

# 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

EDNA DOROTHY CARTY-DANIEL, Chairperson PEDRO A. PEREZ, Vice-Chairperson FERNANDO A. GONZALEZ MIGUEL A. AROCHO SHIRLEY JONES REVEREND H. WAYNE BRADY GREGORY PABON DOUGLAS G. DZEMA, P.H.M. Executive Director

EDWARD TESTINO Counsel

#### Dear Applicant:

Thank you for your interest in the Housing Authority of the City of Perth Amboy Housing Counseling Program. We are excited that you selected us to assist you with your housing counseling needs.

Our homeownership program is a community-based program for low and moderate income families seeking the opportunity to purchase a home. We aim to provide you with the information necessary to select the best partners in the home buying process and ultimately obtain the best financing possible and a home you can afford. The program provides the following services:

- Provides credit, budgeting and homeownership workshops for program participants.
- Prepares potential homebuyers with the tools necessary to complete a mortgage application.
- Assist homebuyers in identifying a reputable real estate agent to identify affordable properties to purchase.
- Provides action plans for long term clients with credit issues to become credit worthy.
- Provides financial assistance and referrals to individuals who require down payment and closing cost assistance.
- Provides and sponsors community meetings to inform low and moderate income families about our home buying program.
- Provide home improvement counseling and alternative funding for individuals who already own a home.
- Provide follow-up counseling for first time homebuyers.
- Provide default and delinquency resolution counseling (crisis counseling)
- Provide foreclosure prevention workshops

Group and one-on-one counseling is provided in English and Spanish at our office located at 881 Amboy Avenue, in Perth Amboy, NJ. Counseling sessions are free of charge; however there is a minimal fee to obtain your credit reports with scores and for workshop materials.

Please complete the Customer Intake Form and mail to Eugenia E. Hill at the address listed above. Once reviewed a counselor will schedule and appointment to meet with you in our office.

Again, Thank you for your interest in our program, we look forward to helping you accomplish your goals!

Sincerely, Eugenia E. Hill Director of Resident Services



Housing Authority of the City of Perth Amboy, 881 Amboy Avenue, Perth Amboy, NJ 08861

# **Customer Intake Form**

CUSTOMER	湖南山南北北海湖		Please Print Clearly
Name:			
First	MI	Last	
Street			
City	State	Zip Code	Number of years
Home: ()	Work: ()	Ema	il:
=ax: ()	Pager: ()	Mobile/Cell	()
Please contact me at home	cell work email		
		Social Security Number	Birth Date
Race (please circle):			
*	0.70	- A continue O A continue	u diau/Alaskan Ni-tirra
I. White	2. Black or Africa		ndian/Alaskan Native
4. Asian		in/Other Pacific Islander	- A
5. American Indian/Alaskan Native 9. American Indian/Alaskan Native		and White 8. Black/African	n American and White
E <b>thnicity</b> (please select "yes" or "n Hispanic origin:)	o" for Hispanic Origin. You s	should select both a "Race" cate	gory and a "yes" or "no" for
Hispanic: Yes	No Preferred L	anguageSpanish _	English
Immigrant Status (please select on			
. You are U.S. born and 1 or both of	of your parents are foreign bor	rn	
2.You are U.S. born but 1 or both go 3. You are foreign born	andparents foreign born	Citizen Perma	nnent Resident
4. You, your parents and grandparen	ts are all U.S. born	Chizon 1 of the	mont resident
Marital Status (please circle): 1	. Single 2. Married 3. I	Divorced 4. Separated	5. Widowed
,	-	•	
Gender (please circle):	Male Female		
Handicapped? Yes	No		
Current Housing Arrangement	(nlease circle)		
1. Rent	-	Homeless	
3. Homeowner with mortgage		Living with family member and	I not naving rent
5. Homeowner with mortgage pa		Diving with faining member and	inot haling tout
3. Homeowner with mortgage pe	na on		
currently have a Section	8 VoucherI live in	Public HousingI	have no assistance

