

ASSET BUILDING ENROLLMENT PACKET

One-on-One Counseling

Please provide copies* of the following documents:

- Current driver's license or other proof of identification
- Two months of your most current pay stubs
- Most recent checking and savings account statements
- Previous year's federal tax return and W2s
- Proof of other forms of income, such as: child support, alimony, social security, or disability benefits

If applicable:

- Documentation regarding any bankruptcies within the last two years
- If self-employed, current year-to-date cash flow/profit and loss statements

For Small Business Development Services (if available):

- Most recent year's business tax returns
- Two months recent business checking and savings account statements
- Current business plan

**** Do not bring original documents; documents will not be returned.***

Without the necessary documentation we will be unable to properly evaluate your financial situation and may need to reschedule the appointment.

www.nedcocdc.org

If you have any questions please contact the NEDCO office nearest to you:

Lane County

541-345-7106
888-345-7106
Fax: 541-345-9584
212 Main Street
Springfield, OR 97477

Mid-Willamette Valley

503-779-2680
877-320-1479
Fax: 503-779-2682
2700 Market Street NE, Suite 101
Salem, OR 97301

Clackamas County

503-655-8974
Fax: 503-303-4763
421 High Street, Suite 110
Oregon City, OR 97045

It is the policy of NEDCO to affirmatively implement programs to ensure equal opportunity in housing for all persons regardless of race, color, religion, gender, sexual orientation, handicap, familial status or national origin.

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| | | | |
|--|---------------|--|---------------|
| APPLICANT | | CO-APPLICANT | |
| Name | | Name | |
| Social Security Number | Date of Birth | Social Security Number | Date of Birth |
| Home Phone/Cell Phone | Work Phone | Home Phone/Cell Phone | Work Phone |
| Email Address | | Email Address | |
| Present Address (Street - City – State - Zip) | | | |
| Family Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Female head of household <input type="checkbox"/> Male head of household | | | |
| FAMILY INFORMATION Total number of people in your household? _____ Annual household income: _____ | | | |
| <i>Please select both Ethnicity and Race: (select as many as apply)</i> | | | |
| Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | | Multi-Race: <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and white <input type="checkbox"/> Black or African American and white <input type="checkbox"/> Other multiple races <input type="checkbox"/> Choose not to respond | |
| Ethnicity: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | | |
| Highest level of education completed: | | | |
| <input type="checkbox"/> Grade K-5 <input type="checkbox"/> Grade 6-8 <input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Attended Graduate School <input type="checkbox"/> Two Year Degree <input type="checkbox"/> College Graduate (4-Year College) <input type="checkbox"/> Graduate Degree | | | |
| Are you a veteran? | | Are you an active member of the military? | |
| Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer | | | |
| Have you owned a home within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No When? | | | |
| EMPLOYMENT | | | |
| APPLICANT | | CO-APPLICANT | |
| Name Of Employer | | Name Of Employer | |
| Dates of Employment | | Dates of Employment | |

MONTHLY ASSISTANCE

Do you utilize any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Food Stamps \$ _____ | <input type="checkbox"/> Free or Reduced School Lunch |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Energy Assistance |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Public Housing | <input type="checkbox"/> Head Start |

OTHER INFORMATION

Do you have any past due bills?

In the past 7 years, have you filed a petition of bankruptcy? Yes No When?

In the past 5 years, have you had anything repossessed? Yes No When?

Are you a co-signer on any other loans? Yes No Please explain:

Do you have any collections, garnishments or judgments outstanding? Yes No Please explain:

Are you currently enrolled in an IDA (Individual Development Account)? Yes No With which organization? _____

CURRENT FINANCIAL GOALS

- | | | |
|---|--|---|
| <input type="checkbox"/> Reduce debt | <input type="checkbox"/> IDA | <input type="checkbox"/> Start a business |
| <input type="checkbox"/> Increase Savings | <input type="checkbox"/> Homeownership | <input type="checkbox"/> Other _____ |

Please contact your local office if you need any accommodations to access our services.

