Financial Literacy Workshop Intake Form

CUSTOMER		Plea	se Print Clearly
Name:			
First	MI	Last	
Address		Number of years	
City	State	Zip Code	
Home: ()		nail address	
	/Foreign Bor		
Social Security Number	Birth Date (if foreign born,	where?)	
		t Resident US Citizer	
Preferred Language? Englis	sh Spanish	Other	
Race (please circle):			
1. White	2. Black or African Americ	ca	
3. American Indian/Alaskan Nativ			
5. Native Hawaiian/Other Pacific	Islander 6. American Indian/Alaska	n Native	
7. Asian	8. Other		
Ethnicity (please select "yes" or ' Hispanic origin:)	'no" for Hispanic Origin. You should se	elect both a "Race" category and a "y	es" or "no" for
Hispanic: Yes No	Gender (please circle): M	Male Female	
Current Family Composition/H	ousehold Income (please select one):		
	•		
Family Size	Total Annual Income	<i>Handicapped?</i> Yes No	•
Marital Status (please circle):	1. Single 2. Married 3. Divorced	4. Separated 5. Widowed	
C 11			
Current Housing Arrangemen		37 0 1 1	
section & Voucher Yes	No Affordable Housing	Yes No <i>No Subsidy</i>	
Number of Revolving Accou	nts Car Payment A	1mount \$ Total De	ebt \$
Making on time payments?	Yes No Current Credit Sc	oreLast view date: _	
Do You have Student Loans?	Yes No (if yes,) Date	Deferred/Making Payn	nents
Do you currently need assis	tance with any of the following?	Credit Budgeting/Financ	ial Mgmt
Modification/Foreclosure Pi	revention Maintena	nce/Repair Other	
Mouna	Gr	-	-
Vame	Signature	Da	ate

Housing Authority of the City of Perth Amboy

881 AMBOY AVENUE, P.O. BOX 390, PERTH AMBOY, NJ 08862

TELEPHONE: (732) 826-3110 FAX: (732) 826-3111 www.perthamboyha.org

EDNA DOROTHY CARTY-DANIEL, Chairperson DAVID BENYOLA, Vice-Chairman MIGUEL A. AROCHO SHIRLEY JONES JOHN C. ANAGNOSTIS FERNANDO A. GONZALEZ GREGORY PABON DOUGLAS G. DZEMA, P.H.M. Executive Director

EDWARD TESTINO Counsel

Housing Counseling Program Disclosure

The Housing Authority of the City of Perth Amboy values your trust and is committed to the delivery of high quality services and to the responsible management, use and protection of personal information. This disclosure describes our policy and commitment to you.

Services Offered

The Housing Authority of the City of Perth Amboy is a HUD certified housing counseling agency. We provide, <u>free</u> one-on-one comprehensive housing counseling services to low and moderate income families within Middlesex and Union County. Our agency is currently approved to provide the following Counseling services: Pre-purchase Counseling, Non-Delinquency Post Purchase Counseling, Mortgage Delinquency and Default Resolution Counseling, Financial Management/Budget Counseling, Rental Counseling, Homebuyer Education Workshop, Non-Delinquency Post Purchase Workshop and Financial Literacy Workshop. All of the services listed above are free with the exception of our home buyer education workshop. A fee of \$30* per person or \$40* per couple is required unless the customer is experiencing financial difficulty. A fee waiver form is available upon request to the Program Director.

Relationship with Industry Partners

Our agency has financial support or exclusive relationships, or both, with specific industry partners including, The Department of Housing and Urban Development (HUD), Perth Amboy Redevelopment Team for Neighborhood Enterprise and Revitalization (PARTNER), Jewish Renaissance Foundation (JRF), PNC Bank, Wells Fargo Housing Foundation, Fulton Bank, M&T Bank, Santander Bank, and New Jersey Community Capital (NJCC).

No Client Obligation

There is no obligation to receive, purchase, or use any product or services offered by this agency or any services of its industry partners or another party in exchange for your receiving HUD housing counseling services.

Alternatives

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff. Client should consider a variety of resources and options and upon evaluation select the resources that best meet their need.

*customers experiencing financial difficulty or a hardship can complete a fee waiver form and submit to the Program Director for consideration.



The Housing Authority of the City of Perth Amboy

AUTHORIZATION FOR THE RELEASE OF INFORMATION AND RECORDS

Ι,	, hereby authorize the Housing Authority of	Perth Amboy to	obtain information including	
but not limited to records, reports, and correreplications, fax, or copy form of same.	espondence. This release is made knowingly a	and voluntarily ar	nd may be accepted upon	
My consent to release this information shall	expire 180 days from the date of my signature	e indicated below		
Release of Information To Obtain Fro	m:			
	Print Name of Agency			
I am aware and understand what is indicate Perth Amboy to request the following inform	ed on the release and I authorize use or disclos nation to verify eligibility for services.	ture for the Housi	ng Authority of the City of	
Education, Training or Trade Schools (transcripts, enrollment, attendance tuition fees)		L	egal Status	
Credit Bureaus and Collection Entities	Homeownership Parties Banks, Realtor Attorney, Insp Title companies)		Velfare	
Medical (Referrals from education o	or Housing Authorities	HUD	Other:	
Housing Authority Representative:				
Nama	Title			
Name:				
Telephone:	Fax:			
500 500	Housing Authority of the City of Perth Amboy 881 Amboy Avenue PO Box 390 Perth Amboy, NJ 08862			
Print Name	Signature	Date		

Ralease Form Revised 8/13/20 saved I/homeownership/release form