



**RENTAL/PROPERTY TAX
PACKAGE**

Amandla Community Development Corporation
RENTAL AND PROPERTY TAX FORECLOSURE PREVENTION PACKAGE

Check List: Agency/Mortgage Documents

- _____ Agency Profile
- _____ Release of Information
- _____ Disclosure (Roles and Responsibilities)
- _____ Privacy Policy
- _____ Counseling Agreement
- _____ Monthly Budget
- _____ Evaluation Form (Upon completion of counseling session)

Required Documents:

- _____ Copy of Photo ID
- _____ Pay Stubs, (30-Days)
- _____ Verification of income (Social Security, Pension, Child Support, Food Assistance etc.)
- _____ Bank Statements (2) most recent months, all pages (front and back)
- _____ Copy of Lease
- _____ Copy of Deed
- _____ Hardship Letter
- _____ Homeowner and Court/legal Correspondence, if appropriate
- _____ Copy of Utility Bills
- _____ Copy of Insurance

Instructions: Please complete, sign and return Agency documentation along with applicable required documents to amandlacdc.assist@att.net or fax to (313)272-3641.

Section I – Must be completed by client and co-client			
Client Name (First, Middle Initial, Last):		County:	
Street Address (do not use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family	Are you a First-Time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you consider yourself the Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Household Dependents:	<input type="checkbox"/> I live in a rural area <input type="checkbox"/> Do not live in a rural area	
Based on current household select appropriate answer:			
Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language:			
Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Respond	Multi-Race: <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose Not to Respond		Head of Household Type: <input type="checkbox"/> Single adult <input type="checkbox"/> Female-headed single parent <input type="checkbox"/> Male-headed single parent <input type="checkbox"/> Married without children <input type="checkbox"/> Married with children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Other
Education: <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> No High School Diploma	

Co-Client Name (First, Middle Initial, Last):		County:	
Street Address (do not use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family	Are you a First-Time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Based on current household select appropriate answer:			
Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language:			
Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Respond	Multi-Race: <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose Not to Respond		
Education: <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> No High School Diploma	

Section II – Current Homeowner(s) ONLY			
Do you currently have a MSHDA Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received Step Forward Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Originating Lender (if available):		Original Loan Number (if available):	
Name of Current Servicer (if available):		Loan number assigned by Servicer:	
When did you purchase your home?		Have you lived at this address for at least two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, list previous address(es):	
Does your name appear on: <input type="checkbox"/> Property Deed <input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract		Total Monthly Payment (including Taxes & Insurance):	
Select type of loan product:			
<input type="checkbox"/> Fixed rate currently under 8%		<input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months	
<input type="checkbox"/> Fixed rate currently 8% or greater		<input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months	
<input type="checkbox"/> ARM currently under 8%		<input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months.	
<input type="checkbox"/> ARM currently at 8% or greater		<input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months	
<input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months		<input type="checkbox"/> I don't know	
If type of loan is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a second mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current status of Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late		Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had a Credit Report pulled within the last 6 months: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your mortgage delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	
Select primary reason for default:			
<input type="checkbox"/> Reduction in income	<input type="checkbox"/> Increase in Loan Payment	<input type="checkbox"/> Business Venture Failed	
<input type="checkbox"/> Poor budget management skills	<input type="checkbox"/> Medical Issues	<input type="checkbox"/> Divorce/Separation	
<input type="checkbox"/> Loss of income	<input type="checkbox"/> Increase in Expenses	<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Other
What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?		Do you feel that you have recovered from the situation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is/was the date of the Sherriff's Sale?	
Are you currently working with an attorney regarding the delinquency of your mortgage, property taxes or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide attorney name and contact information?	
If available, please provide the following information for the mortgage servicer or land contract holder that you make your payments to:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

Section III – Must be completed by client.

Enter **ALL** sources of income for adult members of the household (18 year olds not in High School).
Income sources include: Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support and Alimony.

Total Monthly Income: \$

Enter **ALL** total monthly debt for adult members of the household (18 year olds not in High School). Include Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

Total Monthly Debt: \$

Based on your housing needs/goals do you believe you have been discriminated against?

Yes No

Do you believe you have been a victim of Predatory Lending?

Yes No

What is the main purpose for contacting our agency:

Homelessness Assistance

Rental Topics

Purchase/Home Purchase

Home Maintenance and Financial Management

Reverse Mortgage

Resolving/Preventing Mortgage Delinquency or Default

How did you learn about MSHDA's Housing Education Program?

MSHDA Outreach

Another Person

Real Estate Agent

HUD Outreach

Lender

Other:

Agency Outreach

Another Agency

Are you interested in obtaining information regarding MSHDA Mortgage Products and Down Payment Assistance?

Yes No

Would you like to be referred to a MSHDA approved lender?

Yes No

Section IV – Must be signed and dated by client and co-client.

