



FORECLOSURE COUNSELING PACKET

2017

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

FORECLOSURE 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 are listed below as well as a HARDSHIP LETTER. 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 and 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 and your divorce decree.
- e) You may provide Joseph Corporation with a printed copy of your free credit report from annualcreditreport.com.

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

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EVERLASTING WORD CHURCH
22 North Highland Avenue
Aurora, Illinois 60505
(630) 906-1392
(call for office hours)

www.josephcorporation.org

PRIVACY POLICY

Joseph Corporation is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared, both orally and in writing, will be managed within legal and ethical considerations. Your “nonpublic personal information”, such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided creditors, program monitors, and others, only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you:

- Information that 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.

You may opt-out of certain disclosures:

- You have the opportunity to opt-out of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, to direct us not to make those disclosures.
- If you choose to “opt-out”, 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 Joseph Corporation at (630) 906-9400, or submit request in writing to: Joseph Corporation, 32 S. Broadway; Aurora, IL 60505 and do so.

Release of your information to third parties:

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties, where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards, which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone, as permitted by law (for example: if we are compelled to do so by legal process).
- 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 our nonpublic personal information.

I/WE HAVE READ AND UNDERSTAND THE PRIVACY POLICY OF JOSEPH CORPORATION.

Client Signature

_____/_____/_____
Date

Co-Client Signature

_____/_____/_____
Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: ____/____/____

TO: _____

Attention: **Loss Mitigation Department**

RE: Account Number: _____

 Borrower(s): _____

 Property Address: _____

Dear Madam/Sir:

I/We are working with **JOSEPH CORPORATION** – a HUD approved non-profit, on a plan to resolve my/our mortgage delinquency. I/We hereby authorize you to release any and all information concerning my/our account to them, at their request.

I/We further authorize you to discuss my/our case with _____ or any other authorized agent of **JOSEPH CORPORATION**. They are working to help me/us address my/our financial problems and to propose a loss mitigation plan which is within your guidelines. At present, I/we request that you fill out the request for loan information which accompanies this letter. Please return it by fax to **JOSEPH CORPORATION** at (630) 906-9406, no later than the _____ day of _____, 20____.

You may release additional information to **JOSEPH CORPORATION** for this account in the future, without further authorization from me/us.

Thank you for taking the time to handle this request.

Sincerely,

Client Signature

_____/_____/_____
Date

Co-Client Signature

_____/_____/_____
Date

Address: _____

Phone: (_____) _____

AUTHORIZATION TO RELEASE CREDIT REPORT

I/We _____
authorize Joseph Corporation of Illinois, Inc. to order a Consumer Credit Report to verify credit information. The information obtained is only to be used to assist in determining affordability.

CLIENT: Please Print All Information **(except for your signature)**

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
Rent: _____	Own: _____	How long at current address? _____	
Social Security Number: _____	Date of Birth: ____/____/____		
Signature: _____	Date: ____/____/____		

CO-CLIENT: Please Print All Information **(except for your signature)**

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
Rent: _____	Own: _____	How long at current address? _____	
Social Security Number: _____	Date of Birth: ____/____/____		
Signature: _____	Date: ____/____/____		

Privacy Act Notice: The information to be obtained will be used by the lender and any federal agency insuring, guaranteeing or purchasing the mortgage to determine whether you qualify as a prospective Client under the lender's and agency's underwriting standards. The information will not be disclosed outside the lender and the federal agency without your consent, except to the person or company verifying the information, including, but not limited to, your employer, bank, lender and any other credit reference as needed to verify other credit information and as permitted by law. You do not have to give us this information, but if you do not, your mortgage loan may be delayed or rejected. The information we will obtain is authorized by Title 38 U.S.C. Chapter 37 (if VA); and 12 U.S.C. Section 1701 et seq. (if HUD/FHA).

CLIENT CONFLICT OF INTEREST DISCLOSURE

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.

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

Original: **Case File**
Copy: Client

CLIENT CONFLICT OF INTEREST DISCLOSURE

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.

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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

Original: Case File
Copy: **Client**

HOUSING COUNSELING AGREEMENT

Date: ____/____/____

RE: Account Number: _____

Client(s): _____

Property Address: _____

RESPONSIBILITIES OF CLIENT(S):

I/We understand that Joseph Corporation is a HUD approved non-profit agency, that offers advocacy services on behalf of homeowners facing default or foreclosure proceedings, and there is no fee for this service.

I/We understand that I/we am still responsible for my/our mortgage, and that the outcome of my/our request for assistance is still the mortgage company's decision.

I/We understand that I/we am still responsible for making phone calls to my/our mortgage company for updates on my/our file.

I/We am also aware that I/we must keep in touch with my counselor and that if I/we have not communicated with my/our counselor within SIXTY (60) days from my/our last contact; my/our case may be considered closed. I/We am responsible for providing new copies of any new information (i.e. paystubs, bank statements, etc. every THIRTY (30) days) and/or any correspondences from my/our lender to my/our counselor.

