

Credit Information Release Form

Personal Information

First Name: _____ Middle: _____ Last: _____

Social Security No: _____ - _____ - _____ Birth Date: _____ / _____ / _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Previous address if less than two years at current address:

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Phone: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

E-mail Address: _____

Number of children (under 18) living in your household: _____ Number of adults: _____

Services Information

Do you currently receive banking or program services? Yes No

Please specify service(s): _____

If IDA, what is your savings goal? Home Purchase Home Repair Business Education

Are you interested in other banking or program services? Specify: _____

Authorization

I/We hereby authorize the release to Southern Bancorp nonprofit affiliate Southern Bancorp Community Partners (SBCP) any and all information required at any time for any purpose related to our credit application/transaction. I/We further authorize SBCP to release such information to any entity deemed necessary for any purpose related to our credit application/transaction.

I/We hereby certify that the enclosed information (together with any attachments or exhibits) is valid and true, accurate and correct to the best of my/our knowledge.

Signature: _____ Date: _____ / _____ / _____

ECOA Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income is derived from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this Creditor is the U. S. Small Business Administration, Washington, D.C. 20416.



Counseling Intake Form

Assets Builder - HBCC



Personal Information

First name: _____ Middle: _____ Last: _____

Social Security Number: _____ - _____ - _____ (for office use only)

Birth date: ____/____/____ Intake date: ____/____/____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Fax: (____) _____ - _____ E-mail: _____

Marital Status

- Single Divorced Married Widow

Demographics

Race:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic or Latino | |

Gender: Female Male

Current Housing Arrangement:

- | | |
|---|--|
| <input type="checkbox"/> Homeowner with Mortgage | <input type="checkbox"/> Pays Rent |
| <input type="checkbox"/> Homeowner with Mortgage Paid-off | <input type="checkbox"/> Does Not Pay Rent |

Type of Household:

- | | |
|---|--|
| <input type="checkbox"/> Single Adult | <input type="checkbox"/> Female-headed Single Parent |
| <input type="checkbox"/> Married Without Children | <input type="checkbox"/> Male-headed Single Parent |
| <input type="checkbox"/> Married With Children | <input type="checkbox"/> Other: _____ |

Do you have dependents? Yes No If yes, how many: _____

Education:

- Some High School
- High School Diploma or Equivalent
- Two-Year College
- Bachelor's Degree
- Graduate Degree

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Financial Information

Current employment status: Self-employed Unemployed Full time Part time Other

Gross Income (before taxes): \$ _____ Hourly Weekly Biweekly Monthly

Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ - **Start date:** _____ **End Date:** _____

Other employment status: Self-employed Unemployed Full time Part time Other

Gross Income (before taxes): \$ _____ Hourly Weekly Biweekly Monthly

Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ - **Start date:** _____ **End Date:** _____

Income:

Type of Income	Head of Household Monthly \$ Amount	Spouse Monthly \$ Amount
Formal Salary (take home)		
Self-employment Salary		
Alimony		
Child Support		
Rental Income		
Public Assistance		
Disability Income		
SSI Income		
Other		
Total		

Savings/Investments:

Type	Self	Spouse
Checking Account		
Savings Account		
CD		
Retirement Account		



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Expenses:

Type	Monthly		
	Actual	Budgeted	Difference
Mortgage/Rent			
Property taxes			
Real Estate taxes			
Homeowners/Renters Insurance			
Home Maintenance			
Electricity			
Gas (home)			
Water			
Telephone/cell phone			
Cable TV/Satellite/Internet Access			
Automobile Payment			
Automobile insurance			
Automobile operating – gas, oil etc.			
License Tabs			
Food- Eating out			
Groceries including Laundry/Cleaning, soap etc.			
Tobacco /Liquor			
School lunch, supplies, fees			
Pet food and veterinary			
Prescription medication			
Hair care/Hair cuts			
Personal Grooming (Nail care) etc.			
Church contributions, charity, tithes			
Clothing (all the family) including shoes, etc.			
Diapers, baby formula			
Childcare			
Vacation/Travel			
Entertainment/movies			
Newspaper/Magazine subscriptions			
Savings/Checking			
Other unspecify expenses			
Other unspecify expenses			
Total			



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Appointment

Most convenient time for my (participant) appointment: a.m. p.m.

