



Color Country Community Housing, Inc. (CCCHI)

A non-profit Community Housing Development Organization (CHDO)

139 North 100 West
St. George, Utah 84770

Office: (435) 673-3131
Fax: (435) 673-4195

CLIENT INTAKE

Referral Source (how did you hear about us?) _____

Client (head of household) (A) _____

Client (B) _____

Address _____

City _____ State _____ Zip Code _____

Current Housing Arrangement: Rent _____ Own _____ How long at this address? _____

Cell Phone (A) _____ Cell Phone (B) _____

Home Phone _____ Alternate/Work phone _____

Email Address (A) _____ Email Address (B) _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Total Household: _____ Number of Adults Over 18 _____ Number of Children _____ Ages _____

Client (A) U.S. Citizen YES _____ NO _____ Client (B) U.S. Citizen YES _____ NO _____

Client (A) U.S. Veteran YES _____ NO _____ Client (B) U.S. Veteran YES _____ NO _____

Client (A) Preferred Language _____ Client (B) Preferred Language _____

Client (A) Highest Education Level _____ Client (B) Highest Education Level _____

Client (A) First-time home buyer? _____ Client (B) First-time home buyer? _____

Client (A) SSN _____ Client (B) SSN _____

Client (A) Date of birth: _____ Client (B) Date of birth: _____

Client (A):
____ I do not wish to provide the information below

Client (B):
____ I do not wish to provide the information below

Race:

- ____ American Indian or Alaska Native
- ____ Asian
- ____ Black or African American
- ____ Native Hawaiian or Other Pacific Islander
- ____ White

Race:

- ____ American Indian or Alaska Native
- ____ Asian
- ____ Black or African American
- ____ Native Hawaiian or Other Pacific Islander
- ____ White

Ethnicity:

- ____ Hispanic/Latino
- ____ Not Hispanic/Latino

Ethnicity:

- ____ Hispanic/Latino
- ____ Not Hispanic/Latino

Sex:
 Male
 Female

Sex:
 Male
 Female

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Client (A) Employer _____ Title _____ How Long? ____

Client (B) Employer _____ Title _____ How Long? ____

Client (A) Gross Monthly Income(s) \$ _____ Net Monthly Income \$ _____

Client (B) Gross Monthly Income(s) \$ _____ Net Monthly Income \$ _____

Other household Income

Amount per month

Social Security /SSI / SSDI	\$
Child or Spousal support received	\$
Unemployment compensation	\$
Workers disability compensation	\$
Veterans Benefits	\$
Food Stamps	\$
Child care assistance	\$
Housing assistance	\$
Other Income (explain)	\$
TOTAL HOUSEHOLD INCOME	\$

HOUSEHOLD ASSETS:

Value/Amount

Automobile #1 if owned	
Automobile #2 if owned	
Automobile #3 if owned	
Cash on Hand over \$100	
Checking account	
Savings account	
Boats / wet bikes	
RV/ Recreational homes	
IRA / Keogh Accounts	
Motorcycles / Snowmobile	
Stocks/bonds/CDs/Annuities, etc	
Other _____	

MONTHLY DEBT:

Monthly payment

Remaining balance

Rent		XXXXXX
Credit Card		
Car/Truck		
Other Debt		
Child Care Expense		XXXXXX

Please READ carefully: I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed. Please sign below:

Signature

Date

Signature

Date

Description of current situation

Describe the situation that caused you to call OR What is the Goal?

What has been attempted to correct the problem? Steps taken so far toward your goal?

The counseling services, educational services, NSP services, etc. that may be offered by Color Country Community Housing, Inc. (CCCHI), its subsidiaries, affiliates or directors, officers, employees, agents or partners may be offered by other providers and you are under no obligation to utilize any services, including housing counseling, from CCCHI. Color Country Community Housing, Inc. has financial affiliation with Utah Housing Corporation, Nevada Housing Division, Clark County, State of Utah Olene Walker Housing Loan Fund, Rural Community Assistance Corporation, and USDA Rural Development who are industry partners.

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I fully understand the nature of the intent of this authorization. I understand that my consent is completely voluntary, and I may withdraw this authorization in writing at any time.

Signature of Client

Signature of client

Date Signed

Date Signed

Signature of Counselor

STAFF USE:

AMI%	Mortgage Readiness Tier:
Counsel Type: Pre-purchase Home Maint/Financial Mngmt Delinquency Rental Homelessness	
Action Plan/Notes:	



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E-mail: selfhelp@ccchi.net

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct COLOR COUNTRY COMMUNITY HOUSING, INC. (hereinafter "CCCHI") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by CCCHI. I understand and agree that CCCHI intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in post-purchase counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to CCCHI in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

_____ Authorize

_____ do not authorize

CCCHI to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including my computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying CCCHI in writing.

