WACOG HOUSING COUNSELING PROGRAM
1235 S. Redondo Center Dr., Yuma, AZ 85365 Fax: 928-329-4248
208 N. 4th Street, Kingman, AZ 86401 Fax: 928-753-7038
Telephone: 866-559-2264
housingcounseling@wacog.com

FILE/CLIENT ID #: _____ CASE # _____ CIS ID #: _____ COUNSELOR : _____ HUD ID: _____

ALL COUNSELING AND EDUCATION SERVICES ARE OFFERED FREE OF CHARGE

Client Intake 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.

How did you hear about our housing counseling agency?

☐ Member of our staff ☐ Print/Radio Ad ☐ Religious or social organization ☐ *Friend/Family*
☐ HUD Website ☐ Bank/Mortgage Server ☐ Internet Search ☐ Other (Specify): _____

Part One. Your Biographic and Demographic Information

Name 1: _____ **Date:** ___/___/___ (mm/dd/yyyy)
Last Name First Name Middle Initial

Address: _____ _____ _____ _____ **Home Phone: (** **)** _____
Address and Apartment # City State Zip Code

Cell Phone: (**)** _____

Email Address: _____ ☐ Personal Email ☐ Work Email **Gender:** ☐ Male ☐ Female

Preferred Contact Method: Cell Phone ☐ Work Phone ☐ Home Phone ☐ **Best time to be reached:** _____ **AM** ☐ **/ PM** ☐

Social Security # ___-___-___ **Date of Birth:** ___/___/___ (mm/dd/yyyy)

Ethnicity: Hispanic ☐

Race:

☐ American Indian/Alaska Native ☐ Asian ☐ African-America
☐ Native Hawaiian/Pacific Islander ☐ White ☐ By-Racial/Multi-Racial
☐ Other (Specify) _____ Decline to Answer ☐

Are you a Veteran? ☐ Yes ☐ No

Are you Disabled? ☐ Yes ☐ No
Live in Rural Area? ☐ **Yes** ☐ **No**

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow

---

Name 2: _____ **Date:** ___/___/___ (mm/dd/yyyy)
Last Name First Name Middle Initial

Address: _____ _____ _____ _____ **Home Phone: (** **)** _____
Address and Apartment # City State Zip Code

Cell Phone: (**)** _____

Email Address: _____ ☐ Personal Email ☐ Work Email **Gender:** ☐ Male ☐ Female

Relationship to Co-Applicant ☐ Spouse ☐ Significant Other ☐ Relative (Specify) ☐ Other: **Best time to be reached:** _____ **AM** ☐ **/ PM** ☐

Date of Birth: ___/___/___ (mm/dd/yyyy)

Ethnicity: Hispanic ☐

Preferred Contact Method: Cell Phone ☐ Work Phone ☐ Home Phone ☐

Social Security # ___-___-___

Race:

☐ American Indian/Alaska Native ☐ Asian ☐ African-America
☐ Native Hawaiian/Pacific Islander ☐ White ☐ By-Racial/Multi-Racial
☐ Other (Specify) _____ Decline to Answer ☐

Are you a Veteran? ☐ Yes ☐ No

Are you Disabled? ☐ Yes ☐ No

Live in Rural Area? ☐ **Yes** ☐ **No**

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow

WACOG HOUSING COUNSELING PROGRAM
1235 S. Redondo Center Dr., Yuma, AZ 85365
Fax: 928-329-4248
208 N. 4th Street, Kingman, AZ 86401
Fax: 928-753-7038
Telephone: 866-559-2264
housingcounseling@wacog.com

FILE/CLIENT ID #: _____

My household type is….

