



**JOSEPH CORPORATION**  
Building Better Communities

## **HOMEBUYER SERVICES**

# **2017**

*Lender Preferred Housing Counseling Agency*

### **MAIN OFFICE**

JOSEPH CORPORATION  
32 South Broadway  
Aurora, Illinois 60505  
(630) 906-9400

### **SATELLITE OFFICE**

EVERLASTING WORD CHURCH  
22 North Highland Avenue  
Aurora, Illinois 60506  
(630) 906-1392  
(call for office hours)

**[www.josephcorporation.org](http://www.josephcorporation.org)**

## COUNSELING PACKET

Attached in this packet, are all the necessary forms for Joseph Corporation's COUNSELING SERVICES. Please be sure to complete ALL forms and answer ALL questions.

In addition to the packet, you will need UNSTAPLED SINGLE-SIDED COPIES of the additional documentation required that is listed below. The packet and the documentation can be dropped off at the office address listed below **Monday – Friday from 9:00 am to 4:30 pm**. Those copies will become part of your case file to assist us in preparing an Action Plan with you.

- a) Paystubs for the last 2 months for ALL household members. This also includes proof of ANY income (a copy of the most recent award letter) for persons receiving any type of unemployment compensation, disability payments, retirement pension or social security payments, public aid or food stamps. A Profit & Loss statement for the last SIX (6) months will be needed if self employed.
- b) The last 2 years worth of Income Tax Returns, including the W-2 forms, for all members of the household. The W-2 Forms and the Income Tax Returns are TWO separate forms, and both must be submitted. This includes forms submitted for businesses and self-employment. If there are no tax forms submitted, a valid IRS form 4506-T (Request for Transcript of Tax Return) must be submitted. This form can be picked up at the front desk.
- c) The last 3 months bank statements for ALL household members. This would also include any credit union statements and business accounts. ALL PAGES
- d) Copies of statements for credit cards, gas cards, bank cards, car loans, furniture loans, installment loans, student loans, monthly utility bills, wage garnishments and all bankruptcy documents. **IF APPLICABLE** – bring recent mortgage statements, divorce decree and your hardship letter.
- e) You may provide Joseph Corporation with a printed copy of your free credit report from [annualcreditreport.com](http://annualcreditreport.com) OR you can receive a copy of your credit report from Joseph Corporation for a \$25.00 non-refundable fee.

***NO APPOINTMENTS WILL BE MADE FOR COUNSELING WITHOUT A COMPLETE PACKET THAT INCLUDES THE ABOVE DOCUMENTS. PARTIAL PACKETS WILL NOT BE ACCEPTED!***

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## **HOUSING COUNSELING SERVICES DISCLOSURE**

***Purpose of Pre-Purchase Housing Counseling.*** I/We understand that the purpose of the housing counseling service is to provide one-on-one counseling to help Clients address those problems that prevent affordable mortgage financing. I/we understand as a client I/we am/are required to first attend a workshop in person or online that explains the pre-purchasing process, importance of home inspections, and loan options. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

- ***Mortgage Financing Assistance.*** Upon completion of the housing counseling service, I/we understand that the counselor will help to identify those loan programs that best meet my/our needs and choose a lender that is right for me/us. Upon completion of the service, and with my/our permission, my/our Client information will be transferred to my/our selected lender. I/We understand that the counselor will monitor my/our loan progress to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive mortgage financing from the chosen lender.

***Purpose of Mortgage Delinquency and Default Resolution Counseling.***

I/We understand this housing counseling allows me to work with a housing counselor and determine what mortgage solutions may be available to me/us. I/We understand as a client I am required to first attend a workshop in person or online that explains all foreclosure options and the timelines for the State of Illinois. At my/our one-on-one meeting with a counselor, I/We will discuss my/our personal situation(s). The counselor will review my/our employment, income, debt, and any current issues to help create a budget and action plan. The counselor will work with me/us to create and submit a workout solution to the lender/servicer and provide follow up and negotiations as necessary. The counselor will review the terms of the resolution with me/us and after I/we have been informed I/we will determine the course of action for myself/ourselves.

***Purpose of Home Improvement and Rehabilitation Counseling.***

I/We understand this housing counseling allows me to work with a housing counselor and determine what mortgage assists, refinancing, and/or rehab products may be available to me. I/We understand as a client I/we am required to first attend a workshop that explains all post-purchase issues. At my/our one-on-one meeting with a counselor to discuss my/our personal situation(s), the counselor will review my/our employment, income, debt, housing needs and any current issues to help create a budget and action plan. I/We will be made aware of other resources available to help with home repairs and other possible financial assistance programs for homeowners. If necessary, I/we may be referred to other agencies for services. Budgeting for the costs of home maintenance, home insurance, city ordinances, and foreclosure prevention are discussed and the counselor will provide information on grants and or loan products as necessary. The counselor also provides information on avoiding scams that may cause the me/us to lose my/our home.