Client Signature

Co-Client Signature

Responsibilities of the Counselor:

As a counselor, I will educate the client on options to help avoid foreclosure and be truthful with clients regarding the status of their case, and advocate for the client.

As a counselor, I will evaluate the client's information and offer possible solutions on which the client will make the decision of which solution to pursue.

As a counselor, I will do follow up with the lender on an active case and provide status of said case to client in a timely manner.

Counselor Signature

FORECLOSURE MITIGATION COUNSELING AGREEMENT

I/We, _____ and _____, understand that Joseph Corporation provides foreclosure mitigation counseling; after which I/we will receive a written action plan, consisting of recommendations for handling finances, possibly including referrals to other housing agencies, as appropriate.

I/We further understand that Joseph Corporation receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program, and, as such, is required to share some of my personal information with NFMC program administration, or their agents, for the purposes of program monitoring, compliance and evaluation.

I/We give permission for NFMC program administrators and/or evaluators to follow-up with me/us for up to THREE (3) years from the date of this signed form for the purposes of program evaluation.

I/We understand that I/we may be referred to other housing services of the organization, or another agency, as appropriate, that may be able to assist with particular concerns that have been identified. I/we understand that I/we am/are under no obligation to use any of the services offered to me/us.

I/We understand that a counselor may answer questions and provide information, but not give legal advice. If I/we have a legal issue directly related to my/our foreclosure, delinquency, or short sale, I/we understand that my/our housing counselor may refer me/us for legal assistance with NFMC program funds. If I/we choose to accept that referral, I/we give permission for my/our housing counselor and attorney to share my/our file as permitted by state law and the Bar's applicable Rules of Professional Conduct. If I/we want legal advice, I/we will be referred for appropriate assistance, or I/we may seek legal advice on my/our own.

I/We understand that Joseph Corporation provides information and education on numerous loan products and housing programs, and I/we further understand that the housing counseling that I/we receive from Joseph Corporation in no way obligates me/us to choose any of these particular loan products or housing programs.

I/We acknowledge that I/We have received a copy of Joseph Corporation's Privacy Policy/Disclosure Statement.

Client Signature: _____

Co-Client Signature: _____

Date: ____/____/____

OBSTACLES/CORRECTIVE ACTION PLAN

Client(s) Name(s): _____

Phone Number: (____) _____ - Work (____) _____ - Work
(____) _____ - Cell (____) _____ - Cell
(____) _____ - Home (____) _____ - Home

OBSTACLES/ISSUES TO OVERCOME

1. _____

2. _____

3. _____

4. _____

5. _____

Clients Signature: _____ Date: ____/____/____

Co-Clients Signature: _____ Date: ____/____/____

STRATEGIES TO ASSIST IN OVERCOMING OBSTABLES

1. _____

2. _____

3. _____

4. _____

5. _____

Counselor's Signature: _____ Date: ____/____/____

FIRST THREE TASKS ASSIGNED TO CUSTOMER

1. _____
2. _____
3. _____

Status Code: _____ (for office use only)

Counselor's Signature: _____ Date: ____/____/____

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

FORECLOSURE (Options, Prevention and Solutions)

CLIENT

Please Print Clearly

Referred to by:

Print Advertisement
 Bank
 HUD/CCRC
 TV
 Realtor
 Staff/Board Member
 Walk-In
 Friend
 Radio
 Newspaper Article

If referred by another source not listed above, which one? _____

Name: _____
First Middle Last

Street Address: _____

City State Zip Code

Home: (____) _____ Work: (____) _____

Mobile: (____) _____ Email: _____

_____ / _____ / _____
Social Security Number Date of Birth

Race:

White
 Black or African American
 American Indian/Alaskan Native
 Asian
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White
 Asian and White
 Black/African American and White
 American Indian/Alaskan Native & Black
 Other

ETHNICITY (please select "yes" or "no" for Hispanic Origin) This is in addition to the "Race" category

Hispanic: Yes No

FOREIGN BORN Yes No

MARITAL STATUS Single Married Divorced Separated Widowed

GENDER Male Female

DISABLED Yes No **VETERAN** Yes No

Are you the owner? Yes No Do you live in the home? Yes No

When did you buy the home? _____ For how much? \$ _____

Who is your current mortgage with? _____

Was this your original lender? Yes No If no, who was the original lender? _____

Have you refinanced? Yes No How many times? _____ When was the last time? _____

For how much? \$ _____ What was the reason for refinancing? _____

Did you receive cash out? Yes No If so, how much? \$ _____

How many payments have you missed? _____

When did you last send a payment the lender accepted? _____ For what month? _____

How much did you send in? \$ _____ What is your scheduled payment? \$ _____

Does that include taxes and insurance? Yes No If no, are taxes current/what is due? _____

If taxes are not paid, have you been given a redemption date (final date by which you have to pay) and if so, what is the date? ____/____/_____