☐ Single Adult ☐ Married ☐ Cohabitating ☐ Single female-headed household with dependents

☐ Single male-headed household with dependents ☐ Roommates/ unrelated adults ☐ Living with non-spousal family members (parents, siblings, etc) ☐ Other: (specify) _____

Family household size: ___ Languages Spoken (specify): _____/_____/_____

Part Two. Your Employment Status

Name 1's Employment Status

☐ Employed Full-time ☐ Employed Part-Time ☐ Employed Seasonally ☐ **Farm Worker**
☐ Unemployed, receiving benefits ☐ Unemployed, receiving no benefits ☐ Self-Employed
☐ Disabled, receiving benefits ☐ Retired ☐ Other (specify): _____

Name 1 Employer: _____ **Dates of Employment:** _____ to _____
Address: _____ **Work Phone:** ( ) -
Address *City & State* *Zip*

Previous Employer: _____ **Dates of Employment:** _____ to _____
Address: _____ **Work Phone:** ( ) -
Address *City & State* *Zip*

Name 2's Employment Status

☐ Employed Full-time ☐ Employed Part-Time ☐ Employed Seasonally
☐ Unemployed, receiving benefits ☐ Unemployed, receiving no benefits ☐ Self-employed
☐ Disabled, receiving benefits ☐ Retired ☐ Other (specify): _____

Name 2 Employer: _____ **Dates of Employment:** _____ to _____
Address: _____ **Work Phone:** ( ) -
Address *City & State* *Zip*

Previous Employer: _____ **Dates of Employment:** _____ to _____
Address: _____ **Work Phone:** ( ) -
Address *City & State* *Zip*

WACOG
Western Arizona Council of Governments
Over 50 Years
Strengthening Communities. Empowering People.

HUD-APPROVED OFFICE OF HOUSING COUNSELING HOUSING COUNSELING AGENCY

WACOG HOUSING COUNSELING PROGRAM
1235 S. Redondo Center Dr., Yuma, AZ 85365 - Fax # (928)329-4248
208 N. 4th Street, Kingman, AZ 86401 - Fax # (928) 753-7038

Telephone: 866-559-2264
Email: housingcounseling@wacog.com

FILE/CLIENT ID #: _____

Part Three: Your Mortgage Status

My current mortgage status is…*check all that apply:*

- ☐ Current but facing imminent default
- ☐ Delinquent (payment is 31-60 days late)
- ☐ Default (payment is 61+ days late) and no foreclosure sales date set
- ☐ Default (payment is 61+ days late) and foreclosure sales date set for: _____/_____/_____
- ☐ Occupying bank-owned property (REO)
- ☐ Other (specify): _____

I am interested in the following mortgage goals: (*check all that apply):*

- ☐ Obtain a loan modification
- ☐ Obtain a short-term forbearance plan (up to 6 months)
- ☐ Obtain a long-term forbearance plan (more than 6 months)
- ☐ Apply for a federally-supported foreclosure prevention program
- ☐ Complete a short sale
- ☐ Complete a deed-in-lieu of foreclosure
- ☐ Complete a mortgage assumption
- ☐ Other (specify): _____
- ☐ [Other outcome added by HCA]

WACOG
Western Arizona Council of Governments
Over 50 Years
Strengthening Communities. Empowering People.

HUD-APPROVED OFFICE OF HOUSING COUNSELING HOUSING COUNSELING AGENCY

WACOG HOUSING COUNSELING PROGRAM

1235 S. Redondo Center Dr., Yuma, AZ 85365 - Fax # (928)329-4248
208 N. 4th Street, Kingman, AZ 86401 - Fax # (928) 753-7038
Telephone: 866-559-2264
Email: housingcounseling@wacog.com

FILE/CLIENT ID #: _____

My mortgage data		
	First Mortgage	Second Mortgage
Is this loan Current or Delinquent?	☐ Current ☐ Delinquent	☐ Current ☐ Delinquent
Mortgage servicer name		
Loan Number	☐ I don't know	☐ I don't know
Loan Balance	$ ☐ I don't know	$ ☐ I don't know
Interest Rate	☐ I don't know	☐ I don't know
Monthly Principal and Interest Payment (excluding taxes and insurance).		
Private Mortgage Insurance (PMI) payment	$	$
Fixed or Adjusting Interest Rate?	☐ Fixed ☐ Adjusting ☐ I don't know	☐ Fixed ☐ Adjusting ☐ I don't know
Date you made your last payment:	/ /	/ /
Past Due Amount:	$	$
Have you previously applied for a loan modification or forbearance?	☐ Yes ☐ No	☐ Yes ☐ No
If "yes," please provide details on the outcome of your previous foreclosure prevention effort here: ⇨		

Reason for Default:
☐ Divorce ☐ Disability ☐ Marital Separation ☐ Decrease in income ☐ Increase in expenses ☐ Medical Hardship ☐ Other
Please provide additional remarks about your hardship here:
Has your hardship ended?
☐ Yes ☐ No
Do you have the ability and willingness to resume mortgage payments? ☐ Yes ☐ No
If "No," are you seeking an alternative outcome, such as a deed-in lieu of foreclosure or short sale? Explain.

Questions related to your credit history:

1. Are there any outstanding judgments against you? ☐ Yes ☐ No

2. Have you declared bankruptcy within the past seven years? ☐ Yes ☐ No ☐ I am currently in a bankruptcy plan.

3. Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu? ☐ Yes ☐ No

Part Four. Your Income, Debt, and Average Monthly Expenses

Please provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

WACOG
Western Arizona Council of Governments
Over 50 Years
Strengthening Communities. Empowering People.

HUD-APPROVED OFFICE OF HOUSING COUNSELING HOUSING COUNSELING AGENCY

WACOG HOUSING COUNSELING PROGRAM
1235 S. Redondo Center Dr., Yuma, AZ 85365 - Fax # (928)329-4248
208 N. 4th Street, Kingman, AZ 86401 - Fax # (928) 753-7038
Telephone: 866-559-2264
Email: housingcounseling@wacog.com

FILE/CLIENT ID #: _____

	Name 1		**Name 2**	
	Monthly Income		☐ Monthly Income	
Income Type	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)
1. Salary/wage earnings	$	$	$	$
2. Rental Income	$	$	$	$
3. Child support/Alimony	$	$	$	$
4. Social Security	$	$	$	$
5. Pension Income	$	$	$	$
6. Dependent SSI income	$	$	$	$
7. Disability income	$	$	$	$
8. Unemployment Income	$	$	$	$
9. Public assistance income	$	$	$	$
10. Other:	$	$	$	$
11. Other:	$	$	$	$
Total:	$	$	$	$

WACOG HOUSING COUNSELING PROGRAM
1235 S. Redondo Center Dr., Yuma, AZ 85365 - Fax # (928)329-4248
208 N. 4th Street, Kingman, AZ 86401 - Fax # (928) 753-7038
Telephone: 866-559-2264
Email: housingcounseling@wacog.com

FILE/CLIENT ID #: _____

Average Monthly Debts	Name 1	Name 2
1. Rent	$	$
2. Mortgage (Principal and Interest)	$	$
3. Property Taxes, HOA, Insurance	$	$
4. Car Payment(s)	$	$
5. Car Insurance	$	$
6. Credit Cards (Total)	$	$
7. Childcare/daycare	$	$
8. Alimony/Child Support	$	$
9. School Tuition	$	$
10. Medical Debt:	$	$
11. Gas/Transportation	$	$
12. Household Utilities (Water, Electric, Gas, Trash, Landline, Cable)	$	$
13. Cell Phone(s)	$	$
14. Food (groceries + eating out)	$	$
15. Student Loan Debt	$	$
16. Tithing	$	$
17. Other:	$	$
Total:	$	$
Total COMBINED costs:	$	

Now, refer to your COMBINED net income on the previous page. Subtract your COMBINED costs as added on the right. This represents your monthly cash flow. Complete the calculation below.

Taking my combined monthly net income of
$_____

and subtracting my combined monthly costs of $_____

equals **$_____.**

I/we have ☐ **POSITIVE or** ☐ **NEGATIVE** cash flow.

Total Value, Liquid Assets:		Total Value, Hard Assets:	
1. Stocks/Bonds/CDs:	$	1. Owner Occupied Property Value:	$
2. Savings Account:	$	2. Investment Property value:	$
3. Checking Accounts:	$	3. Other:	$
4. Other:	$	4. Other:	$
Total Value:	$	Total value:	$

Name 1 Signature: _____ **Date:** _____

Name 2 Signature: _____ **Date:** _____

1235 S Redondo Center Drive
Yuma, AZ 85365
928-782-1886
928-329-4248 FAX
1-800-782-1886
www.WACOG.com

208 North 4th Street
Kingman, AZ 86401
928-753-6247
928-753-7038 FAX

Strengthening Communities, Empowering People

STATEMENT OF NO INCOME

Date: _____

I (*Print Name*), _____ state that I have not been employed, self-employed, completed off jobs or had any source of income including any gifts or loans during the past 30 days.

The last income I received was from (*Source of Income – Ex.: Company name, type of self-employment, loans, etc.)* _____

I received my last payment from this source on or about (*date)* _____.

AFFIRMATION

I swear under penalty of perjury that the above statement about myself, which relates to my eligibility to qualify my household for any financial assistance that WACOG Housing Counseling Program may have available, is true and correct to the best of my knowledge.

_____ _____

Client Signature Date

WACOG HOUSING COUNSELING PROGRAM
FEE FOR SERVICES SCHEDULE

EDUCATIONAL SERVICES – FINANCIAL EMPOWERMENT CLASSES		
Homebuyer Education Workshop (in person)	These workshops provide information to prospective homebuyers to better understand the purchase process. Staff and local professionals share information on each step of the homebuying process to enable clients to make informed decisions. Participants who complete the 8-9-hour workshop, receive a Certificate of Completion that is valid for a year. Upon completion of the workshop, a one-on-one appointment can be scheduled to further develop a homeownership plan.	**$350.00 – Grant Funded** (Participants receive this service at no cost to them. Cost of workshop preparation, delivery, and closing is charged to our HUD/RCAC grant award. Likewise, the cost of class materials and textbooks are absorbed by Program's grant funds available.
HOMEBUYER EDUCATION – ONLINE SERVICE (eHome America)	Self-paced Homebuyer Education modules to be taken online. Generally, individuals who take the class online need to contact WACOG to have their Certificate release and to do a one-on-one counseling session.	**$75** Paid to eHome America through their registration Portal
FINANCIAL EMPOWERMENT: MONEY SMART FOR ADULTS: YOUR SPENDING AND SAVINGS PLAN (FDIC)	This 2-3-hour workshop addresses the need to maintain control over one's financial health by providing tools to plan your spending based on your income, and to plan to end your monthly finances with discretionary income to start a saving's plan.	**$75.00 – Grant Funded** Participants receive this service at no cost to them. Cost of workshop preparation, delivery, and closing is charged to our HUD/RCAC grant award. Likewise, the cost of class materials and textbooks are absorbed by Program's grant funds available.
FINANCIAL EMPOWERMENT: MONEY SMART FOR ADULTS: BUILDING, IMPROVING, REPAIRING YOUR CREDIT (FDIC)	This 2/3-hour workshop provides the tools for participants to build productive credit histories. Participants learn how to interpret information on their Credit History, how to report errors and request corrections to their credit history, as well as how to manage their credit availability.	**$75.00 – Grant Funded** Participants receive this service at no cost to them. Cost of workshop preparation, delivery, and closing is charged to our HUD/RCAC grant award. Likewise, the cost of class materials and textbooks are absorbed by Program's grant funds available.
CREDIT REPORT	Credit reports for the purpose of doing a thorough financial analysis is obtained, free of charge, and after client has signed the authorization form, through www.annualcreditreport.com For Pre-Purchase One-On-One Counseling, client pays for the tri-merge credit report to WACOG as a reimbursement fee for cost of pulling report through CREDCO. Fee for a single-individual report is $25.90, and for a join report is $51.80	**FREE CONSUMER SERVICE** **Client reimburses WACOG for pulling soft credit report from CREDCO.**
ONE-ON-ONE COUNSELING SERVICES		
All one-on-one counseling services offered by WACOG Housing Counseling Program are free of charge.		