Client Printed Name

Signature

Date

Co-Client Printed Name

Signature

Date

Section V – For Agency Use Only

Agency Name:

Agency Phone Number:

Agency Staff Name:

Received by Agency (Intake Date):

Unique Client ID #:



**HOUSING EDUCATION PROGRAM
AGREEMENT and RELEASE OF
INFORMATION**

In signing this agreement and release, I/We agree to actively participate in the Housing Education Services being offered by this agency. I/We understand:

1. A referral to other services of the organization or another agency (as appropriate) may be made 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.
2. That this agency receives funds through MSHDA and HUD and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. That a counselor may answer questions and provide information but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. That this agency may provide information on numerous housing programs and loan products and I further understand that the housing services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.

For Pre-Purchase Education Services only:

_____ By initialing I/We acknowledge the agency has provided me/us with (1) **For Your Protection Get a Home Inspection** (HUD-92564), (2) **Ten Important Questions to Ask a Home Inspector**, and (3) **Disclosure of Lead-Based Paint Hazards in Housing** (EPA-747-F-96-002)

For Post-Purchase Education Services only:

I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to the housing counseling received. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

CONSENT: Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits.

Client's Printed Name:	Client's Signature:	Date Signed:
Client's Printed Name:	Client's Signature:	Date Signed:
Client's Current Address:	City:	Zip Code:

To be completed by Counselor:		
Agency Name:	Agency Phone Number:	
Counselor Name:	Counselor Signature:	Date Signed:



Amandla Community Development Corporation

7707 W. Outer Drive Detroit MI 48235

Phone: (313)347-2829; Fax: (313)272-3641

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our housing counseling program, please inform our housing counselor program staff so alternative accommodations may be arranged.

Agency Description and Program Purpose: **Amandla Community Development Corporation (ACDC)**, is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, financial capabilities, first-time homebuyer education and rental 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	Client's Roles and Responsibilities
<ul style="list-style-type: none"> ▪ Reviewing your housing goal and your finances; which include your income, debts, 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 nor ACDC employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> ▪ 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 ACDC or your counselor when changing housing goal. ▪ Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. ▪ Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<p>Termination of Services: Failure to work cooperatively with your housing counselor and/or ACDC HCA with result in the discontinuation of counseling services. This includes, but is not limited to missing three consecutive appointments.</p>	

Agency Conduct: No **ACDC** 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.

Agency Relationships: **ACDC** has financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, NeighborWorks America, the State of Michigan, MSHDA, Wayne County, and banks including Comerica, 5/3 Bank, Huntington Bank, Chemical Bank. As a housing counseling program participant, you are not obligated to use the products and services of **ACDC** or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: **ACDC** has a first-time homebuyer program. However, you are not obligated to participate in this or other **ACDC** programs and services while you are receiving housing counseling from



Initials

our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA) for first-time homebuyer loan programs, and other MSHDA Certified Counseling agencies for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

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 utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by ACDC and its exclusive partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of ACDC Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree ACDC, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in ACDC counseling; and I hereby release and waive all claims of action against ACDC and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, ACDC, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with ACDC grantors such as HUD, MSHDA or NeighborWorks America.

I/we acknowledge that I/we received, reviewed, and agree to ACDCs Program Disclosures.

_____ Client Printed Name	_____ Signature	_____ Date
_____ Co-Client Printed Name	_____ Signature	_____ Date

For Agency Use Only:		
Agency Name:	Agency Phone Number:	
Agency Staff Name:	Date Received:	Unique Client ID #:

Initials



Privacy Policy

Amandla CDC 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 to creditors, program monitors, and others only with your authorization and signature on the Housing Counseling Agreement. 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 we receive from you orally, on surveys or other forms, such as your name, address, social security number, assets, and income.
- Information that you provide to us about, your creditors, account balance, payment history, parties to transactions and other financial information.
- 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 your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your realtor, lender or other third parties. If at any time, you wish to change your decision with regard to your “opt-out”, you may contact us 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 lender, realtor 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 to anyone as permitted by law (e.g., if we are compelled by legal process).
3. 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 your nonpublic personal information.

Client’s signature _____ Date _____

Client’s signature _____ Date _____

Counseling Agreement

1. I understand that Amandla CDC provides housing counseling 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 acknowledge that I have received a copy of the Privacy Policy
3. I may be referred to other housing services of the organization or other 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.
4. 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.
5. I understand that Amandla CDC provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from this agency in no way obligates me to choose any of these particular loan products, housing programs or realty services. I received a copy of the Conflict of Interest Agreement.