N/	noi currently ow	n a home and have	not ownea a no	me in the past thi	ee years):
Yes No  Do you live in a rural area? Yes	No				
Do you live in a rural area: 103	140				
Household Type (please select the	most accurate)?				
<ol> <li>Female headed single parent househ</li> <li>Two or more unrelated adults</li> <li>5.1</li> </ol>	old 2. Male heade Married with childre	ed single parent househ en 6. Married withou	old 3. Single children	e adult 7. Other	
Family/Household Size: How	many dependents (	other than those listed	by any co-borro	ver)?	
What ages are they?,,,	, , , , , , , , , , , , , , , , , , , ,				
Are there non-dependents who will be	living in the home?	Yes	No	If yes, list below:	
Relationship	Age	Relationship			Age
Annual Family or Household Inco	ome: \$				
Education (please circle one):					
1. Below High School Diploma	:	2. High School Diplon	a or Equivalent		
3. Two-Year College		4. Bachelors Degree			
5. Masters Degree		6. Above Masters Deg	ee		
Referred to by (please circle all tha	at apply):				
Print Advertisement	Bank	Government	TV	Realtor	
Staff/Board member	Walk-In	Friend	Radio	Newspaper Art	icle
CO-APPLICANT					
		MILE I I STATE			
	MI		Last		
Name: First			Last		_
Name: First  Street	MI	State	Zip	Code	_
Name: First  Street			Zip	Code mail:	
Name:  First  Street  City	MI	State	Zip		
Name: First  Street  City Home: ()	MI	State	Zip		-
Name:  First  Street  City Home: ()	MI Work: (	/ / Birth Date	<b>Zip</b> E	mail:	
Name:  First  Street  City Home: ()	Work: (		Zip E		
Name:  First  Street  City Home: ()	Work: (	/ / / / / / / / / / / / / / / / / / /	Zip E 3. American In	mail: dian/Alaskan Nativ	е
Name:  First  Street  City Home: ()  Social Security Number  Race (please circle):  1. White  4. Asian  6. American Indian/Alaskan Native and	Work: (	/ / / / / / / / / / / / / / / / / / /	Zip E 3. American In	mail:	е
Name:  First  Street  City Home: ()	2. Black or 5. Native H d White 7. d Black 10	/ / // Birth Date  African American lawaiian/Other Pacific Asian and White O. Other	Zip E 3. American In Islander 8. Black/African	mail: dian/Alaskan Native American and Whit	e e
Name:  First  Street  City Home: ()	2. Black or 5. Native H d White 7. d Black 10	/ / // Birth Date  African American lawaiian/Other Pacific Asian and White O. Other	Zip E 3. American In Islander 8. Black/African	mail: dian/Alaskan Native American and Whit	e e
First  Street  City Home: (	Work: (	African American [awaiian/Other Pacific Asian and White] Other  You should select both	Zip E 3. American In Islander 8. Black/African	mail: dian/Alaskan Native American and Whit	e e
Name: First  Street City	Work: (	African American (awaiian/Other Pacific Asian and White (awaiian) Asian and White (b) Other (c) You should select both (c) ign born (c) born	Zip E 3. American In Islander 8. Black/African	mail:	e e

Gender (please circle	): N	/Iale	Female					
Handicapped?	Yes	No						
Education (please cir 1. Below High School 3. Two-Year College 5. Masters Degree	ol Diploma		4.B	High School Di achelors Degre Above Masters	ee	r Equivalent		
Relationship to Custo	mer (pleas	<i>e circle):</i> Boyfi	Spouse riend	Daughter Mother	Son Father	Sister Other:	Brother	Girlfriend
CUSTOMER EMPI	OYMENT	Γ— Last 2	Years	45. Sec.		ar (ar i g	Plea	se Print Clearly
Primary Employer: _								<del></del> :
Title				<u>.</u>		Hire Date	?	
Street Phone: ()	<u> </u>			City			State	Zip Code
Part-Time or	Full-Tin	ne (Ple	ase Circle)					
Gross Income (before Is this amount paid	taxes): \$_ hourl	у	weekly	every two	weeks	twic	ce a month	monthly?
Previous Employer: _								
Title						Length of	Employment	
Street Phone: ()				City			State	Zip Code
Part-Time or	Full-Tin	,	ase Circle)					
	Con	tinue listing	previous en	nployers on a	separa	te sheet of p	paper.	
Secondary Employer	for applicant	t w <mark>orking</mark> two job	s)					
Title				<del></del>		Hire Date	2	<del></del>
Street Phone: ()				City			State	Zip Code
Part-Time or	Full-Tin	ne <i>(Ple</i>	ase Circle)					
Gross Income (before Is this amount paid	taxes): \$hourl	yv	weekly	every two	weeks	twic	ce a month	monthly?
CO-APPLICANT E	MPLOYM	IENT — La	st 2 Years	E		1 2 3 1	S = 5	- 1) k-vj = 1
Primary Employer:	,							
Title			_	<del></del>		Hire Date	e	<del></del>
Street Phone: ()	-			City			State	Zip Code
Part-Time or	Full-Tir	ne <i>(Ple</i>	ase Circle)					
Gross Income (before Is this amount paid	taxes): \$_ hour	lv v	weekly	every two	weeks	twic	ce a month	monthly?
amount puid	nour							

Previous Employer:							
Title					Length of Employm	ent	=
Street Phone: ()			City			State	Zip Code
100	ull-Time	(Please Circle)					
		isting previous em	ployers on	a separate s	sheet of paper.		
Secondary Employer: (for	applicant working	two jobs):					
Title					Hire Date		
						Contract	Zim Coda
Street Phone: ()	=		City	)		State	Zip Code
	ull-Time	(Please Circle)					
Gross Income (before tax	es): \$						
Is this amount paid	hourly	weekly	every tw	o weeks	twice a mor	nth <sub>-</sub>	monthly?
INCOME	5 1/5 T - FILE SH						rint Clearly
			CUSTO! Monthly A			-APPLIC onthly Am	
Type of Income Salary			Monthly 11	mouni			
Alimony/Child Support							
Rental Income							
Social Security Pension Income	_						
Public Assistance							
Self-employment Income							
Dependent SSI Income							
Other Employment							
Other Employment						O ADDY	I CLANITI
			CUS	TOMER	C	O-APPLI	CANI
Can you document your chi If yes, how long will it		nony income?	Yes	No	Y	es	No
If your child or a family me how many more years will t			Yes	No		Yes	No
If you receive disability inco			Yes	No	Y	es	No
Regarding other employment in this field for two years or	nt, have you wo more?	orked	Yes	No	Y	es	No

LIABILITIES/DEBT		Eg Mistal		
Please list any debts you have, including credit cards, a utilities.	uto loans, student loans,	and child-c	are expenses. Do	NOT include rent or
Paid To	Curr Bala		Monthly Payment	Who's Debt? C=Customer, A=Co-Applicant B=Both
1.				
2.				
3.				
4.				
5.				
5.				
7.				
8.				
9.				
10.				
Please use additional sheets if necessary.				
	CUST	OMER	CO-APPLICANT	
Have your payments been made on time?	Yes	No	Yes	No
Are you currently in Chapter 13 bankruptcy?  If yes, when did it begin?  If yes, when will it be paid out?  If yes, how much is the payment?	Yes	No	Yes	No
Have you had a Chapter 7 bankruptcy?  If yes, when was it discharged?	Yes	No	Yes	No
LIQUID FUNDS/SAVINGS/INVESTMENTS Please list the approximate value of the following:	-m 7 = [] m 2 = .	1 = 34	Please Pr	int Clearly
	CUSTOMER	1	CO-AP.	PLICANT
Checking account (Name of Bank)				
Savings account (Name of Bank)				
Cash				
CDs				
Securities (stocks, bonds, etc.)				
Retirement account				
Other Liquid Funds				
Are you about to receive additional funds (e.g., tax refu	nds, property sales, etc.):	? (circle)	-	Yes No

