



Chester Community Improvement Project • (610) 876-8663 • Fax (610) 876-3449

Dear Counseling Applicant:

Thank you for calling about the Chester Community Improvement Project's (CCIP) Credit & Budget Counseling Program. In order to evaluate your financial situation; please submit the following documents along with your application.

1. Two years of your most recent federal tax returns and W-2 forms. If you do not have these documents, you may contact IRS at 1-800-829-1040 to request a summary of your tax returns and W-2's, without a fee.
2. Three most recent pay stubs for applicant and co-applicant.
3. Three most recent bank statements for all deposit accounts.
4. Copy of your driver's license or picture I.D. and social security card for all household members.
5. Signed Monthly Expense Sheet with copy of all recurring bills. (These include gas, water, phone, etc.)

When you have completed the enclosed application and have copies of all of the required document, please mail this information to our office. Once we have received your application someone will contact you to schedule a One-On-One counseling session.

If you have any questions, or require additional information, please call the above number.

Sincerely,

Larry Douglas

Larry Douglas
Housing Program Manager



CHESTER COMMUNITY IMPROVEMENT PROJECT

CREDIT & BUDGET COUNSELING APPLICATION

Date: _____

APPLICANT:

Name: _____

Phone (w): _____ (h): _____ (c) _____

Email : _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Job Position/Title: _____

Type of Business: _____ Years in Profession: _____

Years with Current Employer: _____

CO-APPLICANT:

Name: _____

Phone (w): _____ (h): _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Job Position/Title: _____

Type of Business: _____ Years in Profession: _____

Years with Current Employer: _____

RACIAL/ETHNIC GROUP:

_____ White	_____ Black/African American & White
_____ Black/African American	_____ Asian & White
_____ Asian	_____ American Indian or Alaskan Native & White
_____ Native Hawaiian or Other Pacific Isl.	_____ Am. Indian or Alaskan Native & lack/African Am.
_____ American Indian or Alaskan Native	_____ Other _____

Please select one: _____ Hispanic _____ Non-Hispanic



Do you have a disability? _____ Yes _____ No Please describe: _____
Marital Status: _____ Married _____ Unmarried _____ Separated
Dependents: _____ Number _____ Ages: _____
Total Number of Residents in your Household: _____

Are you currently working with a Realtor? _____ Yes _____ No
Name of Agent and Office: _____
Phone Number: _____

Are you currently working with a Mortgage Representative? _____ Yes _____ No
Name of Mortgage Representative and Office: _____
Phone Number: _____

Landlord/Management Company: _____
Contact Person: _____ Phone #: _____
Date of Occupancy: _____ No. of Bedrooms: _____ Monthly Rent \$: _____
Have you ever owned a home? _____ Yes _____ No
If yes, explain (when, where, dates of ownership & sale, etc.): _____

Have you ever filed for bankruptcy? _____ Yes _____ No
When? _____ Has the bankruptcy been discharged? _____ Date: _____

FINANCIAL INFORMATION

Income and assets for all applicants, co-applicants and other household members (H.H. Member)
18 years or older must be disclosed regardless of who is purchasing the home.

	<u>Applicant</u>	<u>Co-Applicant</u>
MONTHLY INCOME:		
Salaries/Wages	\$ _____	\$ _____
Bonuses	\$ _____	\$ _____
Overtime	\$ _____	\$ _____
Commission	\$ _____	\$ _____
Support Payments	\$ _____	\$ _____
Fees	\$ _____	\$ _____
Tips	\$ _____	\$ _____
Business Income	\$ _____	\$ _____
Interest Dividends	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Insurance Policies	\$ _____	\$ _____
Retirement Funds	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Death Benefits	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____



Workers' Compensation	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____
Welfare	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____
Armed Services	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total <u>Monthly</u> Income:	\$ _____	\$ _____

ASSETS:

Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
401K Account	\$ _____	\$ _____
Gift Funds	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Assets:	\$ _____	\$ _____

MONTHLY DEBT:

(Minimum payments required by creditor)

Charge Account	\$ _____	\$ _____
Student loans	\$ _____	\$ _____
Car Loans	\$ _____	\$ _____
Alimony/Support	\$ _____	\$ _____
Personal Loans	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total <u>Monthly</u> Debt:	\$ _____	\$ _____

I/We acknowledge that the information I/We have provided in this application is true and accurate to the best of my/our knowledge. I/We have given this information to Chester Community Improvement Project for the purpose of purchasing a home. I/We understand that Chester Community Improvement Project may verify the information I/We have provided in this application, and I/We give Chester Community Improvement Project permission to obtain a credit report about me/us and that approval under the Program is subject to the verification of the information through the credit report and other means available to Chester Community Improvement Project.

