



Affordable Housing Alliance's
SANDY HOUSING RECOVERY RESOURCE CENTER

11 White Street
Eatontown, NJ 07724
(732) 982-5072

1415 Hooper Avenue, Suite 301
Toms River, NJ 08753
(732) 256-8650

Disaster Case Management Client Counseling Session Packet

IMPORTANT CLIENT NOTICE

All clients must complete all pages in this packet and provide all requested documents before an appointment can be scheduled. Please return the completed packet and ONLY COPIES of required documentation to one of the addresses below as advised during your intake. You may submit your documents by mailing them in or dropping them off. If you do not remember which address was advised during your intake please call us at (732) 982-5072 or (732) 256-8650.

**Affordable Housing Alliance
Housing Recovery Resource Center (HRRC)
11 White Street
Eatontown, NJ 07724
(732) 982-5072**

- OR -

**Affordable Housing Alliance
Housing Recovery Resource Center (HRRC)
1415 Hooper Avenue, Suite 301
Toms River, NJ 08753
(732) 256-8650**

NOTE: If you have impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information and services about housing counseling, please speak with agency staff about arranging alternative accommodations.

[Updated 05/01/2018]

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Disaster Case Management Document Checklist

Identification for Each Adult in Household

- Valid Photo Driver's License, U.S. Passport or U.S. Military I.D.

Proof of Home Ownership / Rental

- Proof of primary residence at the time of Sandy (2012 bank statement, tax return, affidavit, etc)
- Deed
- Mortgage Statements (for any loans secured by the property)
- Property Tax Statement or Bill (within the past year)
- Current Insurance Declarations (Homeowner's, Flood, Contents)
- Lease Agreement & W-9 form

Disaster-Related Resources

- FEMA Award Letter
- SBA Loan Award Letter or Denial
- Funds Received from Insurance due to Sandy (Homeowner's, Flood, Contents, Renter's, ICC)
- CDBG Grants: Resettlement Grant Award Letter, HMGP Grant Award Letter
- RREM Documentation: Estimated Cost of Repair (ECR), Grant Award Calculation
- Contracts & estimates for both work completed and not yet completed
- Substantial or Non-substantial Damage Letter (from your municipality)
- Elevation Certificate
- Hardship Letter (Please explain the damage caused by Sandy, all financial assistance received, all work that has already been done, and all needs for which you are requesting our assistance)

Current Income/Expenses/Assets

- HRRC Budget Form completed (pgs 4-5)
- Pages 6-11 of this packet completed & signed
- Proof of monthly income for all adult household members (Paystubs, Social Security, Child Support, Pension, Self-Employed Profit & Loss, etc.)
- Federal Tax Return (last year filed)
- Utility Bills (gas, electric, water, sewer)
- Checking & Savings Account Statements for all adult household members
- Investment Account Statement (Stocks, bonds, etc.) plus terms for using
- Retirement Account Statement (IRAs, CDs, etc.) plus terms for using
- Credit Report or Fee (You may obtain a free complete report, not just the cover page, from annualcreditreport.com. You may also purchase it through us for \$13.70 for a single report and \$27.40 for a joint report payable via money order, debit, or credit card.)

HOME OWNER INFORMATION WORKSHEET

****PLEASE NOTE: A NON-HOMEOWNER SPOUSE MUST BE LISTED AS HOMEOWNER (B).****

Homeowner (A) _____

Homeowner (B) _____

Homeowner (A) Street Address _____

City _____ State _____ Zip Code _____

Homeowner (B) Street Address _____

City _____ State _____ Zip Code _____

Property Address (if different) _____

City _____ State _____ Zip Code _____

Home Phone (A) _____ Home Phone (B) _____

Work Phone (A) _____ Work Phone (B) _____

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

Email Address (A) _____

Email Address (B) _____

Homeowner (A) SSN _____ Homeowner (B) SSN _____

Homeowner (A) DOB _____ Homeowner (B) DOB _____

Homeowner (A) Employer 1 _____

Title _____ Start Date ___ / ___ / ___ Business Type: _____

Homeowner (A) Employer 2 _____

Title _____ Start Date ___ / ___ / ___ Business Type: _____

Homeowner (B) Employer 1 _____

Title _____ Start Date ___ / ___ / ___ Business Type: _____

Homeowner (B) Employer 2 _____

Title _____ Start Date ___ / ___ / ___ Business Type: _____

Homeowner (A) Education (Check one)

- College
- High School/GED
- None
- Primary
- Vocational

Homeowner (B) Education (Check one)

- College
- High School/GED
- None
- Primary
- Vocational

Client Name: _____

Date: _____

Monthly Income	Gross	Net	Verification
Person (A) Monthly Income Employer	\$	\$	
Person (B) Monthly Income Employer	\$	\$	
Other Employment Income	\$	\$	
Other Employment Income	\$	\$	
Social Security /SSI / SSDI	\$	\$	
Child or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Household Members Over Age 18 Wages	\$	\$	
Food Stamps	\$	\$	
Child care assistance	\$	\$	
Housing assistance	\$	\$	
Other	\$	\$	
TOTAL HOUSEHOLD INCOME	\$	\$	

Monthly Expense	Current	Delinquency	Balance	Sandy-Related
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Fixed Expenses

Housing

Mortgage				
Property Taxes (if not escrowed)				
Homeowners Insurance(if not escrowed)				
Flood Insurance				
Rent				
Renter's insurance				
Gas /Heating source				
Electricity				
Telephone: Land Line, Cable, Internet				
Telephone: Cell				
Water/sewer				

Transportation

Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Insurance				
Maintenance /repairs				

Insurance

Health (<i>medical and dental, if not payroll deducted</i>)				
Life				
Disability				

Childcare

Childcare or Babysitters				
Child Support or Alimony				

Fixed Expenses Sub-Total

Flexible Expenses

Groceries				
School Lunches				
Work-Related (<i>lunches and snacks</i>)				

<i>Housing</i>				
Home Maintenance				
Other:				
<i>Medical</i>				
Doctor				
Dentist				
Prescriptions				
Other:				
<i>Clothing</i>				
Clothing				
Laundry and Dry Cleaning				
Other:				
<i>Education</i>				
Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons (<i>sports, dance, music</i>)				
Other:				
<i>Donations</i>				
Religious or Charity				
Other (<i>if not payroll deducted</i>):				
<i>Miscellaneous</i>				
Birthdays				
Pet Care or Supplies				
Entertainment (concerts, sports, movies etc)				
Barber or Beauty Shop				
Other:				
<i>Flexible Expenses Sub-Total</i>				

<i>Monthly Debts</i>				
Student Loan				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Medical Bills				
Personal Loan				
Payday Loan(s)				
Rent to Own Contract				
Income Tax Payment Plan				
SBA Loan				
Other:				
<i>Monthly Debts Sub-Total</i>				

Monthly Net Income	\$
Monthly Expenses	\$
Surplus/Deficit	\$

CREDIT REPORT/CREDIT CARD AUTHORIZATION

NAME: _____
FIRST MIDDLE LAST

SPOUSE: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY STATE ZIP

Social Security # ____/____/____ Date of Birth ____/____/____

Spouse Social Security # ____/____/____ Spouse Date of Birth ____/____/____

I (WE) hereby give permission to pull my (our) credit report for the purposes of my (our) counseling assistance in regards to my home or my loan through the Affordable Housing Alliance.

All information will be kept confidential between my Counselor and me. I further understand that Affordable Housing Alliance will be held harmless for information received in this credit report. I hereby authorize the release of your information to the program monitoring organization of NJHMFA, including but not limited to Federal, State and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes.

Both Signatures are required if joint report is requested.

Signature Date

Spouse Signature Date

IMPORTANT INFORMATION IF YOU WANT TO PAY BY CREDIT CARD

If you are planning on paying for the credit report fee by credit card (\$13.25 if there is one person on the mortgage, \$26.50 if there are two) you must sign below and make a legible copy of the credit card you want to pay with on a separate sheet of paper (Visa or Master Card only). If we do not have a signature below and a copy of the credit card, we will not be able to pull the report. We will not accept credit card information over the phone.

Owner Signature

Co-Owner Signature



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Disclosure Statement & Privacy Policy

In addition to providing comprehensive housing counseling services for homebuyers, homeowners and renters, the Affordable Housing Alliance offers the following services and programs: administrative agent services for municipalities; ownership, management and developer of affordable for-sale and rental housing; administration of utility assistance programs; administration of housing rehabilitation programs; administration of matching savings account programs; provision of pre-purchase, post-purchase and rental workshops;

Financial support for the Affordable Housing Alliance's Housing Counseling Program is currently being provided by the following industry partners:

- US Department of Housing and Urban Development (HUD)
- Department of Community Affairs (DCA)
- New Jersey Housing Mortgage Finance Agency (NJHMFA)
- Congressional funds through NFMC Program
- Federal Home Loan Bank (FHLB)
- Bank of America

Housing Counseling clients are not obligated to use any products or services offered by this agency, its affiliate or partners. The Affordable Housing Alliance will provide information on alternative products and services, if requested by the client due to any conflict of interest concerns. Clients should consider a variety of resources and options and upon evaluation, select the resources that best meet their needs.

The Affordable Housing Alliance is committed to assuring the privacy of clients. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Within the organization, we restrict access to nonpublic personal information to only those employees who need to know the information to provide services to you. We maintain physical, electronic and procedural safeguards to protect your information. Information will only be released to those institutions, companies or agencies who our agency believes can provide assistance to you, or who require it as a condition of the grant awards which make our services possible. We may use anonymous aggregated case file data for the purposes of evaluating our services.

Signature: _____ Date: _____
Home owner

Signature: _____ Date: _____
Co- Home owner

www.housingall.org

“The Alliance mission is to improve the quality of life for all New Jersey residents by developing and preserving affordable housing, by providing services to maintain housing affordability, by providing housing education, and by helping communities meet their legal and moral housing obligations.”