If yes, how much? \$\_\_\_\_

SERVICES REQUESTING			Check All Th	at Apply	4
Y .	CUSTOMER		CO-APP	LICANT	
Financial Management/Budgeting					
Credit Repair					
First Time Homebuyers Education					
Post-Purchase					
Mortgage Delinquency and Default Counseling					
Other (Please be specific)					
ADDITIONAL INFORMATION	Towns of the Mark Am			lame vell (=== n	ilė ir s
	CUST	OMER	CO-AP	PLICANT	
Have you owned a home in the last three (3) years?	Yes	No	Yes	No	
Are you a Veteran?	Yes	No	Yes	No	
Are you active in the military?	Yes	No	Yes	No	
Do you have a contract on a house at this time?	Yes	No			
Are you currently working with a real-estate agent?	Yes	No			
Most convenient time for an individual appointment?	AM	-	PM		
AUTHORIZATION		0.820		uren en	
I authorize the Housing Counseling Agency to:					
(a) Pull my/our credit report to review my/our credit report;	redit file for housing cou	nseling in	connection with r	ny pursuit on	a loan
(b) Pull my/our credit report and review my/our	credit file for informatio	nal inquir	y purposes; and		
(c) Obtain a copy of the HUD-1 Settlement State the lender who made me/us a loan and/or the	ement, Appraisal, and Retitle company that close	eal Estate loan	Note(s) when I pu	rchase a home	, from
(d) Share my information with HUD if requested	l for Agency performanc	e reviews	to ensure program	n compliance.	
I/We understand that any intentional or negligent representation(s) the provisions of Title 18, United States Code, Section 1001.	of the information contained on th	nis form may	result in civil liability and	t/or criminal liabili	ty under
Customer			Date		
Co-Applicant			Date		

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DOUGLAS G. DZEMA, P.H.M. Executive Director

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.

I have read and received a copy of this disclosure	
Customer's Signature	Date
Co-Applicant's Signature	Date
This disclosure was conveyed verbally via a virtual/telephonic session:	
Agency Representative Signature:	Date:

\*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**

I,	hereby authorize the Housing Authority	of Perth Amboy to ob	tain information including
but not limited to records, reports, and correspondent replications, fax, or copy form of same.	ondence. This release is made knowingl	y and voluntarily and	may be accepted upon
My consent to release this information shall exp	ire 180 days from the date of my signat	ure indicated below.	
Release of Information To Obtain From:			
	Print Name of Agency		
I am aware and understand what is indicated o Perth Amboy to request the following information	n the release and I authorize use or disc	losure for the Housing	g Authority of the City of
Education, Training or Trade Schools (transcripts, enrollment, attendance, tuition fees)	Employment and Retention follow-up.	Le	gal Status
Credit Bureaus and Collection Entities	Homeownership Parties Banks, Realtor Attorney, Title companies)	We	elfare
Medical (Referrals from education or	Housing Authorities	HUD	Other:
Housing Authority Representative:			
Name:	Title:		
Telephone:			
He	ousing Authority of the City of Perth Amb 881 Amboy Avenue PO Box 390 Perth Amboy, NJ 08862	ooy	
Print Name	Signature	Date	