There is a charge if Color Country Community Housing pulls my in-file credit report: **Individual \$16, and \$21 for Joint/Married Couple.**

(print) Client's Name

(print) Client's Name

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date

Date

MONTHLY SPENDING PLAN WORKSHEET

Please complete blue Current column

Monthly Expense	Current	Adjusted	Difference	AFFORDABLE BUDGET
Fixed Expenses				
<i>Housing</i>				
Mortgage				
Heating (gas or oil)				
Electricity				
Telephones (land-lines and cell phones)				
Other:				
<i>TRANSPORTATION</i>				
Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Other:				
<i>Insurance</i>				
Health (medical and dental, if not payroll deducted)				
Life				
Disability				
Other:				
<i>Childcare</i>				
Childcare or Babysitters				
Child Support or Alimony				
FIXED EXPENSES SUB-TOTAL				
PERIODIC Fixed Expenses (DIVIDE ANNUAL PAYMENT BY 12)				
<i>Housing</i>				
Homeowners Insurance (if not included in mortgage)				
Water or Sewage				
Trash Service				
Other:				
<i>Transportation</i>				
Car Insurance				
Car Inspection				
Car Repairs and Maintenance				
License Plates and Registration Fees				
Other:				
PERIODIC FIXED EXPENSES SUB-TOTAL				
<i>Flexible Expenses</i>				
<i>Food</i>				
Groceries				
School Lunches				
Work-Related (lunches and snacks)				
Other:				
<i>Housing</i>				
Home Maintenance and Furnishings				
Cleaning Supplies				
Lawn Care				
Other:				
<i>Medical</i>				
Doctor				
Dentist				
Prescriptions				
Other:				
<i>Savings</i>				
Emergency Fund				
<i>Clothing</i>				
Clothing				
Laundry and Dry Cleaning				
Other:				

MONTHLY EXPENSE	CURRENT	ADJUSTED	DIFFERENCE	AFFORDABLE BUDGET
Education				
Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons (<i>sports, dance, music</i>)				
Other:				
Donations				
Religious or Charity				
Other (<i>if not payroll deducted</i>):				
Gifts				
Birthdays				
Major Holidays				
Other:				
Personal				
Barber or Beauty Shop				
Toiletries				
Children's Allowances				
Tobacco Products				
Beer, Wine, Liquor				
Other:				
Entertainment				
Movies, Sporting Events, Concerts, Theater, Etc.				
Video Rentals				
Internet Service				
Cable/Satellite TV				
Restaurants and Take-Out Meals				
Gambling or Lottery Tickets				
Fitness or Social Clubs				
Vacations/Trips				
Hobbies or Crafts				
Other:				
Miscellaneous				
Checking Account Fees, Money Order Fees, Etc.				
Pet Care or Supplies				
Postage				
Pictures and Photo Processing				
Other:				
Flexible Expenses Sub-Total				
Indebtedness Expenses				
Debts				
Student Loan				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Medical Bills				
Personal Loan				
Payday Loan(s)				
Rent to Own Contract				
Other:				
Other:				
Indebtedness Sub-Total				
Total Monthly Expenses (fixed + periodic fixed + flexible + indebtedness)				
Income				
<i>Total Monthly Net Income</i>				
Additional Savings				

Amount Left Over

(total monthly net income - total monthly expenses)

Source: Adapted from *CreditSmart* by Freddie Mac



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AUTHORIZATION TO RELEASE INFORMATION

Client Name(s) _____ Name _____

I hereby authorize:

_____ (Agency Name)

_____ (Address and Telephone Number)

To: Release information to Color Country Community Housing, Inc. (CCCHI), 139 North 100 West, St. George, UT, 84770. (435) 673-3131.

- Obtain information from Color Country Community Housing, Inc. and hereby authorize Color Country Community Housing, Inc. to release this information to them.
- The above agency and Color Country Community Housing, Inc. to exchange information with each other on an on-going basis for the duration of the terms of this release.

This release applies to the following information:

- No restrictions
- Appraisals or current market analysis
- Specifically restricted: This information is released with the understanding that it is not to be re-released without my written permission or the written permission of my legally authorized representative, except as required by law. This authorization is limited to the person, agency, school, or business named above and is not to be used for any other purpose than the one specified.

The counseling services, educational services, NSP services, etc. that may be offered by Color Country Community Housing, Inc. (CCCHI), its subsidiaries, affiliates or directors, officers, employees, agents or partners may be offered by other providers and you are under no obligation to utilize any services, including housing counseling, from CCCHI. Color Country Community Housing, Inc. has financial affiliation with Utah Housing Corporation, Nevada Housing Division, Clark County, State of Utah Olene Walker Housing Loan Fund, Rural Community Assistance Corporation, and USDA Rural Development who are industry partners.

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Signature of Client(s)

Signature of client

Date Signed

Signature of Witness, Counselor may act as witness