***Purpose of Financial Management/Budget Counseling.***

I/we understand that as a client I/we will be required to attend a workshop that provides an overview on various topics: Personal Spending Plan, Savings - Creating and Maintaining, Personal Goal Setting, Borrowing Basics, Understanding and Establishing, Credit, Checking, Savings, Debit and Credit Cards, Homeownership vs. Renting, Investing, Insurance, and Asset Management. At my/our one-on-one meeting financial topics and resources will be provided to help me/us prepare to become economically self-sufficient. I/we will discuss long/short-term financial

stability, how I/we can reach my/our financial goals and build long-term wealth for myself/ourselves and my/our family. I/We will help develop an action plan, listing required steps, assign who is responsible for completing each step, and completion due dates. The action plan is signed by me/us and the counselor and I am given a copy for my records.

**Eligible Criteria.** I/We understand that the counseling agency provides housing counseling assistance to Clients whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I will be referred to a long-term housing counseling service.

**Client's Responsibility.** I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing THREE (3) consecutive appointments OR non-communication with the counselor within a NINETY (90) day period.

**MY PERSONAL INFORMATION AND COUNSELING SERVICES:**

By signing this form I agree to share my personal, financial, and other private information. Signing this form also allows lenders and Joseph Corporation to discuss my accounts, credit, and finances, and to share my nonpublic personal information, described in the Privacy Policy provided with this authorization.

I understand that funders provide grants to make the counseling services possible, and that Joseph Corporation shares my information with these funders. These funders review Joseph Corporation files, including my file, and may contact me to evaluate the counseling services that I receive.

I authorize my Counselor and Joseph Corporation to negotiate for me. The counseling services are offered free of charge, and neither the Counselor nor Joseph Corporation guarantees any result or outcome. I may be referred to other housing agencies for their services. I am not obligated to accept services or products from Joseph Corporation, its partners, or any organization I am referred to.

I understand that my Counselor cannot offer me legal or other professional advice or representation. If I need legal or other professional services I can ask my Counselor for information about referral services.

**COUNSELING SERVICES CHECKLIST**

**Client must initial all items that are applicable**

I have been verbally advised of the fee schedule, if any, prior to services being provided. \_\_\_\_\_

I understand that the counselor will discuss my budget with me and I will receive a copy of my Budget. \_\_\_\_\_

I understand that the counselor will discuss my Action Plan with me and I will receive a copy of my Action Plan. \_\_\_\_\_

I understand the counselor will explain the next steps needed to reach my financial goal to my satisfaction. \_\_\_\_\_

Homebuyer Counseling	_____	Homebuyer Education	_____
Homeowner Counseling	_____	Homeowner Education	_____
Delinquency and Default Counseling	_____	Delinquency and Default Education	_____
Reverse Mortgage Counseling	_____	Fair Housing Education	_____
Tenant Counseling	_____	Homelessness and Displacement Counseling	_____

I want to buy a home in the next six (6) \_\_\_\_\_ months \_\_\_\_\_ OR \_\_\_\_\_ I want to buy a home, but not in the next six (6) \_\_\_\_\_ months \_\_\_\_\_

Other programs, services, or products: \_\_\_\_\_

**For Pre-Purchase Clients only:**

I have received the HUD forms: “Ten Important Questions to Ask Your Home Inspector” & “For Your Protection: Get a Home Inspection” \_\_\_\_\_

**PRIVACY POLICY**

Joseph Corporation respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with our legal and ethical obligations to you taken into consideration. We will not sell your personal information and we only share it to provide you with counseling services.

Your “nonpublic personal information” (including total debt information, income, living expenses, and personal information concerning your financial circumstances) will be shared with creditors, funders, and others only after you sign the Counseling Services Authorization. We may also collect, use, and share anonymous aggregated case file information to evaluate our services, to gather valuable research information, and to design future programs.

**TYPES OF INFORMATION THAT WE GATHER ABOUT YOU:**

- Spoken or written information on applications and other documents, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

**YOU MAY OPT-OUT IF YOU DO NOT WANT US TO SHARE YOUR INFORMATION:**

- You may "opt-out" to prevent the disclosure of your nonpublic personal information to third parties (such as your creditors).
- If you opt-out we cannot share your nonpublic information and we cannot answer questions from your creditors. We need to share your information to provide you with most services.
- You may opt-out at any time by calling Joseph Corporation.