Patriary from
Revised 8/13/20
saved 1/homeownership/retrica form

# **REGISTRY CHECK**

TO: Registry-Fax: 1-800-866-7344

FROM: The Housing Authority of City of Perth Amboy

Fax: (732) 826-3111 Account # N4796

V	Ve are requesting the	following reports
Registry check (Housin	g Search)	_ TRW Credit Report
Transunion Credit Rep	ort	_ CBI/Equifax Credit Rep
Wanted Fugitive Chec	ck	_Credit Gram
Criminal Check		_Social Search
Please fill in required informa	ition. Read all terms o	
Landlord's Name: Housin	ng Authority of the Ci	ty of Perth Amboy
Applicant's Name:	S	
Social Security #		DOB
Present Address:		
Previous Address:		
Driver's License #		
deems desirable in the procesactions, rental history, emplorelevant information. I also reliability for any damage what:	ssing of my application  yment/salary details,  elease The Housing Ale  soever incurred in function  claim for damages by	ty of Perth Amboy to obtain information it on including: credit reports, civil or criminal police and vehicle records and any other uthority, its employees and agents from all mishing or obtaining such information. The reason of non-acceptance of this application, ct.
Signature:		
Print Name:		DATE:

U.S. Department of Housing and Urban Development Federal Housing Administration (FHA)



OMB Approval No: 2502-0538

# For Your Protection: Get a Home Inspection

# You must make a choice on getting a Home Inspection. It is not done automatically.

You have the right to examine carefully your potential new home with a professional home inspector. But a home inspection is not required by law, and will occur only if you ask for one and make the arrangements. You may schedule the inspection for before or after signing your contract. You may be able to negotiate with the seller to make the contract contingent on the results of the inspection. For this reason, it is usually in your best interest to conduct your home inspection as soon as possible if you want one. In a home inspection, a professional home inspector takes an in-depth, unbiased look at your potential new home to:

- ✓ Evaluate the physical condition: structure, construction, and mechanical systems;
- ✓ Identify items that need to be repaired and
- ✓ Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

# The Appraisal is NOT a Home Inspection and does not replace an inspection.

An appraisal estimates the market value of the home to protect the lender. An appraisal does not examine or evaluate the condition of the home to protect the homebuyer. An appraisal only makes sure that that the home meets FHA and/or your lender's minimum property standards. A home inspection provides much more detail.

# FHA and Lenders may not Guarantee the Condition of your Potential New Home

If you find problems with your new home after closing, neither FHA nor your lender may give or lend you money for repairs. Additionally, neither FHA nor your lender may buy the home back from you. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

# Your Home Inspector may test for Radon, Health/Safety, and Energy Efficiency

EPA, HUD and DOE recommend that houses be tested and inspected for radon, health and safety, and energy efficiency, respectively. Specific tests are available to you. You may ask about tests with your home inspector, in addition to the structural and mechanical systems inspection. For more information: Radon -- call 1-800-SOS-Radon; Health and Safety – see the HUD Healthy Homes Program at www.HUD.gov; Energy Efficiency -- see the DOE EnergyStar Program at www.energystar.gov.

# **Selecting a Trained Professional Home Inspector**

Seek referrals from friends, neighbors, other buyers, realtors, as well as local listings from licensing authorities and local advertisements. In addition, consult the American Society of Home Inspectors (ASHI) on the web at: <a href="https://www.ashi.org">www.ashi.org</a> or by telephone at: 1-800-743-2744.

possible. The appraisal is not a hom inspection will be done only if I/we a	e inspection. I/we will make sk for one and schedule it.`	f I/we wish to get a home inspection, it is best one a voluntary choice whether to get a home inspection a home inspection and safety tests can be included in the home inspection.	ection. A home n and neither FHA nor
	1 1		
(Signed) Homebuyer	Date	(Signed) Homebuyer	Date

Public reporting burden for this collection is estimated at an average of 30 minutes to review the instructions, find the information, and complete this form. This agency cannot conduct or sponsor a collection of information unless a valid OMB number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB numbers can be located on the OMB Internet page at http://www.whilehouse.gov/library/omb/OMBINVC.html - HUD If desired you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



# TEN IMPORTANT QUESTIONS TO ASK YOUR HOME INSPECTOR

#### 1. What does your inspection cover?

The inspector should ensure that their inspection and inspection report will meet all applicable requirements in your state if applicable and will comply with a well-recognized standard of practice and code of ethics. You should be able to request and see a copy of these items ahead of time and ask any questions you may have. If there are any areas you want to make sure are inspected, be sure to identify them upfront.

# 2. How long have you been practicing in the home inspection profession and how many inspections have you completed?

The inspector should be able to provide his or her history in the profession and perhaps even a few names as referrals. Newer inspectors can be very qualified, and many work with a partner or have access to more experienced inspectors to assist them in the inspection.

## 3. Are you specifically experienced in residential inspection?

Related experience in construction or engineering is helpful, but is no substitute for training and experience in the unique discipline of home inspection. If the inspection is for a commercial property, then this should be asked about as well.

#### 4. Do you offer to do repairs or improvements based on the inspection?

Some inspector associations and state regulations allow the inspector to perform repair work on problems uncovered in the inspection. Other associations and regulations strictly forbid this as a conflict of interest.

### 5. How long will the inspection take?

The average on-site inspection time for a single inspector is two to three hours for a typical single-family house; anything significantly less may not be enough time to perform a thorough inspection. Additional inspectors may be brought in for very large properties and buildings.

#### 6. How much will it cost?

Costs vary dramatically, depending on the region, size and age of the house, scope of services and other factors. A typical range might be \$300-\$500, but consider the value of the home inspection in terms of the investment being made. Cost does not necessarily reflect quality. HUD Does not regulate home inspection fees.

#### 7. What type of inspection report do you provide and how long will it take to receive the report?

Ask to see samples and determine whether or not you can understand the inspector's reporting style and if the time parameters fulfill your needs. Most inspectors provide their full report within 24 hours of the inspection.

#### 8. Will I be able to attend the inspection?

This is a valuable educational opportunity, and an inspector's refusal to allow this should raise a red flag. Never pass up this opportunity to see your prospective home through the eyes of an expert.

#### 9. Do you maintain membership in a professional home inspector association?

There are many state and national associations for home inspectors. Request to see their membership ID, and perform whatever due diligence you deem appropriate.

## 10. Do you participate in continuing education programs to keep your expertise up to date?



## Perth Amboy Housing Authority Fee Schedule

It is the policy of the Housing Authority of the City of Perth Amboy to follow the fee schedule listed below for participation in our homeownership counseling and training classes as follows:

Service Provided	Households Earning Below 51% HUD Median Income	Households Earning Above 50% of HUD Median Income
Pre-Purchase Initial Meeting	Free	Free
Pre-Purchase one-on-one Counseling	Free	Free
First Time Home Buyer Group Education Workshop	*\$50 individual *\$60 per couple	\$50
Post-Purchase Group Education Workshop	Free	Free
Money Management/Financial Literacy Group Education	Free	Free

Customers' experiencing financial difficulty or a hardship can complete a fee waiver and submit it to the Program Director for consideration.

The Housing Authority of the City of Perth Amboy provides housing counseling services to <u>all</u> individuals. We do not discriminate based on disability, race, color, national origin, religion, sex, and familial status. Disabled persons seeking assistance can contact our office if they need assistance completing an application. We look forward to helping you accomplish your goals!



<sup>\*</sup>The fee is waived for current section 8 participants.

# **BUDGET FORM**

Name:		
Round all figures to nearest whole do	ollar.	
INCOME: Take Home Income per month:		
First Job	25	\$
Second Job		\$
Co Borrower-First Job		\$
Co-Borrower-Second Job		\$
Other Income		\$
Total Net Income for EXPENSES:  I. Rent (or mortgage)  Housing Payments p		\$ \$
Utilities:	Estimates	
• Phone	\$	
<ul> <li>Cable TV</li> </ul>	\$	
• Heat (average over 12 months)	\$	
• Electric	\$	
<ul> <li>Water &amp; Sewer</li> </ul>	\$	
• Internet	\$	
• Other		
• Other	\$	
	Total Utilities:	\$
II. Food and Related Expenses		
<ul> <li>Grocery Store per month</li> </ul>	\$	
<ul> <li>Personal Items</li> </ul>	\$	
Other	\$	
(Do not include food, lunches, etc. that are a part of your Daily Diary)		
that are a part of your barry binny)	Total Food Expenses	\$

