% poverty (6)
- ☐ 100-150% poverty (4)
- ☐ 50-100% poverty (2)
- ☐ 0-50% poverty (0)

ENERGY

- ☐ 7-8% of Energy Cost to HH Income (10)
- ☐ 8-9% of Energy Cost to HH Income (8)
- ☐ 9-11% of Energy Cost to HH Income (6)
- ☐ 11-16% of Energy Cost to HH Income (4)
- ☐ 16-20% of Energy Cost to HH Income (2)
- ☐ 20% or greater of Energy Cost to HH Income (0)

EMPLOYMENT		HEALTH	
EDUCATION		TRANSPORTATION	
HOUSING		CHILD AND DEPENDENT CARE	
EMERGENCY SERVICES		INCOME	
NUTRITION		ENERGY	

Customer Consent Form

I, _____ give CHANGE, Inc. consent to release, obtain, store and share all pertinent identifying and non-personally identifying social, medical and other information about myself or other members of my household that will allow me to benefit from services offered. In granting such permission, I understand that such information will be stored in a secure electronic data system. My information will remain confidential and that such information will only be used for my benefit or to benefit other members of my household. Only authorized personnel will share client information needed for service delivery, program eligibility, to track demographic trends, service patterns and the client outcomes achieved. Non-personally identifying information may also be used for the purposes of research and reporting to other service agencies, current and potential program funding sources and other programs offered by CHANGE, Inc. I release CHANGE, Inc. and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to CHANGE, Inc. that I no longer want to participate in the services offered, this release will remain in force indefinitely as of today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge as of the date signed.

Customer Signature (Digitally Signed)

Social Security Number

Date

Signature of CAA Staff Member

Date

CHANGE, Inc., its agent, partners and funding sources do not discriminate on the basis of race, color, sex, religion, national origin, disability or marital status.

Please upload a copy of your Drivers License or State Photo ID with this form, Thank you

Housing Counseling Program Disclosure Form

Note: if you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: CHANGE, Inc. is a nonprofit HUD approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including pre purchase, foreclosure prevention, non delinquency post purchase, rental, and homeless counseling. We serve all clients regardless of income race, color, religion/creed, sex, national origin, age, family status, disability or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures sign, and date the form on the following page.

Client and Counselor Roles and Responsibilities:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none">• Reviewing your housing goal and your finances: which include your income, debts, assets, and credit history.• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.• Preparing a household budget that will help you manage your debt, expenses, and savings.• Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.• Neither your counselor or CHANGE, Inc. employees, agents, nor directors may provide legal advice.	<ul style="list-style-type: none">• Completing the steps assigned to you in your Client Action Plan.• Providing accurate information about your income, debts, expenses, credit, and employment.• Attending meetings, returning calls, providing requested paperwork in a timely manner.• Notifying CHANGE, Inc. or your counselor when changing housing goal.• Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Termination of Services: Failure to work cooperatively with your housing counselor and / or CHANGE, Inc. with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive contacts via phone, email, text or in person meetings.

Agency Conduct: No CHANGE, Inc. employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment or any person or organization, or engage in conduct that will compromise CHANGE, Inc. compliance with federal regulations and CHANGE, Inc. commitment to serving the best interest of our clients.

Authorization to Release: I hereby authorize CHANGE, Inc. to verify my past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to develop a case management plan for housing counseling. I further authorize CHANGE, Inc., following my signing of a Homebuyer Education Agreement & Credit Report Authorization form, to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.

Agency Relationships: CHANGE, Inc. has financial affiliation or professional affiliations with HUD, NeighborWorks America, USDA Rural Development, the State of West Virginia, and local banks. As a housing counseling program participant, you are not obligated to use the products and services of CHANGE, Inc. or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: CHANGE, Inc. has a first time homebuyer program developed in partnership with Northern Panhandle Home Consortium, however, you are not obligated to participate in this or other CHANGE, Inc. programs and services while you are receiving housing counseling from CHANGE, Inc. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: CHANGE, Inc. will provide a community resource list which outlines the county and regional services available to meet a variety of needs including utility assistance, emergency shelter, transitional housing, food bank, and legal aid assistance. This list also identifies alternative agencies that provide services, program, or products identical to those offered by CHANGE, Inc. and their exclusive partners and affiliates.