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Counseling Agreement

1. I/We understand that the Affordable Housing Alliance provides homeownership counseling after which I will receive a written action plan consisting of recommendations for handling my finances, including referrals to other agencies as appropriate. I understand that I am not obligated to use any of the services offered to me.
2. I understand that the Affordable Housing Alliance receives *state* funds through the **NJ Housing Mortgage Finance Agency (NJHMFA)**, *HUD/Comprehensive Housing Counseling Program*, **NeighborWorks America (NWA)**, **Federal Home Loan Bank (FHLB)**, *Department of Community Affairs (DCA)* and *Congressional funds through the National Foreclosure Mitigation Counseling Program (NFMC)*. As such, Affordable Housing Alliance is required to share some of my personal information with administrators from **NJHMFA**, *HUD*, *DCA*, *NWA*, *FHL B* and *NFMC* or their agents for purposes of program monitoring, compliance and evaluation. This includes submitting client-level information to the data collection system for this grant, opening files to be reviewed for program monitoring and compliance purposes, and conducting follow-up with client related to program evaluation
3. Furthermore, Affordable Housing Alliance is required to keep a copy of my file for HUD auditing purposes so documents cannot be returned.
4. I agree to provide honest and complete information to the best of my ability whether verbally or in writing.
5. **I agree to provide any requested information by the deadline given to me by the counselor, which is usually 24 hours prior to the bank's deadline. I understand that failure to provide the information in that timeframe may adversely affect the review of my file by the lender and lead to the review being closed. I understand that the counselor is here to assist me but that it is ultimately my responsibility to provide any requested documents to the party requesting them (ie. the lender, their attorneys, the courts).**
6. I give permission for program administrators and/or their agents to review my credit report and give authorization for program administrators and/or their agents to follow-up with me for the purposes of program evaluation if necessary.
7. I acknowledge that I have received a copy of the Affordable Housing Alliance's Privacy Policy.
8. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
9. Failure to follow up with my counselor or respond to their communication attempts will result in my file being closed.
10. I agree to provide a copy of the servicer's workout agreement to the Affordable Housing Alliance before mailing back to the servicer the signed documents. **I am aware that counseling services are free of charge, but if I do not provide a copy of the workout agreement to the counselor then I am subjected to pay for services rendered by the agency for which an amount will be determined by the counselor based on an hourly rate.**
11. I understand that I may revoke my consent to these disclosures by notifying the Affordable Housing Alliance in writing after finalizing counseling.

Signature: _____ Date: _____
Home owner

_____ Date: _____
Co- Home owner

WWW.HOUSINGALL.ORG

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Consent for Release of Information

By signing this form authorizes Affordable Housing Alliance (afterwards referred to as The Organization) to share and receive certain personal information collected about you or your family with other disaster relief agencies, voluntary organizations and government agencies active in disaster recovery. The Organization needs to share and receive this information in order to coordinate available disaster relief services and assistance from multiple relief organizations and to determine eligibility for available assistance. All organizations participating in disaster recovery are committed respecting your privacy and using information only to coordinate and provide disaster relief assistance.

Consent and Release

I, _____, hereby authorize The Organization to share and receive any of my information, including but not limited to my name, address, personal information, relevant disaster recovery information and the type of assistance I am receiving with/from government agencies, and/or disaster relief and voluntary organizations in order to coordinate available service and assistance. I understand that I may revoke this consent at any time by contacting Affordable Housing Alliance in writing. The Organization will comply with your request except when the action has already been taken to obtain and/or release such information. My signature on this release indicates that I have read the above or had it read to me and that I understand the terms and conditions. I have also had the opportunity to ask any questions. Additionally, I acknowledge that by signing this release I am signing on behalf of any children/minors that live in my house and are under the age of eighteen (18).

Optional

I decline to permit sharing of any information with the following agencies/ organizations/ individuals: _____

Please note that while Affordable Housing Alliance will honor your request to not share information with the above referenced entities, this may limit the amount/type of assistance you may receive or hinder your ability to be properly evaluated for available programs.

Signature of Head of Household

Date

Signature of Co-Applicant

Date

Signature of Affordable Housing Alliance Representative

Date

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FINANCIAL CAPABILITES COUNSELING/COACHING AUTHORIZATION FORM

1. I understand that the Affordable Housing Alliance (AHA) provides financial capability counseling/coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand that AHA is a sub-grantee that submits client-level information to New Jersey Housing Mortgage and Finance Agency (NJHMFA) relating to the Project Reinvest: Financial Capability grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.
3. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
4. I give permission for NJHMFA and/or Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
5. I acknowledge that I have received a copy of AHA's Privacy Policy.
6. I may be referred to other services of the organization, another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
7. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

Client's signature _____ Date _____

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CFPB FINANCIAL WELL-BEING SCALE

Questionnaire

NAME OR NUMBER

Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me