Days available Monday Tuesday Wednesday Thursday Friday

Time _____

Signatures

Participant: _____ Date: ___ / ___ / _____

Spouse _____ Date: ___ / ___ / _____

Staff Signature: _____ Date: ___ / ___ / _____

Things to Bring with you

Copies of:

- **Current Utility bill (e.g. gas, electricity or water)**
- **Copy of tax returns**
- **SS Card and DL or Picture ID**



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Client Contract

SOUTHERN BANCORP COMMUNITY PARTNERS and its Homeownership & Credit Counselor agree to provide the following services:

- Development of a budget
- Provide one-on-one pre-purchase/Credit and Debt counseling
- Provide home buyer education class
- Provide one-on-one and group post purchase counseling
- Provide referral to needed resources
- Identification of assistance resources
- Other workshops
- Confidentiality, honesty, respect and professionalism in all services

I/We _____ agree to the following terms of services:

- Always provide honest and complete information to Homeownership & Credit Counselor whether verbally or written
- Provide all necessary documentation and follow-up information within the time frame requested
- Be on time for all appointments
- Be on time for all classes
- Will contact Homeownership & Credit Counselor about any changes in situation
- _____

I/We understand that breaking any of the items listed on this contract may cause SOUTHERN BANCORP COMMUNITY PARTNERS to sever its service to me/us.

Client

Date

Client

Date

Staff Signature

Date



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Pre-purchase Education/Counseling Plan

As a HUD approved counseling agency, Southern Bancorp Community Partners' Homeownership & Credit Counselor during **Pre-purchase Education and Counseling**, will assist you (the client) with services including but not limited to:

- Relationships with mortgagees
- Purchase procedures, including closing costs
- Alternatives for financing the purchase
- Real estate terms
- Review of interest rates at the time the client wants to purchase housing
- Use and cost of credit and budgeting for homeownership
- Shopping for a loan to purchase housing
- Effect of property taxes and mortgage interest on income taxes--cash flow
- Homeowner's insurance covering property and liability
- Down payments
- Selecting a home
- Assistance to secure community resources
- Home buyer education

I/We _____ will do the following to so that I can make the decision to purchase housing.

- Always provide complete information to Homeownership & Credit Counselor whether verbally or written
- Provide all necessary documentation to Homeownership & Credit Counselor in a timely manner
- Be on time for all for appointments
- Follow up other appointment pertaining to resolving my housing situation, such as appointment with community resource.
- Attend homebuyer education

By signing below I am stating that I have been given the opportunity to read and ask questions regarding this counseling plan.

Signature

Date

Signature

Date



Credit/Housing Counseling Disclosure



Southern Bancorp Community Partners (SBCP) is a nonprofit HUD-approved housing counseling agency. You have chosen to receive counseling services from our agency. These counseling services such as economic skills training and homebuyer education courses and/or one-on-one credit review and loan preparation counseling are at no charge to you. We may recommend different strategies to address your credit issues and may recommend certain loan products, mortgage options, or programs to you as a result of the counseling: however, you are free to choose your options, lenders, lending products, home, and down payment assistance program regardless of the recommendation made by your counselor. The counseling services are free of charge to the client.

All counselors have agreed to adhere to the Code of Ethics of the National Industry Standards for Homeownership Education and Counseling. Counselors will not provide real estate agent services to anyone to whom they are providing counseling services.

By signing below, you authorize SBCP to share your information with HUD or other trusted third parties for program oversight and related purposes.

As a participant in any SBCP program you are in no way obligated to any of the following:

- To rent or purchase any property owned, operated, or developed by SBCP, Southern Bancorp, and/or any other Southern Bancorp organizations or subsidiaries.
- To pursue loans, grants, or funding from SBCP, Southern Bancorp, and/or any other Southern Bancorp organization or subsidiaries.
- To pursue loans, grants, or funding from any SBCP partner organization.

As a participant in any SBCP program you are entitled to receive all of the following services:

- Impartial and accurate information about affordable, prime mortgage products currently available in your area of residence.
- Quality homebuyer education and basic consumer finance education from trained and certified staff.
- Assistance with pre-qualifying for a mortgage and selecting a lender that meets your needs.
- Information on down payment and closing assistance funds available in your area of residence.

By signing below you are stating you have been given the opportunity to read and ask questions regarding this conflict of interest disclosure.

Signature Date

Signature Date