What is your primary mortgage balance? \$ _____

Do you know how much it would take to reinstate your loan, and if so, how much? _____

Do you have any savings toward reinstatement, and if so, how much? _____

Have you received court papers? Yes No When did you receive them? _____

Have you been to court? Yes No When did you go to court? _____

Is there a sale scheduled, and if so, when? _____

Have you declared bankruptcy? Yes No If so, when? _____

Are you current with bankruptcy payments? Yes No

Have you completed your bankruptcy plan? Yes No

What is the current value of your property? \$ _____

What type of loan is the first mortgage? FHA Conventional Other _____
 Term of loan? _____ years. Interest rate: _____% _____ Fixed _____ Variable _____ Not sure

What type of loan is the second/or other mortgage? FHA Conventional Other _____
 Term of loan? _____ years. Interest rate: _____% _____ Fixed _____ Variable _____ Not sure

Do you own any other property? Yes No If so, what is the address/type of property? _____

HOUSEHOLD ECONOMIC INFORMATION

Female headed single parent household Male headed single parent household
 Single Adult Two or more unrelated adult's Married with children
 Married without children Other

Family/Household Size: _____

How many dependents (other than those listed by any co-borrower)? _____

What sexes and ages are they? _____, _____, _____, _____, _____, _____, _____,
 _____, _____

Are there non-dependents who live in the home? Yes No If yes, list below:

Relationship	Age	Relationship		Age	

Annual Family or Household Income: \$ _____

Education:

<input type="checkbox"/> Below High School Diploma	<input type="checkbox"/> High School Diploma or Equivalent
<input type="checkbox"/> Two-Year College	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Above Master's Degree

THIS SPACE INTENTIONALLY LEFT BLANK

CO-CLIENT

Please Print Clearly

Name: _____
First Middle Last

Street Address: _____

City State Zip Code

Home: (____) _____ Work: (____) _____

Mobile: (____) _____ Email: _____
 _____ / _____ / _____
Social Security Number Date of Birth

Race (please circle):

- 1. White 2. Black or African American 3. American Indian/Alaskan Native 4. Asian
- 5. Native Hawaiian/Other Pacific Islander 6. American Indian/Alaskan Native and White
- 7. Asian and White 8. Black/African American and White 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity (please select “yes” or “no” for Hispanic Origin) This is in addition to the “Race” category
Hispanic: Yes No

Foreign Born (please select one) : Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): **Male** **Female**

Disabled? Yes No

Are You A Veteran? Yes No

Education (please circle one):

- 1. Below High School Diploma 2. High School Diploma or Equivalent
- 3. Two-Year College 4. Bachelor’s Degree
- 5. Master’s Degree 6. Above Master’s Degree

Relationship to Customer (please circle): Spouse Son Daughter Brother
 Sister Boyfriend Girlfriend Mother
 Father Other: _____



CLIENT EMPLOYMENT Last 2 Years

Please Print Clearly

Primary Employer:

Employer Name _____

Position or Job Title _____ Date Hired ____/____/____

Street _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ____hourly ____weekly ____every two weeks ____twice a month ____monthly?

Previous Employer:

Title _____ Length of Employment _____

Street Address _____ City _____ State _____ Zip _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Employer Name _____

Position or Job Title _____ Date Hired _____

Street _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ____hourly ____weekly ____every two weeks ____twice a month ____monthly



CO-CLIENT EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer:

Employer Name _____

Position or Job Title _____ Date Hired ____/____/____

Street _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

Previous Employer: _____

Title _____ Length of Employment _____

Street Address _____ City _____ State _____ Zip _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Employer Name _____

Position or Job Title _____ Date Hired ____/____/____

Street _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly

CLIENT

CO-CLIENT

Can you document your child support/alimony income?	Yes	No	Yes	No
If yes, how long will it continue?	_____		_____	
If your child or a family member receives SSI,	Yes	No	Yes	No
how many more years will the payments continue?	_____		_____	
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No

CLIENT

CO-CLIENT

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 list the approximate value of the following:

	<u>CLIENT</u>	<u>CO-CLIENT</u>
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.)? (circle) Yes No
 If yes, how much? \$ _____

ADDITIONAL INFORMATION / NOTES:

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

Paid To	Current Balance	Monthly Payment	Who's Debt? A=Client, C=Co-Client B=Both	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please use additional sheets if necessary.



AUTHORIZATION

I/We authorize Joseph Corporation of Illinois, Inc. to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with verifying my/our credit and/or debt for budgeting.
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and educational purpose

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.

Client

___/___/___
Date

Co-Client

___/___/___
Date

FOR INTERNAL USE ONLY

Received By: _____ Date: ___/___/___

Reviewed By: _____ Date: ___/___/___

Counselor's Notes:

Privacy Policy/Disclosure



Joseph Corporation

Joseph Corporation is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that 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.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, 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 (phone number) and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
4. 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.

Client Signature

____/____/_____
Date

Co-Client Signature

____/____/_____
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 ____/____/____