FINANCIAL FITNESS
PRE-REGISTRATION PACKET

REACHING YOUR GOALS
- Identify your objectives
- Review income and expenses
- Create a budget
- Identify achievable steps in reaching your goals

IMPROVING CREDIT
Get tips on:
- Increasing your credit score
- Dos and don’ts of credit when applying for a loan
Learn how to:
- Get a free copy of your credit report
- How to read the report
- Receive examples of dispute letters.

SAVING MONEY
Receive tips on ways to save:
- Utilizing coupons
- Documenting expenditures
- Preparing your own meals
- Consolidating bills
- And more...

NeighborWorks®
CHARTERED MEMBER
Please answer the following questions and complete an Authorization to Release Information for each PARTICIPANT.

**PARTICIPANT (Full Legal Name)**

Name: ____________________________

Social Security # ____________ Birthdate: __________

Street Address: ____________________________

City, State, and Zip: ____________________________

Home Phone: ____________ Cell Phone: ____________

Email address: ____________________________

Status: [ ] Married  [ ] Separated  [ ] Unmarried

Gender: [ ] Male  [ ] Female  [ ] Disabled? [ ] Yes [ ] No

Ethnicity: [ ] Hispanic or Latino  [ ] Not Hispanic or Latino

Race: [ ] American Indian or Alaska Native  [ ] Asian

        [ ] Black or African American  [ ] White

        [ ] Native Hawaiian or Other Pacific Islander

Employer: ____________________________

Employer Address: ____________________________

Years Employed Here: ______ Work Phone: ____________

Monthly GROSS (before taxes) Income: ____________

Any other income received? (List gross monthly amount)

SS/SSI: ____________ Child Support/Alimony: ____________

AFDC/TANF: ____________ Food Stamps: ____________

Foster Care: ____________ Other: ____________

**MONTHLY DEBT**

Please list all monthly debt for applicant and co-applicant.

House/Rent: _____ per month  Total due: ____________

Car/Truck Payment: _____ per month  Total due: ____________

Car/Truck Payment: _____ per month  Total due: ____________

Personal Loan: _____ per month  Total due: ____________

Student Loan: _____ per month  Total due: ____________

Credit Card: _____ per month  Total due: ____________

Credit Card: _____ per month  Total due: ____________

Child Support/Alimony Paid: ________ per month

Childcare Paid: ____________ per _____ month or _____ week

**CO-PARTICIPANT (Full Legal Name)**

Name: ____________________________

Social Security # ____________ Birthdate: __________

Street Address: ____________________________

City, State, and Zip: ____________________________

Home Phone: ____________ Cell Phone: ____________

Email address: ____________________________

Status: [ ] Married  [ ] Separated  [ ] Unmarried

Gender: [ ] Male  [ ] Female  [ ] Disabled? [ ] Yes [ ] No

Ethnicity: [ ] Hispanic or Latino  [ ] Not Hispanic or Latino

Race: [ ] American Indian or Alaska Native  [ ] Asian

        [ ] Black or African American  [ ] White

        [ ] Native Hawaiian or Other Pacific Islander

Employer: ____________________________

Employer Address: ____________________________

Years Employed Here: ______ Work Phone: ____________

Monthly GROSS (before taxes) Income: ____________

Any other income received? (List gross monthly amount)

SS/SSI: ____________ Child Support/Alimony: ____________

AFDC/TANF: ____________ Food Stamps: ____________

Foster Care: ____________ Other: ____________

**HOUSEHOLD SIZE**

Please list all household members not listed above:

Name: ____________________________ Birthdate: __________

Name: ____________________________ Birthdate: __________

Name: ____________________________ Birthdate: __________

Name: ____________________________ Birthdate: __________

Do any of the other household members receive any monthly income? If so, please list what type and the monthly amount:

____________________________________________

What county are you interested in owning property in? ____________________________

Do you presently own a home? [ ] Yes [ ] No  How did you hear of the program? ____________________________

Participants Signature ____________________________ Date ____________

Co-Participant Signature ____________________________ Date ____________

**This is for information only and is not a formal application.**
**Home Ownership Program**  
**Authorization to Release Information**

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<th>Participant Name:</th>
<th>Co-Participant Name:</th>
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In considering my household for interest credit, payment assistance or other servicing assistance, North East Community Action Corp., “NECAC”, may verify information contained in my request for assistance and in other documents required in connection with the request.

I/we give permission for NECAC to order a consumer credit report on all applicants. The information NECAC obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be re notified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

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<th>Participant’s Signature</th>
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<th>Participant’s Social Security Number</th>
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North East Community Action Corporation Privacy Act

North East Community Action Corporation is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that much of the information you give us is of a highly personal 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, and personal information concerning your financial circumstances, will be provided to loan officers, program monitors, and others only with your authorization and signature on the Authorization to release information agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information designing future programs.

Types of information that we gather about you:

- Information we receive from you orally, on application 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 balances, payment history, parties to transactions and credit card usage.
- 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 a loan officer), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer their questions. If at any time you wish to change your decisions with regards to your “opt-out”, you may call us at (573) 324-6622 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 loan office 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 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).
3. Within the organization, we restrict access to nonpublic 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 nonpublic personal information.

Initial ________           Initial         ________                                Date_______________
DISCLOSURE STATEMENT

North East Community Action Corporation (NECAC) provides Homebuyer Pre-Purchase Counseling, Group Education, One on One Counseling, Mortgage Delinquency and Default Counseling, Post Purchase Counseling, and Packaging of the USDA 502 Direct Loan. Any Services provided and fees charged will be disclosed at the initial contact with Client when discussion of those services occur.

As a Client, you are not obligated to receive any other services offered by NECAC or by the organization, corporation, or any exclusive partner of the agency. NECAC will provide to you, as the client, information on any alternative services, programs and products.

In addition, NECAC provides a variety of social services including, but not limited to, Section 8 Housing and Homeownership Vouchers, Emergency Assistance and Case Management, etc.

Client Signature __________________________ Date __________________

Client Signature __________________________ Date __________________

Counselor Signature __________________________ Date __________________

NECAC IS NOT A GOVERNMENT AGENCY
An Equal Opportunity / Affirmative Action Employer. Services provided on a nondiscriminatory basis.
North East Community Action Corporation (NECAC) is a nonprofit, HUD approved comprehensive housing counseling agency. We provide education workshops and a full spectrum of housing counseling including Homebuyer Pre-purchase counseling including group education and one on one counseling; Mortgage Delinquency and Default Counseling referrals; Post Purchase Counseling and Financial Management/Financial Fitness (one on one and group counseling). We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.)

As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign and date the form on the following page.

**CLIENT AND COUNSELOR ROLES AND RESPONSIBILITIES:**

**Counselor's Roles and Responsibilities**

* Reviewing your housing goal and your finances; which include your income, debt assets and credit history

* Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal

* Preparing a household budget that will help you manage your debt, expenses and savings

* Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal

* Neither your counselor or NECAC employees, agents or directors may provide legal advice

**Client's Roles and Responsibilities**

* Completing the steps assigned to you in your Client Action Plan

* Providing accurate information about your income, debts, expenses, credit and employment

* Attending meetings, returning calls, providing requested paperwork in a timely manner

* Notifying NECAC or your co-counselor when changing housing goal

* Attending educational workshop(s) as recommended
WITH YOUR HOUSING COUNSELOR AND/OR NECAC WILL RESULT IN THE DISCONTINUATION OF COUNSELING SERVICES.

AGENCY CONDUCT: No NECAC employee, officer, director, contractor, volunteer or agent shall undertake any action that might result in, or create the appearance of administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

As a client in NECAC's Housing Counseling Program, you are not obligated to receive services offered by NECAC or its partners.

REFERRALS AND COMMUNITY RESOURCES: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utility assistance, emergency shelter, food banks and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products similar to those offered by NECAC.

QUALITY ASSURANCE: In order to assess client satisfaction and in compliance with grant funding requirements, NECAC may contact you during or after the completion of your housing counseling services. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be shared with NECAC grantors such as HUD and NeighborWorks.

1/we acknowledge that 1/we received, reviewed and agree to NECAC's Program Disclosures

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<th>Name 1</th>
<th>Signature</th>
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<th>Counselor Signature</th>
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<td>Name 2</td>
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Home Ownership Action Plan

Client Name(s)  ______________________________________________________________________

Client Address  ______________________________________________________________________

It is the mission of this organization to guide and assist our clients in their home purchase by successfully completing the Home Buyer Educational Class, and if eligible, to participate in a Home Down Payment Assistance program.

After careful evaluation and consultation during your pre-qualification session, the counselor has determined the best course of action is:

You, the client are to do the following:

Please note that time is of the essence. This means that any actions or documentation that is required of you will be done at the earliest possible time. If, during this process, your contact information changes, please notify your counselor immediately.

____________________________________________________________________________________
Client Signature         Date

____________________________________________________________________________________
Client Signature         Date

____________________________________________________________________________________
Counselor Signature        Date

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