Signature of Applicant: _____

Signature of Co-Applicant: _____



COUNSELING AGREEMENT

This agreement certifies that _____ and Chester Community Improvement Project pledge cooperation and mutual assistance in the process of attaining housing goals as determined by the applicant.

The applicant recognizes the need for counseling and pledges full cooperation with the counselor. The applicant will provide to the counselor any and all information that is required relating to pre-qualification for a mortgage loan or other housing related goals. The applicant recognizes that it may become necessary to obtain information from outside sources, including but not limited to credit reports, employment and residential verifications, and other financial information. The applicant therefore authorizes the counselor to obtain additional information from outside sources when necessary to fulfill the obligations for this agreement. The applicant acknowledges that participation in this counseling program Does NOT guarantee loan approval, eligibility for housing or housing assistance programs.

The counselor pledges to preserve strict confidentiality concerning the applicant, and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no action without the knowledge and consent of the applicant. At all times, the counselor will act to protect the best interests of the applicant.

Signature of Applicant

Date

Signature of CO-Applicant

Date

Signature of Counselor

Date



Credit Report Authorization

I hereby request, authorize and instruct Experian, Equifax and Trans Union and any other credit reporting agency or similar entity to who this document is presented (each and "agency") to furnish, from time to time upon specific request, a complete copy of any credit history in my name or relating to me (my "credit report") maintained in the agency's files to Chester Community Improvement Project (CCIP) in the manner and at the address that CCIP shall instruct. Credit reports will be pulled during one on one interviews.

Print full name (include middle initial): _____

Social Security Number: _____

Date of Birth: _____

Work phone: _____

Spouse full name (include middle initial): _____

Spouse Social Security Number: _____

Spouse Date of Birth: _____

Spouse work phone: _____

Current Address: _____

Previous Address: _____

Consent

I understand that by undertaking to counsel me on credit management and credit reporting matters, CCIP will interpret and explain the information that is in my credit report and that I otherwise provide. I also understand that by doing so CCIP does not assume responsibility for the completeness or accuracy of any of that information, and does not promise (and will not attempt) to affect or change my credit history or credit report in any matter.

Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

Monthly Expense Sheet

Expenses

Type	Name of Creditor/Company	Actual	
Housing/Rent payment			
Housing/Mortgage payment			
Housing/Home/Rental insurance			
Housing/Home maintenance			
Housing/Utilities - Electric			
Housing/Utilities - Natural gas			
Housing/Utilities - Sewer			
Housing/Utilities - Water			
Housing/Miscellaneous			
Food/Groceries			
Food/Eating out/ Delivery			
Food/Snacks			
Telephone/Telecom/Basic service			
Telephone/Telecom/Long distance			
Telephone/Telecom/Cell phone			
Telephone/Telecom/Internet/ISP			
Children/Child support			
Children/Tuition			
Children/Day care			
Children/Allowance			
Children/School supplies			
Children/Activities			
Children/Clothing			
Children/Haircut			
Personal care/Clothing			
Personal care/Haircuts/Barber			
Personal care/Nails			
Personal care/Dry cleaning/Laundry			
Personal care/Shoes			
Auto/Transportation/Auto loan payments			
Auto/Transportation/Public transportation			
Auto/Transportation/Auto insurance			
Auto/Transportation/Parking			
Auto/Transportation/Gas and oil			
Auto/Transportation/Car maintenance			
Auto/Transportation/Fines			
Housing/Furniture			
Donations/Church tithing			
Donations/Charities			
Entertainment/Cable			
Entertainment/Movie rentals			
Entertainment/Movies			
Entertainment/Books/Music			
Entertainment/Sporting events			
Entertainment/Vacations/Travel			
Entertainment/Lottery/Bingo			
Entertainment/Cigarettes/tobacco			
Entertainment/Holidays/Events			
Health care/Doctors' visits			
Health care/Vision			
Health care/Pharmacy			

Expenses			
Type	Name of Creditor/Company	Actual	
Health care/Dental			
Health care/Medical Insurance			
Insurance/Life insurance premiums			
Insurance/Disability insurance			
Pets/Food			
Pets/Vet bills			
Liabilities/Credit cards/Installment loan payments			
Liabilities/Credit cards/Student loan			
Liabilities/Credit cards/Credit card payments			
Liabilities/Credit cards/Federal taxes			
Liabilities/Credit cards/Collections			
Savings/Savings account			
Savings/Investments			
Savings/IRA			
Totals			

Client Name:

Date:

Indicate the normal monthly amount of cost for each applicable expense.
 (Note: Annual or quarterly expenses will need to be divided accordingly for average monthly figures)