



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

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 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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Aurora, Illinois 60505
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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. 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 South 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 Clients 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 HAVE READ AND UNDERSTAND THE PRIVACY POLICY OF JOSEPH CORPORATION.

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

CREDIT REPORT AUTHORIZATION FORM

I/We _____ and _____ 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).

CONFLICT OF INTEREST DISCLOSURE STATEMENT

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

CONFLICT OF INTEREST DISCLOSURE STATEMENT

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



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

HOMEBUYER INFORMATION FORM
(one form per household)

Date: ____/____/____

_____ Last Name	_____ First Name	_____ Middle Initial	
_____ Street Address	_____ City	_____ State	_____ Zip

Daytime Phone: (____) _____ Evening Phone: (____) _____

_____ Last Name	_____ First Name	_____ Middle Initial	
_____ Street Address	_____ City	_____ State	_____ Zip

Daytime Phone: (____) _____ Evening Phone: (____) _____

Total Persons in Household: _____ Total Annual Household Income: \$_____

Have you selected a home? ____ YES ____ NO
Do you have a sales contract? ____ YES ____ NO

When would you like to purchase a home?
____ Less than 6 months ____ 6-12 months ____ Over 1 year

- What are you 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

What is the best time to reach you? _____

I understand that this is not an application for a loan. I affirm that all the answers given in this form are true and correct, and are for the purpose of determining affordability. You have my 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.

_____ Client Signature	_____/_____/_____ Date
---------------------------	---------------------------

_____ Co-Client Signature	_____/_____/_____ Date
------------------------------	---------------------------



OBSTACLES/CORRECTIVE ACTION PLAN

Client Name: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Co-Client Name: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

OBSTACLES/ISSUES TO OVERCOME

1. _____

2. _____

3. _____

4. _____

5. _____

Client Signature: _____ Date: ____/____/____

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

STRATEGIES TO ASSIST IN ACHIEVING GOALS

1. _____

2. _____

3. _____

4. _____

5. _____

FIRST THREE TASKS ASSIGNED TO CLIENT

1. _____

2. _____

3. _____

Client Signature: _____ Date: ____/____/____

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

Counselor Signature: _____ Date: ____/____/____

HOUSING COUNSELING SERVICES DISCLOSURE

Purpose of 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. 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.

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.

Homeownership Education Classes. I/We understand that as part of the housing counseling service, I/we will be required to attend group homeownership education classes.

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.

Client Signature

___/___/_____
Date

Co-Client Signature

___/___/_____
Date

HOMEBUYER INTAKE FORM

CLIENT

Please Print Clearly

_____ Last Name First Name Middle Initial

_____ Street Address City State Zip

Daytime Phone: (____) _____ Evening Phone: (____) _____

E-Mail: _____

Social Security Number: _____ Birth Date: ____/____/____

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

CURRENT HOUSING ARRANGEMENT

- Rent Homeless Homeowner with mortgage
 Living with family member and not paying rent Homeowner with mortgage paid off

ARE YOU A FIRST TIME HOMEBUYER

(don't currently own a home and have not owned a home in the past THREE (3) years)

Yes No

HOUSEHOLD TYPE (please select the most accurate)

- Female headed single parent household Single Adult Married with children
 Male headed single parent household Married Adult Married without children
 Other Two or more unrelated adults



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 | _____ Bank* | _____ 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

THIS SECTION INTENTIONALLY LEFT BLANK

CO-CLIENT

Please Print Clearly

_____ Last Name _____ First Name _____ Middle Initial

_____ Street Address _____ City _____ State _____ Zip

Daytime Phone: (____) _____ Evening Phone: (____) _____

E-Mail: _____

Social Security Number: _____ Birth Date: ____/____/____

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

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 |

RELATIONSHIP TO CLIENT: Spouse Daughter Son Sister
 Brother Mother Father Boyfriend Girlfriend
 Other _____

THIS SECTION INTENTIONALLY LEFT BLANK

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

	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 Print Clearly

Please list the approximate value of the following:

	CLIENT	CO-CLIENT
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 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 my/our pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the Settlement Statement, Appraisal, and Real Estate Note(s) when I/we purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

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 Signature Date

_____ /_____/_____
Co-Client Signature Date

NOTES

FOR INTERNAL USE ONLY

Notes/Comments:

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 ____/____/____