Client's signature _____ Date _____

Client's signature _____ Date _____

Current Monthly Budget

Borrower: _____

Co borrower: _____

Date: _____

Phone: _____ Last 4 of Social Security: _____

E-mail: _____

LOAN#: _____ Servicer/Lender: _____

Property Address: Number & Street: _____

City & Zip: _____

Gross Income per month

1st Job	_____
2nd Job	_____
Commissions, Self Employment	_____
Bonus	\$ -
Tips	\$ -
Overtime	\$ -
*FIA / Food Stamps	_____
*Child Support	_____
Alimony / Separation	\$ -
Pension	_____
*Social Security/SSDI	_____
*Disability (private)	\$ -
Unemployment Income	_____
Other(Investment,royalties,etc)	_____
Rents Received (see Expenses below)	_____
*Total Gross Income	\$ -
Payroll Deductions (Total)	_____
NET INCOME	\$ -

Food (Flexible)

Groceries	_____
Midweek groceries	_____
Dining out/delivery	_____
Vending/pop machine	\$ -
Other	_____
SUBTOTAL	\$ -

Transportation (Flexible)

Required Job Related Expenses	_____
Required Job Related Expenses	\$ -
Adult Child Transportation	\$ -
Gas	\$ -
Insurance	_____
Other	\$ -
Bus/taxi/other	\$ -
Maintenance/repairs	\$ -
Parking	\$ -
SUBTOTAL	\$ -

Monthly Housing Expense

Principal&Interest on Primary Mortgage	\$ -
2nd mortgage/Equity Line	_____
Hazard Insurance	_____
Property Taxes	_____
Mortgage Coverage PMI/MIP	\$ -
2nd Home Payments	_____
Association Fees	\$ -
SUBTOTAL	\$ -

RENTAL Property Expenses/Mortgages

Net Rental Income SUBTOTAL	\$ -
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Utilities/Service

Gas	_____
Water	_____
Electricity	_____
Telephone & internet	_____
Cable/dish	_____
Cell Phone	_____
Internet	_____
Sanitation	_____
Lot Rent	\$ -
Lawn Care	\$ -
SUBTOTAL	\$ -

* Social Security & DI Grossed up at 125%

Household/Children (Flexible)

Child support to be Paid	\$ -
Alimony/Separate Maintenance	\$ -
Babysitter	\$ -
School Supplies/uniforms	\$ -
Lunches	\$ -
Allowance	\$ -
Clothes/toys/diapers	\$ -
Other 1	\$ -
Other 2	\$ -
Other 3	\$ -
Sports/Activities	\$ -
Baby food/Formula	\$ -
SUBTOTAL	\$ -

Purchases/Shopping (FLEXIBLE)

Clothes	_____
Toiletry/cosmetics	_____
Cleaning Supplies	\$ -
Cigarettes/alcohol	\$ -
Lottery tickets	\$ -
Other B-day	\$ -
SUBTOTAL	\$ -

* Child Support, FIA, Food Stamps grossed @125%

Monthly Insurance	
Life	
Health/Dental Coverage	\$ -
Disability	\$ -
Other	\$ -
SUBTOTAL	\$ -

Consumer Debt/Unsecured Debts	
Credit card	
Credit card	
Credit card	
Credit card	
Credit card	\$ -
SUBTOTAL	\$ -

Secured/Required Debts	
IRS / State payments	\$ -
Auto Loan	\$ -
Auto Loan	\$ -
2nd/Investment Loans & Mortgages	\$ -
Payday loan	\$ -
Student Loan	\$ -
SUBTOTAL	\$ -

Medical	
Long Term Medical Debt	\$ -
Doctor	
Dentist	\$ -
Prescriptions/Medicine	\$ -
Other	\$ -
SUBTOTAL	\$ -

Miscellaneous (FLEXIBLE)	
Hair/nail Other Beauty	\$ -
Laundry/dry cleaning	\$ -
Magazine/newspaper Subscription	\$ -
Pocket change allowance	\$ -
Donations/tithe	\$ -
Other:	\$ -
Pets	
SUBTOTAL	\$ -

TOTAL EXPENSES	\$ -
Less Net Monthly Income	\$ -
Monthly Cash Flow (+/-)	\$ -

Housing Ratio(s):	#DIV/0!
Debt-to-Income Ratio	#DIV/0!
Checking Account(s)	\$ -
Savings Balance	
Stocks, Bonds, CDs (Non Retirement)	
Other Real Property Estimated Value - liens	\$ -
Cash on Hand	
Other :	

Client Name: _____

Loan Number: **0**

Amandla Community Development Corporation

Counseling Service Evaluation Form

Date _____ Client _____
Name(optional) _____

Counselor Name: _____

Type of Service:

_____ Property Tax Foreclosure _____ Financial Capabilities

_____ Mortgage Foreclosure _____ First Time Homebuyer

_____ Other

How would you rate your experience working with the agency and staff?

___ Outstanding ___ Very Good ___ Average ___ Less than Desirable
___ Poor

Was the information helpful?

___ Yes ___ Somewhat ___ No

Was the counselor/presenter knowledgeable about the information and/or materials presented?

___ Yes ___ Somewhat ___ No

Would you refer someone to receive service from the agency?

___ Yes ___ Somewhat ___ No

Comments:
