



Financial Coaching Intake Packet

Please provide us with the following information. Information collected on this form is used by **Urban League of the Upstate** only and is not shared with any other organization. Please answer all questions completely. If you have any questions about this form or how we will use this information, please ask us.

| | | | |
|------------------|--------|-----------|---------|
| Print Full Name: | | | Phone: |
| Street Address: | | | County: |
| City: | State: | Zip Code: | Email |

Demographic Information (collected for reporting purposes only)

| | | | |
|------------------|-----------------------------------|--------------|--|
| DOB: | | Check | Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other/Non-conforming |
| Ethnicity | Hispanic | | Estimated Annual Income: \$ |
| | Not Hispanic | | Education: <input type="checkbox"/> High School/GED <input type="checkbox"/> College - Degree type _____ <input type="checkbox"/> None Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Race | American Indian/ Alaskan Native | | |
| | Asian | | |
| | Black/African American | | |
| | Native Hawaiian/ Pacific Islander | | |
| | White | | Number of Persons in Household |
| | | | Language Spoken in Household |

| | |
|--|---|
| Employer: | Employment Status: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> |
| Do you receive any public benefits? (check all that apply) <input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Public Housing/Voucher | Do you use financial apps? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| My current housing status is: <input type="checkbox"/> Renting/leasing <input type="checkbox"/> Homeowner <input type="checkbox"/> Living with family <input type="checkbox"/> Homeless | Any additional services requested: |

Disclosure

Urban League of the Upstate is a nonprofit, HUD-approved, comprehensive housing counseling agency. 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. As a housing counseling program participant, you are not obligated to use the products and services of Urban League of the Upstate or our industry partners.

Signature: _____ Date: _____

| | |
|-----------------------------|-------|
| For Office Use Only: | |
| Financial Coach Signature: | Date: |



Urban League of
The Upstate

Empowering Communities.
Changing Lives.

15 Regency Hill Drive
Greenville, SC 29607
www.urbanleagueupstate.org
864.244.3862 Fax: 864.244.6134

Counseling Services Disclosure Statement

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.

The Urban League of the Upstate, Inc. provides the following housing counseling services: Pre/Post Purchase, Mortgage Default, Renter Assistance, and Fair Housing. The Urban League of the Upstate, Inc. offers non-housing related services: Employment and Work Force Development Services, Education and Youth Services.

I/We understand that it is my/our right and responsibility to decide whether to engage in any course of housing counseling or other services offered by the Urban League of the Upstate, Inc. and to determine whether counseling/services is suitable for my/our housing problem.

I/We understand that the Urban League of the Upstate, Inc. has the discretion to charge reasonable fees for some counseling services, and that these fees will be explained to me prior to any counseling. I further understand that fees will not be charged if they create a financial hardship and that I will not be denied counseling if I cannot pay the fees.

I/We understand that the Urban League of the Upstate, Inc. provides information on a broad range of housing programs and products and that the housing counseling I receive from Urban League of the Upstate, Inc. in no way obligates me to choose any particular loan product or housing program discussed in my counseling sessions. I/We understand that the Urban League of the Upstate, Inc. does not guarantee that I/We will receive mortgage financing from any lender and/or other mortgage financing entity.

I/We may be referred to other services of the organization or to another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

I/we understand that a counselor may answer questions and provide information but cannot give legal advice. If I want legal advice, I will be referred for appropriate assistance.

I have reviewed and understand the above Counseling Services Disclosure Statement.

Client's signature_____

Date_____

Counselor signature_____

Date _____

Telephone counseling: Disclosure Statement Read to Client? Yes No



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Conflict of Interest Policy Statement

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.

The Urban League of the Upstate, Inc. 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 the Upstate, Inc. 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 the Upstate, Inc. 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 the Upstate, Inc. 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 the Upstate, Inc.), 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.

HUD may investigate agency practices and may take action to inactivate or terminate the agency's approval or participation in the Housing Counseling program.

Participating agencies must notify HUD of conflicts of interest not later than 15 calendar days after the conflict occurred and report to HUD on the corrective action taken to cure the immediate, and avoid future, conflicts.

I have reviewed and understand the above Conflict of Interest Policy Statement.

Client Signature: _____ Date: _____

Client Name (printed): _____



Release of Information

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.

Property Address

City & State

Zip Code

Jeanne Vernon

864-244-3862

jvernon@ulus1.org

Agency Contact

Phone

Email

You hereby authorize the Urban League of the Upstate (ULUS) to share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to your housing or financial situation. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, income.

You hereby authorize the release of your information to program monitoring organizations of Urban League of the Upstate including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes.

Finally, you understand that you may revoke consent to these disclosures by notifying ULUS in writing.

I/WE UNDERSTAND AND AGREE WITH THE TERMS OF THIS DATA RELEASE AUTHORIZATION

Printed Name

Printed Name

Signature & Date

Signature & Date



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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.

The Urban League of the Upstate, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. All personal information will be managed within legal and ethical considerations.

Types of information that we may gather:

We may collect the following information which can reasonably be used to identify and describe you:

- ✓ Information we receive from you – including but not limited to your name, address, social security number, date of birth, assets, and income
- ✓ Information about your transactions – including but not limited to your account numbers, account balances, payment histories, and credit card usage
- ✓ Information we receive from credit reporting agencies

Release of your information:

We may disclose your personal information to financial service providers (such as mortgage 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.
- ✓ You have the opportunity to “opt-out” of disclosures of your personal information to third parties such as your creditors. If you choose to do so, 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 (864.244.3862) or submit your choice in writing.

Protection of your information:

We restrict access to personal information about you to our employees who need to know that information to provide services to you. We also maintain physical, electronic and procedural safeguards that comply with federal and state law to guard your personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Before disposing of records containing personal information, we will make such that records are unreadable or undecipherable. Before disposing of information technology hardware or storage media, all personal information will be removed and the hardware or storage media will be sanitized.

I/We acknowledge we have read this disclosure and may request a copy at any time.

Signature

Date

Signature

Date