Privacy Policy: I / we acknowledge that I /we received a copy of CHANGE, Inc. Privacy Policy upon request.

Errors and Omissions and Disclaimer of Liability: I / we agree CHANGE, Inc., its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in CHANGE, Inc. counseling; and I hereby release and waive all claims of action against CHANGE, Inc. and their affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, CHANGE, Inc. or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with CHANGE, Inc. grantors.

I / we acknowledge that I / we received, reviewed, and agree to CHANGE, Inc.'s Program Disclosures.

Privacy Policy

NOTE: *If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

Change Inc. is committed to assuring the privacy of individuals and / or families who have contacted us for assistance. Change Inc. realizes that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and / or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identified an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does Change Inc. collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and or oversight purposes, and or any other pre-authorized individual and or organization. The types of information we disclose are as follows:

- Information you provide on applications / forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to Change Inc. employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information: and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct Change Inc. to **NOT** disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). ***However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit Change Inc's ability to provide services such as foreclosure prevention counseling.*** If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision at any time by contacting Change Inc.

OPT-OUT: I request that Change Inc. make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that Change Inc. will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting Change Inc.

_____	_____	_____	_____	_____	
Name 1 (Printed)	Signature	Date	Name 2 (Printed)	Signature	Date

RELEASE: I hereby authorize Change Inc. to release nonpublic personal information it obtains about me to my creditor and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures

_____	_____	_____	_____	_____	
Name 1 (Printed)	Signature	Date	Name 2 (Printed)	Signature	Date



Homebuyer Education Agreement & Credit Report Authorization

I hereby authorize and instruct CHANGE, Inc to obtain and review my (our) credit report. The credit report will be obtained from a credit-reporting agency chosen by CHANGE, Inc. I (we) understand and agree that CHANGE, Inc. intend to review and use the credit report for the purpose of providing homebuyer education and counseling.

In connection with the counseling, I understand that CHANGE, Inc. will conduct follow-up with me (us) after my (our) successful completion of the homebuyer education program. I (we) will be expected to notify CHANGE, Inc. of any changes to my (our) address or phone number and to participate in follow-up activities.

☒ **Authorize**

☐ **Do Not Authorize**

I (we) understand that I (we) will receive invitations to the CHANGE, Inc. Homeownership workshops and other events.

☒ **Authorize**

☐ **Do Not Authorize**

I (we) understand that consent to be contacted by CHANGE, Inc. may be rescinded in the future by notifying CHANGE, Inc. in writing. Should I (we) submit such a written request, it is understood that it may take up to 45 days for the request to be put into effect.

Client Name (please print)

Client Name (please print)

Client Signature

Client Signature

Social Security Number

Social Security Number

Date of Birth

Age

Date of Birth

Age

Address

Address

City

State

Zip

City

State

Zip

PLEASE NOTE: This form and photocopies of your photo ID & Social Security card are required for us to prepare your credit report.



***“Protect Your Family from Lead in Your Home”
“For your protection: Get a Home Inspection”, and
“Ten Important Questions to Ask Your Home Inspector”***

**Please initial and sign that you have read the documents listed below
and retained a copy in either electronic or physical format:**

“Protect Your Family From Lead in Your Home”

Initial: _____

“For Your Protection: Get a Home Inspection”

Initial: _____

“Ten Important Questions to Ask Your Home
Inspector”

Initial: _____

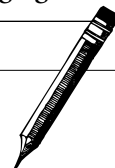
.

PRINT FULL NAME(S): _____

SIGNATURE(S): _____

CURRENT ADDRESS: _____

DATE: _____



Monthly Spending Plan

This spending plan is broken down into the following types of expenses: fixed, periodic fixed, flexible and indebtedness. Depending on your situation, some expenses (for example, a cell phone) may be considered flexible rather than fixed. Be sure to adjust the categories to best reflect your needs and lifestyle.