**HOW WE USE YOUR INFORMATION:**

- If you do not opt-out we may share information that we collect about you with your creditors or others if we think it would be helpful to you, would help us counsel you, or when required by funders that make our services possible.
- We may share information about you to anyone as permitted or as required by law (e.g., if a Court requires us to provide it with documents).
- Within our organization, we restrict access to your information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your information as required by federal and state law.

## CLIENT CONFLICT OF INTEREST DISCLOSURE

**Agency Conduct:** No Joseph Corporation employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

**Agency Relationships, Alternative Services, Programs, and Products & Client Freedom of Choice:** From time to time, Joseph Corporation makes Clients aware of products and/or services that we believe offer good value. These products and/or services might be available directly from Joseph Corporation, from lenders, developers, or other agencies with which Joseph Corporation has a working relationship. You are under no obligation to use the products and/or services identified by Joseph Corporation, whether from us or from industry partners. Please understand that you are free to choose any lender, lending/financing product or property, from any entity, regardless of the recommendations made by the Joseph Corporation representative, and still participate in our counseling program. It is your right and responsibility to decide whether to engage in any course of counseling with Joseph Corporation, and to determine whether the counseling is suitable for you. The individualized action plan and direction of our counseling sessions will be based on the case management plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling sessions. Additionally, you are under no obligation to obtain a mortgage or purchase a home and have the option to terminate the counseling program at any time for any reason.

**List of current partners and supporters of Joseph Corporation:** Associated Bank, Bank of America, BBMC Mortgage, BMO Harris Bank, City of Aurora, Dunham Foundation, Emmanuel House, Everlasting Word Church, First Midwest Bank, IHDA, First National Bank, Two Rivers Head Start Agency-Kane County, Kane County 16<sup>th</sup> Judicial Court, Diamond Residential Mortgage Corp, Guaranteed Rate, Leader One Financial Corporation, NeighborWorks America®, Quad County Urban Leagues, United Way, Kane County Riverboat Fund.

**Errors and Omissions and Disclaimer of Liability:** I/we agree Joseph Corporation, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in Joseph Corporation's counseling; and I hereby release and waive all claims of action against Joseph Corporation and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

**Quality Assurance:** In order to assess client satisfaction and in compliance with grant funding requirements, Joseph Corporation, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Joseph Corporation grantors such as HUD, NeighborWorks America, United Way, etc.

### Client Authorization:

By signing below I authorize my employers, lenders, creditors, servicers, and others to share personal and financial information with my Counselor and Joseph Corporation. I authorize my Counselor and Joseph Corporation to collect information about my accounts and to share this information with others, including funders, as needed to

provide counseling services, to seek assistance from programs, or for related products and services. I authorize funders to contact me to evaluate programs that I participate in.

I/We have reviewed the above and accept and agree to the above stated Conflict of Interest and Disclosure Policy. Every Client is required to sign this statement, indicating they have read and understand its contents.

I/We, \_\_\_\_\_ and \_\_\_\_\_, certify that I/we have read and understand the above statement. Any questions I/we may have had were previously discussed with my/our counselor and answered to my/our satisfaction. I/We have been provided with a copy of this disclosure statement.

\_\_\_\_\_  
Client Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

THIS SECTION INTENTIONALLY LEFT BLANK

## PERSONAL SPENDING PLAN

### A. MONTHLY INCOME (NET)

\*Full-time Employment #1: \$ \_\_\_\_\_  
 \*\*Full-time Employment #2: \$ \_\_\_\_\_  
 \*Part-time Employment #1: \$ \_\_\_\_\_  
 \*\*Part-time Employment #2: \$ \_\_\_\_\_  
 Unemployment Benefits: \$ \_\_\_\_\_  
 Social Security Benefits: \$ \_\_\_\_\_  
 Disability Benefits: \$ \_\_\_\_\_  
 Retirement Benefits: \$ \_\_\_\_\_  
 T.A.N.F.: \$ \_\_\_\_\_  
 General Assistance: \$ \_\_\_\_\_  
 Alimony / Child Support: \$ \_\_\_\_\_  
 Gifts / Contributions: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME: \$ \_\_\_\_\_**

### B. HOUSING EXPENSES

Rent/Mortgage: \$ \_\_\_\_\_ / \_\_\_\_\_  
 2nd Mortgage / HOA \$ \_\_\_\_\_ / \_\_\_\_\_

### UTILITIES

Light: \$ \_\_\_\_\_  
 Gas: \$ \_\_\_\_\_  
 Water: \$ \_\_\_\_\_  
 Garbage: \$ \_\_\_\_\_  
 Phone/Internet/Cable: \$ \_\_\_\_\_  
 Cell Phone: \$ \_\_\_\_\_  
 Groceries: \$ \_\_\_\_\_

### TRANSPORTATION

Tolls, Buses, Trains: \$ \_\_\_\_\_  
 Gasoline: \$ \_\_\_\_\_  
 Car Repairs/Maint. \$ \_\_\_\_\_

### INSURANCE

Auto Insurance: \$ \_\_\_\_\_  
 Medical/Dental: \$ \_\_\_\_\_  
 Life: \$ \_\_\_\_\_  
 Home: \$ \_\_\_\_\_  
 Child/Dependent Care: \$ \_\_\_\_\_  
 Alimony/Child Support: \$ \_\_\_\_\_  
 Medical Expenses (non-insured): \$ \_\_\_\_\_  
 Clothing/Dry Cleaning \$ \_\_\_\_\_  
 Home Repairs/Maintenance: \$ \_\_\_\_\_  
 Personal/Grooming: \$ \_\_\_\_\_  
 Entertainment: \$ \_\_\_\_\_  
 Health Club: \$ \_\_\_\_\_  
 Church: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_**

### C. LONG TERM DEBTS

CREDITOR	MONTHLY PAYMENTS	BALANCE DUE
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

### D. SUMMARY OF FINANCIAL CONDITION

Total Monthly Income: \$ \_\_\_\_\_  
 Total Monthly Expenses: \$ \_\_\_\_\_  
 Total Long-Term Debt: \$ \_\_\_\_\_  
 Surplus (Deficit) Total: \$ \_\_\_\_\_

### E. SAVINGS

Savings Balance: \$ \_\_\_\_\_  
 Amount Saved This Month: \$ \_\_\_\_\_  
 Total Amount Saved: \$ \_\_\_\_\_

\_\_\_\_\_  
 Client Signature  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Client Signature  
 \_\_\_\_\_  
 Date

\* - Client

\*\* - Co-Client



**ACTION PLAN**

Name: \_\_\_\_\_ File #: \_\_\_\_\_

Goal: \_\_\_\_\_

**Obstacle**

Documentation                       Debt Repayment                       Money Management  
 Prepurchase Related: \_\_\_\_\_                       Credit Issue(s)  
 Savings                                       Mortgage Foreclosure  
 Other: \_\_\_\_\_

Counselor's recommended strategy: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Financial Snapshot**

Recent Credit Score(s) .....	_____
Current Savings .....	\$ _____
Total Gross Monthly Income .....	\$ _____
Monthly Mortgage/Rent (please circle) .....	\$ _____
Net Monthly Income .....	\$ _____
Total Monthly Living Expense .....	\$ _____
Monthly Debt Obligations .....	\$ _____
Discretionary Income Left Over .....	\$ _____

**Income Source Summary**

Full Time Employ  
 Part Time Employ  
 Self Employment  
 Child Support  
 Spouse/Partner Employ  
 Other

**Assets**

Gift Letter  
 Tax Refund  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Housing Options/Preference**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Action/Tasks**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Mortgage/Rent**    Current    30-60 days    60-90 days    120 + days  
**Next Appointment** \_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Counselor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**FAMILY HOUSEHOLD SIZE:** \_\_\_\_\_

**HOW MANY DEPENDENTS** (other than those listed by any co-Client) \_\_\_\_\_

**WHAT AGES ARE THEY** \_\_\_\_\_

**ARE THERE NON-DEPENDENTS WHO WILL BE LIVING IN THE HOME?** \_\_\_Yes \_\_\_No

*(If yes please list below)*

_____	_____	_____	_____
Relationship	Age	Relationship	Age
_____	_____	_____	_____
Relationship	Age	Relationship	Age

**ANNUAL FAMILY OR HOUSEHOLD INCOME:** \$ \_\_\_\_\_

**EDUCATION**

_____ Below High School Diploma	_____ High School Diploma or Equivalent
_____ Two-Year College	_____ Bachelor's Degree
_____ Master's Degree	_____ Above Master's Degree

**REFERRED TO BY**

_____ Print Advertisement	_____ <b>Bank*</b>	_____ Government	_____ TV	_____ Realtor
_____ Staff/Board Member	_____ Walk-In	_____ Friend	_____ Newspaper Article	

**\*Which bank referred you?** \_\_\_\_\_

**If referred by another source not listed above – please list here**

\_\_\_\_\_

\_\_\_\_\_

When would you like to purchase a home?