III.	Transportation	Estimates	
	• Car insurance (if annual, divide by 12)	\$	
	• Excise tax (if annual, divide by12)	\$	
	Car maintenance (estimate monthly cost		
	Public Transportation	\$	
	• Other	\$	
	• Other	\$	
	Total Transportation	on Expenses	\$
IV.	Child Care		
	<ul> <li>Day care/baby sitting</li> </ul>	\$	
	• Child Support	\$	
	<ul> <li>After-school programs</li> </ul>	\$	
	• Other	\$	
	Total Child Care E.	xpense:	\$
v.	Clothing	Monthly estimat	e
	<ul> <li>New clothing/shoes/uniforms (include latified a type with the state of the state of</li></ul>	cids) y the number of months yo	\$u buy it)
	Total Clothing Exp		\$
VI.	Medical/Health		
¥ 1.	If your medical/dental insurance already	comes out of your p	aycheck, do not
cour	nt that amount here. Use following lines for r	egular and recurring e	xpenses.
	<ul> <li>Medical insurance (if paid separately)</li> <li>Doctor</li> <li>Medical co-payments</li> </ul>	\$ \$ \$	
	*(multiply # of times you visit by your co pay ar  • Dentist	nount and divide by 12)	
	Medication	\$	
	Life Insurance	\$	
	<ul> <li>Disability/accident insurance</li> </ul>	\$	
	• Other	\$	
	Total Medical Expenses:	\$	

VII	Education		Estimates	
	• Tuition		\$	
	<ul> <li>Book purchases</li> </ul>		\$	
	<ul> <li>School supplies: (if you buy</li> </ul>	2)\$		
	Total Education Expenses:			\$
				,
VII	[. Installment Loans			
, ,,,,		Balance	Monthly Payr	nent
	• Car loans	\$	\$	
	Student loans(if actually paying	\$	\$	
	Personal loans	\$	\$	
	Credit union loans	\$	\$	
	• Layaway	\$	\$	
	• Furniture	\$	\$	
	• Other	\$	\$	
	• Other	Ψ	T.	•
(Note: If your car payment is being wage deducted, do not include. If you'll need another of make allowances for it.)				
IX.	Credit Cards	Payment	Payment Yo	n Make
		Required:	1 ayındır 10	
	Master Card	\$	\$	
	• Visa	\$	\$	-
	Discover Card	\$ \$	\$	_
	• Store Cards	\$ \$	\$	<del></del> -
	• Gas Cards	\$	\$	=-7
	Consumer Credit Counseling	Ψ ng\$	\$	<del></del>
	Consumer Credit Counsem	Ψ	_	
	Total	Credit Card Paymen	ts:	\$
X.	Other			<del>5</del>
28.	List any monthly payments	that do not fir into the	above categor	ries.
	(Cell phone, hair, nails, hairci	ats, internet, gym, prepai	d legal, old deb	t, etc.)
	Estimates			
	• Othor		\$	
	• Other:			
	• Other:		\$	=
				\$
***	DAT 411 XX7 11 *	and Monarco		Ψ
XI.	Monthly Walking Arou		\$	
	Total from Daily Expense Di	агу:	Φ	

XII. Yearly Expenses Include here any yearly expe	nses that were not ac		
<ul> <li>Vacations</li> </ul>		\$	5
<ul> <li>Gifts to Family</li> </ul>		\$	2
<ul> <li>Organizational Dues</li> </ul>		\$	
• Other		\$	
• Other		\$	ž
	Total	\$	5
	Total Per M	Ionth: \$	
Total Expenses for the Some of items I through XII	Month:	\$	
C	Total Net Income	\$	
	Available Saving	gs ( \$	
Name:			
Signature:		Date:	
Counselors' Name:			e
Signature:		Date:	