Monthly Expense		Budgeted Amount	Actual Spent	Difference
Fixed Expenses				
Housing	Rent or Mortgage			
	Heating (gas or oil)			
	Electricity			
	Telephones (landlines and cell phones)			
	Other:			
Transportation	Gas			
	Car Payment			
	Public Transportation or Taxi			
	Parking and Tolls			
	Other:			
Insurance	Health (medical and dental, if not payroll deducted)			
	Life			
	Disability			
	Other:			
Childcare	Childcare or Babysitters			
	Child Support or Alimony			
Fixed Expenses Subtotal		\$ 0.00		
Periodic Fixed Expenses (divide annual payments by 12)				
Housing	Renters or Homeowners Insurance (if not included in mortgage)			
	Water or Sewage			
	Trash Service			
	Other:			
Transportation	Car Insurance			
	Car Inspection			
	Car Repairs and Maintenance			
	License Plates and Registration Fees			
	Other:			
Periodic Fixed Expenses Subtotal		\$ 0.00		

2: Managing Your Money

Monthly Expense		Budgeted Amount	Actual Spent	Difference
Flexible Expenses				
Food	Groceries			
	School Lunches			
	Work-Related (lunches and snacks)			
	Other:			
Housing	Home Maintenance and Furnishings			
	Cleaning Supplies			
	Lawn Care			
	Other:			
Medical	Doctor			
	Dentist			
	Prescriptions			
	Other:			
Savings	Emergency Fund			
	Down Payment Fund			
Clothing	Clothing			
	Laundry and Dry Cleaning			
	Other:			
Education	Tuition			
	Books, Papers and Supplies			
	Newspapers and Magazines			
	Lessons (sports, dance, music)			
	Other:			
Donations	Religious or Charity			
	Other (if not payroll deducted):			
Gifts	Birthdays			
	Holidays			
	Other:			
Personal	Barber or Beauty Shop			
	Toiletries			
	Children's Allowances			
	Tobacco Products			
	Beer, Wine, Liquor			
	Other:			

Source: CreditSmart by Freddie Mac

Monthly Expense		Budgeted Amount	Actual Spent	Difference
Flexible Expenses Continued				
Entertainment	Movies, Sporting Events, Concerts, Theater, Etc.			
	Video Rentals			
	Internet Service			
	Cable/Satellite TV			
	Restaurants and Take-Out Meals			
	Gambling or Lottery Tickets			
	Fitness or Social Clubs			
	Vacations/Trips			
	Hobbies or Crafts			
	Other:			
Miscellaneous	Checking Account Fees, Money Order Fees, Etc.			
	Pet Care or Supplies			
	Postage			
	Pictures and Photo Processing			
	"Mad" Money			
	Other:			
	Flexible Expenses Subtotal	\$ 0.00		
Indebtedness Expenses				
Debts*	Student Loan			
	Credit Card (monthly minimum*)			
	Credit Card (monthly minimum)			
	Credit Card (monthly minimum)			
	Medical Bills			
	Personal Loan			
	Other:			
	Indebtedness Subtotal	\$ 0.00		
Total				
Total Monthly Expenses (fixed + periodic fixed + flexible + indebtedness)		\$ 0.00		
Income				
Total Monthly Net Income				
Additional Savings		0		
Amount Left Over for Savings (total monthly net income – total monthly expenses)		\$ 0.00		

*Although it is strongly recommended that you pay more than the monthly minimum payment due, lenders will use this amount when calculating monthly debt obligations.

CHANGE, Inc. Client Action Plan

FILE # _____ COUNSELOR _____ YOUR NAME _____
DATE _____ PURPOSE OF VISIT _____

YOUR HOUSING GOAL (S)

- 1 _____
- 2 _____
- 3 _____

YOUR OBSTACLE (S)

- 1 _____
- 2 _____
- 3 _____

YOUR FINANCIAL INFORMATION

Current Credit Score	_____	Monthly Debt Obligations	_____
Current Savings	_____	Discretionary Income Left Over	_____
Gross Monthly Income	_____	Current Mortgage / Rent	_____
Net Monthly Income	_____	Housing Ratio	_____
Current Monthly Expenses	_____		

HOUSING PREFERENCES

NEEDS

WANTS

Types & Features _____
Location _____

COUNSELORS RECOMMENDATION (PROVIDED AFTER YOUR APPOINTMENT):

- 1 _____
- 2 _____
- 3 _____

CLIENT TASKS (PROVIDED AFTER YOUR APPOINTMENT)

- 1 _____
- 2 _____
- 3 _____
- 4 _____

REFERRALS PROVIDED FROM APPOINTMENT

- 1 _____
- 2 _____
- 3 _____

CLIENT SIGNATURE _____ DATE _____
COUNSELOR SIGNATURE _____ DATE _____