\_\_\_\_\_ Less than 6 months    \_\_\_\_\_ 6-12 months    \_\_\_\_\_ Over 1 year

Do you have a sales contract? \_\_\_\_\_ YES    \_\_\_\_\_ NO

What are your major concerns about buying a home? (Check all that apply)

- ( ) Saving money for down payment and closing costs
- ( ) Clearing up credit problems
- ( ) Reducing my current debt
- ( ) Finding a home I like in my price range
- ( ) Being able to afford the monthly payments
- ( ) Different financing options
- ( ) Knowing what I can afford
- ( ) How to coordinate a purchase/rehab deal



**CLIENT EMPLOYMENT (Last 2 Years)**

*Please Print Clearly*

PRIMARY EMPLOYER: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time

Gross Income (before taxes): \_\_\_\_\_

Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly

SECONDARY EMPLOYER: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time

Gross Income (before taxes): \_\_\_\_\_

Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly

***Continue listing previous employers on a separate sheet of paper***

**CO-CLIENT EMPLOYMENT (Last 2 Years)**

*Please Print Clearly*

PRIMARY EMPLOYER: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time

Gross Income (before taxes): \_\_\_\_\_

Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly

SECONDARY EMPLOYER: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time

Gross Income (before taxes): \_\_\_\_\_

Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly

***Continue listing previous employers on a separate sheet of paper***

**LIABILITIES/DEBT**

*Please Print Clearly*

	<b>CLIENT</b>	<b>CO-CLIENT</b>
Are you currently in Chapter 13 bankruptcy?	___ Yes ___ No	___ Yes ___ No
If yes, when did it begin?	___/___/___	___/___/___
If yes, when will it be paid out?	___/___/___	___/___/___
If yes, how much is the payment?	\$ _____	\$ _____
Have you had a Chapter 7 bankruptcy?	___ Yes ___ No	___ Yes ___ No
If yes, when was it discharged?	___/___/___	___/___/___

**LIQUID FUNDS/SAVINGS/INVESTMENTS**

*Please Print Clearly*

Please list the approximate value of the following:

	<b>CLIENT</b>	<b>CO-CLIENT</b>
Checking account	\$ _____	\$ _____
Savings account	\$ _____	\$ _____
Cash	\$ _____	\$ _____
CDs	\$ _____	\$ _____
Securities (stocks, bonds, etc.)	\$ _____	\$ _____
Retirement account	\$ _____	\$ _____
Other Liquid Funds	\$ _____	\$ _____

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? \_\_\_ Yes \_\_\_ No  
 If yes, how much? \$ \_\_\_\_\_

THIS SECTION INTENTIONALLY LEFT BLANK

**AUTHORIZATION**

I/We understand that this is not an application for a loan. I/We affirm that all the answers given in this form are true and correct, and are for the purpose of determining affordability. You have my/our permission to consult with any person, firm or corporation to verify the accuracy of my statements. I understand that all such information will be held in the strictest confidence.

I/We authorize Joseph Corporation of Illinois, Inc. to order a Consumer Credit Report to verify credit information and/or to review the credit report I/we provided. The information obtained is only to be used to assist in determining affordability.

I/We will provide a copy of my/our 1003 (loan application), Loan Cost Estimate, and Real Estate Contract to review and determine/confirm affordability.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001 and will end all counseling services and/or relationship with our agency.

\_\_\_\_\_  
Client Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

**NOTES**

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**FOR INTERNAL USE ONLY**

Notes/Comments:

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Intake Specialist: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Counselor: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

## **MEDIA RELEASE STATEMENT**

JOSEPH CORPORATION OF ILLINOIS, INC. (“JoCo”) periodically uses electronic and traditional media (e.g., photographs, video, audio, testimonials) for publicity, educational, or advertising purposes. By my signature on this form, I acknowledge receipt of this document and give permission to JoCo and its agents to use such reproductions of my person in any and all forms of media for educational, publicity, or advertising purposes in perpetuity without further consideration from me. I understand that this release is a limited release of any confidentiality rights I may have with JoCo and the Privacy Act.

I/We \_\_\_\_\_ and \_\_\_\_\_, hereby waive any right to inspect or approve the finished photographs, printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I/we waive any right to royalties or other compensation arising from or related to the use of the photograph.

I/We understand that I/we will need to notify JoCo if any changes to my/our situation occur that will impact this media release permission.

**I/We have read the above Media Release Statement and am/are aware of its contents.**

Client \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Co-Client \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Signature of Parent **OR** Guardian (if under 18 years of age) - I am the legal guardian of the minor named above and hereby agree that we will be bound by this release.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_