SIGNATURES

The information that has been provided on this application is true, complete, and correct to the best of my knowledge. I understand that this information is necessary to evaluate my financial needs and that providing false information may result in my disqualification from this and other programs sponsored by NEDCO.

| | | | |
|---------------------|------|------------------------|------|
| APPLICANT SIGNATURE | DATE | CO-APPLICANT SIGNATURE | DATE |
|---------------------|------|------------------------|------|

ALL INFORMATION IN YOUR APPLICATION IS SUBJECT TO VERIFICATION

IMPORTANT

Please tell us about yourself, your family and your financial goals.

ASSET BUILDING COUNSELING AGREEMENT

1. I understand that NEDCO provides asset building counseling and will advise me/us regarding options based on a comprehensive financial analysis.
2. I understand that NEDCO cannot act or advise in my best interests without full disclosure from me/us about my finances.
3. I understand that NEDCO’s Asset Building Counselors will assess my expenses, income and spending and make recommendations accordingly.
4. I understand that my Asset Building Counselor is not an attorney, lender, real estate agent or other industry professional and as such, cannot provide legal advice or referrals to specific industry professionals. A referral list with multiple professional partners will be provided upon request.
5. I understand that NEDCO receives funds through HUD (Housing and Urban Development) and OHCS (Oregon Housing and Community Services), and, as such, is required to share some of my personal information with HUD and OHCS program administrators, or their agents, for purposes of program monitoring, compliance and evaluation. I give permission for HUD and OHCS program administrators and/or their agents to follow up with me/us between now and three years from the termination/completion of services with NEDCO for the purposes of program evaluation.
6. I understand that my counselor’s recommendations are just that, and I maintain full responsibility for all financial decisions that I make based on their recommendations.
7. I agree to keep all appointments made with NEDCO, or to give 24 hours’ notice if cancelling. I also agree to supply all documentation requested by NEDCO at each appointment.
8. I agree to notify NEDCO if I obtain my asset goal or otherwise decide to terminate services with NEDCO.
9. If I purchase a home after receiving NEDCO services, I agree to provide details about the transaction including but not limited to: Good Faith Estimate, HUD-1, Settlement Statement, and Truth-In-Lending for program evaluation purposes.

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| | | |
| Applicant: Printed Name | Signature | Date |

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| | | |
| Co-Applicant: Printed Name | Signature | Date |



AUTHORIZATION AND CONSENT TO OBTAIN CREDIT REPORT FOR FINANCIAL ANALYSIS AND PROGRAM EVALUATION

I authorize NEDCO to:

1. Pull my credit report (a soft inquiry which will not affect my credit score negatively):
 - Within 30 days of coming to NEDCO
 - Within 30 days of exiting NEDCO
 - Up to three times within five years of my exit from NEDCO
2. Use my credit scores at entry and exit from NEDCO for program evaluation purposes.
3. Keep my credit information confidential, as described in the Privacy Policy.

Fair Credit Reporting Act Notice –By signing below, I understand, authorize, and approve the request of my credit report. I understand that NEDCO intends to use the credit score for purposes of financial analysis and program evaluation, and this information will not affect my eligibility for participation in any NEDCO program. I understand that my consent is voluntary. If I do not give consent, NEDCO cannot obtain the report. I understand that I can withdraw my consent at any time. This notice is given to me pursuant to the Fair Credit Reporting Act.

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| Applicant: Printed Name | Signature | Date |

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| Co-Applicant: Printed Name | Signature | Date |

NEDCO (Neighborhood Economic Development Corporation) offers a variety of homebuyer education and financial literacy courses to help families build assets and prepare for financial success. We have found that it can be beneficial to our clients if we can share information with other relevant agencies such as lenders, creditors and other social service agencies. Read the following Release of Information disclaimer carefully and, if you wish, please sign.

PRIVACY POLICY

Types of information we gather about you:

Information we receive from you orally, on applications or other forms, 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.

NEDCO is committed to ensuring the privacy of individuals and/or families who participate in our counseling and education. We realize the information you give us is highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.



We may disclose any nonpublic personal information about you, or former participants, to anyone as permitted by law (e.g. if we are compelled by legal process). We report aggregate level client data to funders as required for reporting purposes (eg. 75% of client reported an increase in credit score). We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

I have read and understand the terms of the above policy:

| | |
|-----------|------|
| Signature | Date |
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| Signature | Date |
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NEDCO PARTICIPANT DISCLOSURE

NEDCO provides a wide-range of services, education, counseling, and financial products including but not limited to the following:

- Financial Literacy
- Homeownership
- Small Business Services
- Loan Products (through affiliate CLW)

A list of NEDCO funding sources is available upon request.

I acknowledge that I am under no obligation, and am not required, to utilize any program or assistance which is available from NEDCO or NEDCO's partners. My participation in any one program does not obligate me to participate in another, although I am welcome to do so if I choose. I further understand that my participation in NEDCO counseling activities does not in any way obligate me to use NEDCO referred lenders, realtors, or other partners, or to purchase any NEDCO real estate, business services or products.

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| Applicant: Printed Name | Signature | Date |
|-------------------------|-----------|------|

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| Co-Applicant: Printed Name | Signature | Date |
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MONTHLY SPENDING PLAN

From (mm/dd): _____ To: (mm/dd): _____

Household Size: _____

Please fill out ALL WHITE SPACES, and add up every **Subtotal/Total**.

| | | Gross | | Net | | | | Gross | | Net | |
|-------------------------|--|----------------------------|--------|-----------------------|--|---------------------------------|--|----------------------------|--------|-----------------------|--|
| Wage: () | | | | | | Wage: () | | | | | |
| Child Support | | | | | | Unemployment | | | | | |
| WIC | | | | | | | | | | | |
| SSI/SSDI | | | | | | | | | | | |
| SNAP | | | | | | Total Income | | | | | |
| Housing | | Estimated Spending Plan | Actual | Goal Spending Plan | | Misc. | | Estimated Spending Plan | Actual | Goal Spending Plan | |
| 1st Mortgage | | | | | | Child Exp. | | | | | |
| 2nd Mortgage | | | | | | School Exp. | | | | | |
| Taxes/Ins/HOA | | | | | | Medical/Dental | | | | | |
| Rent | | | | | | Pet Care | | | | | |
| Cable | | | | | | Entertainment | | | | | |
| Internet | | | | | | | | | | | |
| Phone | | | | | | Subtotal | | | | | |
| Electricity/ Water | | | | | | Savings Contribution | | Estimated Spending Plan | Actual | Goal Spending Plan | |
| Gas | | | | | | Retirement | | | | | |
| Trash | | | | | | College | | | | | |
| | | | | | | Savings | | | | | |
| Subtotal | | | | | | Subtotal | | | | | |
| Transport. | | Estimated Spending Plan | Actual | Goal Spending Plan | | Loan Payment | | Estimated Spending Plan | Actual | Goal Spending Plan | |
| Fuel | | | | | | Credit Card | | | | | |
| Maintenance | | | | | | Credit Card | | | | | |
| Bus | | | | | | Credit Card | | | | | |
| | | | | | | Vehicle | | | | | |
| Subtotal | | | | | | Student Loan | | | | | |
| Insurance | | Estimated Spending Plan | Actual | Goal Spending Plan | | Liens / Judgments | | | | | |
| Car | | | | | | | | | | | |
| Health | | | | | | | | | | | |
| Life | | | | | | Subtotal | | | | | |
| Renter's | | | | | | Other Payment | | Estimated Spending Plan | Actual | Goal Spending Plan | |
| | | | | | | Child Support | | | | | |
| | | | | | | Alimony | | | | | |
| | | | | | | Medical Debt | | | | | |
| Subtotal | | | | | | | | | | | |
| Shopping | | Estimated Spending Plan | Actual | Goal Spending Plan | | Subtotal | | | | | |
| Groceries | | | | | | | | | | | |
| Dining Out | | | | | | | | | | | |
| Clothing | | | | | | | | | | | |
| Household / Cleaning | | | | | | | | | | | |
| Subtotal | | | | | | Total Expenses | | | | | |